

# HIV Prevention Program

## 2017 Program Overview

### ENHANCED PARTNER SERVICES

\$1.8 million demonstration project grant from the CDC for partner services (PS) during 2012–2015.

Integrated HIV and STD disease investigation was very effective at finding persons with undiagnosed HIV infection.

611

Clients  
Interviewed

634

Partners  
Identified

319

Partners  
Tested

61

**Newly-Diagnosed  
Persons with confirmed  
HIV infection.**



10,063 HIV tests targeting person at risk were funded by NMDOH

3,596 were conducted using  
Rapid Test technology.

65%

Conventional  
testing

35%

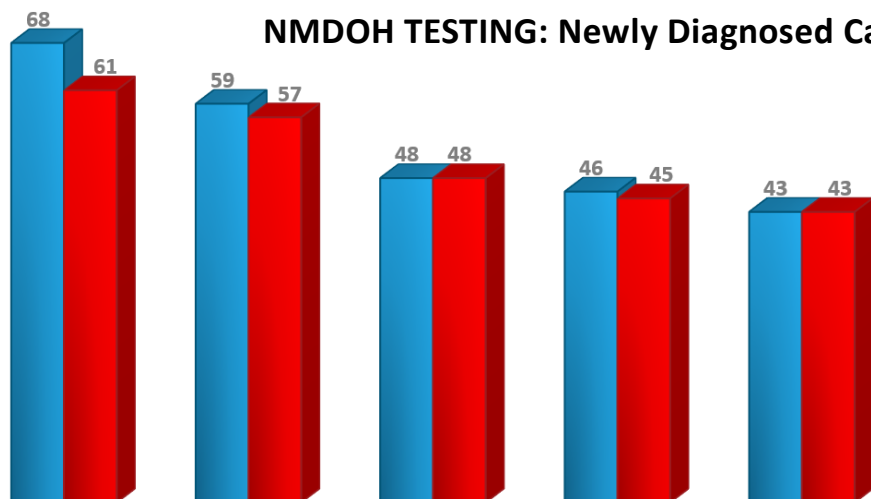
Rapid  
testing

Conventional tests are sent to the State Laboratory. Tests results are received in 1-2 weeks.



Rapid tests are a one step test completed with a trained counselor. Results are received in 20 minutes

### NMDOH TESTING: Newly Diagnosed Cases



■ Persons Diagnosed with HIV

■ Newly Diagnosed who received their results

100%

of newly diagnosed persons  
with HIV positive tests  
received results in 2016.  
Almost all were  
linked to HIV care.

## **Program Goals**

- Prevent new HIV infection by decreasing risky sexual and drug-using behaviors among the populations at greatest risk and expanding access to HIV Pre-Exposure Prophylaxis (PrEP).
- Increase the proportion of HIV-infected persons who know their status and are linked to HIV care and support services.

## **Key Program Activities**

1. Ensure that HIV testing and prevention work is state-of-the-art, effective, and uses best practices through training, technical assistance, and contract oversight.
  - Seven community-based agencies have contracts for HIV prevention and testing.
  - NMDOH Regional Disease Prevention Teams (DPT) deliver core public health elements of integrated HIV, STD and hepatitis testing, prevention, partner services (PS) and disease investigation.
2. Promote innovative strategies to prevent HIV transmission among the populations at greatest risk.
  - PrEP recruiting and retention project will bring at least 100 high risk individuals to this intervention each year and ensure they remain on medications at least through their first 3-month medical follow-up visit.
  - New social media project reaches target populations via adult websites and apps.
3. Conduct statewide HIV planning that includes the input of diverse stakeholders and communities impacted by HIV.
  - Provide support and technical assistance for the New Mexico HIV Community Planning and Action Group (CPAG), which conducts mandated engagement of stakeholders and statewide planning.
  - Completed New Mexico's first *Integrated Plan for HIV Prevention and Care: 2017—2021*. This comprehensive plan describes all elements of a program to improve health outcomes along the HIV Care Continuum for persons at risk and those living with HIV, including 5-year goals, objectives and strategies.

## **Priority Populations for HIV Prevention based on Disease Surveillance Data**

1. Persons living with HIV (PLWH)
2. Gay/bisexual men and other men who have sex with men (MSM)
3. Transgender individuals with male sexual partners
4. Injection drug users

## **Program Budget and Cost Effectiveness**

The program spends approximately \$1.2 million annually, of which \$760,000 million is through a Cooperative Agreement from the Centers for Disease Control and Prevention (CDC).

Programs to prevent and treat HIV infection have dramatically altered the course of the HIV epidemic in the US. The lifetime cost of HIV therapy exceeds \$300,000 per person. Based on a 2007 analysis of HIV testing in the US, the cost-effectiveness of targeted HIV testing, \$38,600 - \$50,000 per quality adjusted life year (QALY) gained, compares favorably with many recommended routine screening programs such as mammography (\$57,500/QALY); colon cancer screening (\$57,500/QALY); and screening for diabetes (\$70,000/QALY). HIV testing and linkage to care are endorsed by CDC as key strategies in reducing HIV incidence in the US.