



State of New Jersey  
DEPARTMENT OF HEALTH

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Commissioner

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Dear Colleague,

The New Jersey Department of Health (NJDOH) urges healthcare providers to take actions to end the HIV epidemic in New Jersey.

In 2019, the federal government released its [Ending the HIV Epidemic](#)<sup>1</sup> initiative seeking to reduce the number of new HIV infections in the United States by 75 percent by 2025, and then by at least 90 percent by 2030, for an estimated 250,000 total HIV infections averted. On World AIDS Day in 2018, Governor Murphy committed to ending the HIV epidemic in our state by 2025. NJDOH, in partnership with the New Jersey Taskforce to End the HIV Epidemic, recently released [“A Strategic Plan to End HIV in New Jersey by 2025.”](#)<sup>2</sup>

The plan highlights three main goals:

1. Reduce the number of new HIV infections by 75%;
2. Promote access to testing so that 100% of persons living with HIV/AIDS know their status; and
3. Promote access to linkage to care so that 90% of persons diagnosed with HIV/AIDS are virally suppressed.

As of June 2020, there were approximately 38,000 New Jerseyans living with HIV in New Jersey and more than 880 new diagnoses in the previous year. NJDOH is committed to working with healthcare providers, people living with HIV, and community partners to develop services that increase testing capacity and apply a [status neutral](#)<sup>3</sup> treatment model – strategies that are key to ending the epidemic. Furthermore, these services will promote routine, integrated, and sustainable HIV screening in healthcare settings across the state, with the use of [Pre-Exposure Prophylaxis \(PrEP\)](#) and [non-occupational Post Exposure Prophylaxis \(nPEP\)](#) for HIV prevention, and rapid initiation of Anti-Retroviral Therapy (ART) to treat HIV.

NJDOH knows that healthcare facilities are committed to providing the best medical care to their patients. As a healthcare provider, you have the power to influence the impact HIV and other related communicable diseases have on your community by supporting routine HIV screening as a standard of care. Through the implementation of routine, opt-out testing and the education of your fellow peers and community about these benefits, you can help make great strides in addressing the HIV epidemic in New Jersey.

Substantial advancements have been made in HIV biomedical interventions. However, healthcare facilities continue to miss opportunities to diagnose people with HIV (PWH) early so that they can receive the maximum benefit from ART and PrEP/PEP and live healthy lives. Many PWH who are unaware of their status have access to healthcare but do not receive an HIV test until they are symptomatic, which can be detrimental to their immune system.

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<sup>1</sup> [hiv.gov/federal-response/ending-the-hiv-epidemic/overview](http://hiv.gov/federal-response/ending-the-hiv-epidemic/overview)

<sup>2</sup> [nj.gov/health/hivstdtb/hiv-aids/Ending%20the%20HIV%20Epidemic%20in%20New%20Jersey%20Plan.pdf](http://nj.gov/health/hivstdtb/hiv-aids/Ending%20the%20HIV%20Epidemic%20in%20New%20Jersey%20Plan.pdf)

<sup>3</sup> Status Neutral is a new approach to HIV education, testing, and treatment that emphasizes a continuum of care no matter if someone is found to be HIV negative or positive, meaning all people, regardless of their HIV status, are treated in the same way from the start. It begins with an HIV test – and, regardless of the results, it enters the individual into one of two paths: “HIV prevention” and “HIV treatment” to support everyone’s health regardless of status ([sexualbeing.org/get-involved/statusneutral](http://sexualbeing.org/get-involved/statusneutral))

In 2006, the Centers for Disease Control and Prevention (CDC) revised the recommendations for HIV testing in adults, adolescents, and pregnant women in healthcare settings to include all persons between the ages of 13-64. In 2013, the United States Preventative Services Task Force (USPSTF) issued a Grade A recommendation for HIV screening of persons aged 15 to 65, which includes HIV screening as a reimbursable preventative service for patients with a payor. Despite the federal recommendations, routine HIV testing had remained low in healthcare facilities in New Jersey.<sup>4</sup> Furthermore, the data reflects that there may be missed opportunities to diagnose and link patients with status-neutral care. We now have a once-in-a-generation opportunity to end the HIV epidemic in the United States, but to do so, we must maximize the use of effective prevention tools, such as PrEP, routine testing, and rapid ART initiation to reach viral load suppression.

