Case-Studies – North and South America: New York City

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New York City COVID-19 Trends and Health Inequities
# COVID-19 Cases, Hospitalizations, and Confirmed and Probable Deaths in New York City, 3/1/20 – 9/5/20

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>231,594</td>
</tr>
<tr>
<td>Hospitalizations</td>
<td>57,241</td>
</tr>
<tr>
<td><strong>Confirmed deaths</strong></td>
<td>19,080</td>
</tr>
<tr>
<td>Death following a positive COVID-19 laboratory test</td>
<td></td>
</tr>
<tr>
<td><strong>Probable deaths</strong></td>
<td>4,641</td>
</tr>
<tr>
<td>Cause of death reported as &quot;COVID-19&quot; or equivalent, but no positive laboratory test</td>
<td></td>
</tr>
</tbody>
</table>

*Updated: September 5, at 12 p.m.*
COVID-19 Cases in New York City, 2/29/20 – 9/3/20

This chart shows the number of confirmed COVID-19 cases, by date of diagnosis.

Due to delays in reporting, which can take as long as a week, recent data are incomplete.
COVID-19 Case Rates in New York City by ZIP Code, 3/1/20 – 9/3/20

This chart shows COVID-19 case rates per 100,000, by ZIP code.

Due to delays in reporting, which can take as long as a week, recent data are incomplete.
COVID-19 Case Rates in New York City by Race/Ethnicity, 3/1/20 – 9/3/20

This chart shows COVID-19 case rates per 100,000, by race/ethnicity.

Due to delays in reporting, which can take as long as a week, recent data are incomplete.

Note: Data on people identified as other categories, including Native American/Alaska Native or multi-racial, are not provided here. The Hispanic/Latino category includes people of any race.
COVID-19 Case Rate Inequities in New York City

• Case rates among Black people (1,785 per 100,000) and Latino/Hispanic people (1,869 per 100,000) are higher than among White people (1,140 per 100,000) and Asian/Pacific Islander people (745 per 100,000).

• The case rate in very high poverty neighborhoods (3,095 per 100,000) is higher than in low poverty neighborhoods (2,021 per 100,000).
COVID-19 Death Rate Inequities in New York City

- Death rates among Black people (248 per 100,000) and Latino/Hispanic people (263 per 100,000) are higher than among White people (124 per 100,000) and Asian/Pacific Islander People (112 per 100,000).

- The death rate in very high poverty neighborhoods (271 per 100,000) is higher than in low poverty neighborhoods (125 per 100,000).
Impact of COVID-19 on HIV, STI, and Hepatitis Testing in New York City
Impact of COVID-19 on HIV testing and lab testing

• Starting in March 2020, observed substantial decreases in HIV-related laboratory testing volume as received by NYC Health Department
  • From June, volume appears to rebound for CD4 counts and viral load tests
  • Decrease in HIV diagnostic tests volume appears sustained through June

• From March 2020, the NYC HIV Epidemiology Program ceased conducting onsite data collection for HIV surveillance
  • Conducting limited data collection via alternative means (phone, eFAX, remote access to EMR systems)
  • Ability to confirm new diagnoses of HIV based on reported HIV diagnostic test results is thus currently very limited
Volume changes in HIV-related laboratory reports by month, 2019-2020: CD4+ cell counts and percents

*Due to data reporting lag, data for July 2020 are incomplete. Data reported to the New York City Department of Health and Mental Hygiene by August 10, 2020.
Volume changes in HIV-related laboratory reports by month, 2019-2020: HIV viral loads

<table>
<thead>
<tr>
<th>Month</th>
<th>2019</th>
<th>2020</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>24,000</td>
<td>24,000</td>
<td>0%</td>
</tr>
<tr>
<td>Feb</td>
<td>20,000</td>
<td>20,000</td>
<td>1%</td>
</tr>
<tr>
<td>Mar</td>
<td>16,000</td>
<td>10,500</td>
<td>-35%</td>
</tr>
<tr>
<td>Apr</td>
<td>16,000</td>
<td>4,400</td>
<td>-77%</td>
</tr>
<tr>
<td>May</td>
<td>20,000</td>
<td>10,000</td>
<td>-53%</td>
</tr>
<tr>
<td>Jun</td>
<td>20,000</td>
<td>18,000</td>
<td>-9%</td>
</tr>
<tr>
<td>Jul</td>
<td>16,000</td>
<td>6,000</td>
<td>-35%</td>
</tr>
</tbody>
</table>

*Due to data reporting lag, data for July 2020 are incomplete. Data reported to the New York City Department of Health and Mental Hygiene by August 10, 2020.*
Volume changes in HIV-related laboratory reports by month, 2019-2020: positive HIV diagnostic tests

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of positive diagnostics tests reported</th>
<th>2019</th>
<th>2020</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>1,000</td>
<td>1,000</td>
<td></td>
<td>5%</td>
</tr>
<tr>
<td>Feb</td>
<td>1,000</td>
<td>1,000</td>
<td></td>
<td>5%</td>
</tr>
<tr>
<td>Mar</td>
<td>1,000</td>
<td></td>
<td>1,000</td>
<td>-27%</td>
</tr>
<tr>
<td>Apr</td>
<td>500</td>
<td></td>
<td>1,000</td>
<td>-68%</td>
</tr>
<tr>
<td>May</td>
<td>500</td>
<td></td>
<td>1,000</td>
<td>-51%</td>
</tr>
<tr>
<td>Jun</td>
<td>500</td>
<td></td>
<td>1,000</td>
<td>-26%</td>
</tr>
<tr>
<td>Jul</td>
<td>500</td>
<td></td>
<td>1,000</td>
<td>-47%</td>
</tr>
</tbody>
</table>

1Includes HIV Ag/Ab tests only. Positive tests are not necessarily indicative of a newly identified person with HIV. *Due to data reporting lag, data for July 2020 are incomplete. Data reported to the New York City Department of Health and Mental Hygiene by August 10, 2020.

Fast-Track Cities Virtual Conference • September 9-10, 2020
New York City COVID-19 and HIV Match

**Objective:** To identify and describe people with previously diagnosed HIV (PWH) who were diagnosed and reported with COVID-19 infection from March 1, 2020, to June 2, 2020

**Analysis:** Used matched data along with additional data from the HIV surveillance registry (reported as of March 31, 2020) and the COVID-19 surveillance dataset to describe and compare PWH with diagnosed COVID-19, PWH without diagnosed COVID-19, and all New York City COVID-19 cases (excluding PWH) with regard to:

- Demographic characteristics;
- HIV transmission risk, HIV diagnosis year, and HIV viral suppression status (for PWH);
- COVID-19-related outcomes

The NYC Health Department Bureau of HIV is currently preparing a paper for publication with findings from this match.
Impact of COVID-19 on STI testing from citywide surveillance data

- When comparing case counts for the same months in 2019 vs 2020, NYC observed:
  - Decreases in 2020 for **chlamydia** and **gonorrhea**
  - Similar trends in 2020 for **primary** and **secondary syphilis**

- Distributions of 2019 and 2020 case counts were similar when stratified by:
  - Age
  - Reported sex
  - Borough of residence
Number of chlamydia cases by month and year of report, 2019-2020*

* Data are preliminary and may be incomplete for recent months because of delays in reporting
Number of gonorrhea cases by month and year of report, 2019-2020*

* Data are preliminary and may be incomplete for recent months because of delays in reporting

Mar 22: New York on PAUSE
Number of primary and secondary syphilis cases by month and year of report, 2019-2020*

* Data are preliminary and may be incomplete for recent months because of delays in reporting

Mar 22: New York on PAUSE
Impact of COVID-19 on new diagnoses of hepatitis B and C and viral load testing

• New diagnoses of **hepatitis B and C** decreased substantially in March 2020
  • New diagnoses are increasing since a low in April 2020 and are nearly the same for hepatitis C in July 2020 as the previous year
  • New diagnoses are still 37% lower for hepatitis B

• Volume of viral load tests similarly decreased in March 2020
  • Testing is still lower than 2019, but is increasing since at low in April 2020
Number of people newly diagnosed with hepatitis C virus by month, January-July 2019 and 2020