In addition to the benefits routine screening can have for those who are HIV positive, healthcare providers can make a huge impact on the lives of those who are HIV negative but have an elevated risk for HIV transmission. PrEP is one of the most powerful tools we have to prevent HIV transmission. Expanding access to PrEP will be critical to ending the HIV epidemic in New Jersey and across the nation.

Through the adoption of routine HIV screening as a standard of care in healthcare settings, PWH will be diagnosed earlier in the disease process, allowing patients to be linked to treatment and other services to help manage their disease. In 2016, the Undetectable=Untransmittable (U=U) campaign was launched after three larger studies on sexual transmission of HIV were performed in thousands of serodiscordant couples. Not a single case of HIV was transmitted from the HIV+ partner to the HIV- partner. These groundbreaking studies provide evidence that PWH who are adherent to their ART medication and achieve an undetectable viral load are unable to transmit the virus to others via sexual transmission. PWH who are maintained in medical care will live long, healthier lives, in addition to the potential reduction in health-risk sexual behaviors and further transmission of HIV. The “U=U”<sup>5</sup> and “Ready, Set, PrEP”<sup>6</sup> campaigns are powerful treatment and prevention tools that are supported by HIV biomedical interventions and evidence-based interventions. An HIV diagnosis that was once presumed fatal and associated with negative stigma is now a manageable chronic disease due to ART.

New Jersey has an opportunity to address a public health challenge that continues to fuel onward transmission and jeopardizes individual health. HIV is synergistic and co-occurring with multiple infectious diseases. The risk behaviors that lead to HIV acquisition are similar to other infections, namely sexually transmitted infections (STIs) and viral hepatitis (HCV/HBV). These infectious diseases are central to HIV-related [syndemics](#).<sup>7</sup> They combine with biological and psychosocial interactions that cluster within these comorbid conditions and are abetted by structural and social factors. A whole-of-society approach is required to improve this syndemic and America’s health. To that end, this letter serves as a recommendation to consider [integrating testing of HIV/HBV/HCV<sup>8</sup>/STIs](#) into your setting’s [routine practice](#).<sup>9</sup>

NJDOH is available to assist with guidance and integrating routinized HIV testing and the status neutral model. Important resources have been listed and linked in this letter. Together, New Jersey will end the HIV epidemic and support individuals to live full and healthy lives.<sup>10</sup>

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<sup>4</sup> In 2019 routine testing occurred 7.13% of the time in primary care clinics and 22.81% in emergency departments.

<sup>5</sup> [health.harvard.edu/blog/uu-ending-stigma-and-empowering-people-living-with-hiv-2020042219583](https://health.harvard.edu/blog/uu-ending-stigma-and-empowering-people-living-with-hiv-2020042219583)

<sup>6</sup> [readyssetprep.hiv.gov](https://readyssetprep.hiv.gov)

<sup>7</sup> [cdc.gov/std/statistics/2019/syndemic-infographic.pdf](https://cdc.gov/std/statistics/2019/syndemic-infographic.pdf)

<sup>8</sup> [cdc.gov/hepatitis/hcv/guidelinesc.htm?ACSTrackingID=USCDCNPIN\\_171-](https://cdc.gov/hepatitis/hcv/guidelinesc.htm?ACSTrackingID=USCDCNPIN_171-DM84067&ACSTrackingLabel=Publication%20Announcement-%20Hepatitis%20C%20Virus%20Testing%20During%20Pregnancy%20After%20Universal%20Screening%20Recommendations&deliveryName=USCDCNPIN_171-DM84067)

[DM84067&ACSTrackingLabel=Publication%20Announcement-%20Hepatitis%20C%20Virus%20Testing%20During%20Pregnancy%20After%20Universal%20Screening%20Recommendations&deliveryName=USCDCNPIN\\_171-DM84067](https://cdc.gov/hepatitis/hcv/guidelinesc.htm?ACSTrackingID=USCDCNPIN_171-DM84067&ACSTrackingLabel=Publication%20Announcement-%20Hepatitis%20C%20Virus%20Testing%20During%20Pregnancy%20After%20Universal%20Screening%20Recommendations&deliveryName=USCDCNPIN_171-DM84067)

<sup>9</sup> [cdc.gov/hiv/guidelines/testing.html](https://cdc.gov/hiv/guidelines/testing.html)

<sup>10</sup> Refer to “New Jersey Department of Health; Division of HIV, STD and TB Services; Status Neutral Routinized HIV testing in Healthcare Settings Guidance” for implementation to be released in 2022.