Data source: NYC Bureau of Communicable Disease, Maven
Data generated 8/7/2020, diagnoses as of 8/1/2020
Number of hepatitis C RNA tests conducted by month, January-July 2019 and 2020

Data source: NYC Bureau of Communicable Disease, Maven
Data generated 8/7/2020, diagnoses as of 8/1/2020
Adapting New York City HIV and Sexual Health Services and Programming during the COVID-19 Pandemic
NYC HIV Surveillance and Partner Services

- **Interviews** with newly diagnosed and out-of-care clients and their partners are occurring via phone, Skype, and FaceTime. Health Department staff are speaking with providers by phone. Clients and partners are linked to service providers confirmed to be seeing patients.

- **Intra- and inter-state deduplication efforts, database matches, and quality assurance activities** related to HIV are ongoing.
New York City Health Department Sexual Health Clinics

- Three of our eight Sexual Health Clinics are currently open and offering limited sexual and reproductive health services, including:
  - HIV PEP;
  - Emergency contraception;
  - HIV treatment for people starting treating for the first time;
  - Urgent follow-up for patients contacted by clinic staff;
  - HIV and STI testing for people ages 21 years and younger;
  - Medical evaluation for signs and symptoms of STIs or HIV; and
  - Intrauterine devices (IUDs) and the implant (available by appointment only)
New York City Health Department Tuberculosis Services

- Two of our four Tuberculosis Clinics are currently open and offer in-person visits for patients with confirmed or probable TB, and newly-identified contacts to people with infectious TB.

- Additional tuberculosis services include:
  - Telehealth video calls that include interviews with newly-diagnosed patients, physical evaluations, and directly-observed therapy (DOT);
  - Home visits to patients who lack access to technology or clinic site.
Provider- and Public-Facing Guidance

Dear Colleague Letter on COVID-19 and People with HIV*

Dear Colleague Letter on COVID-19 and People with HIV

Guidance on COVID-19 and People with HIV

PrEP and PEP Best Practices during COVID-19

* Co-authored by the New York State Department of Health and New York City Department of Health and Mental Hygiene

Fast-Track Cities Virtual Conference • September 9-10, 2020
Provider- and Public-Facing Guidance

Dear Colleague Letter on Maintaining HIV and STI Services during COVID-19

Dear Colleague Letter on Treating STIs during COVID-19

Safer Sex and COVID-19 Fact Sheet
Support for Contracted Providers

- Provided **technical assistance** on telehealth and other matters
- Facilitated shifts to **cost-based reimbursement** for certain contracts, as appropriate
- Launched **online directories** of providers in NYC’s PlaySure Network currently offering HIV and STI testing, PrEP, PEP, HIV care, and HIV-related navigation and supportive services
- Leveraged existing Ryan White Part A funding and new CARES Act funding to expand:
  - **Food and nutrition services**, lifting the caps on the number of meals per week clients may receive, directing providers to mail home delivery meal vouchers to clients, and transitioning our congregate meal programs to a meals-to-go model;
  - **Emergency financial assistance**; and
  - **Short-term rental assistance and housing programs**
Training and Technical Assistance Program (T-TAP)

T-TAP team is working on converting traditional curricula into virtual-friendly curricula. The following virtual trainings are scheduled to begin in September 2020:

- HIV 101: Understanding HIV Infection, Diagnosis, and Treatment;
- HIV 201: PrEP, PEP, and Other Biomedical Interventions;
- Best Practices in PrEP and PEP Education and Counseling;
- HIV Stigma: The Impact on HIV Prevention and Care Services;
- Motivational Interviewing: Basic Communication Skills;
- LGBTQIA+ Primer; and
- Undetectable = Untransmittable (U = U).
Capacity Building Assistance (CBA) Project

- Since March 2020, the CBA Project team has engaged health departments, community-based organizations, and health care organizations through virtual webinars, workshops, institutes, and other peer-to-peer learning opportunities. Capacity-building resources are tailored to be responsive to emerging HIV prevention needs during COVID-19.

- In June 2020, CBA delivered a virtual LGBTQ Health Summit for over 100 HIV service providers in Connecticut. Virtual skills-building institutes on condom distribution as a structural intervention and on syringe service programs are forthcoming.
Community Engagement

- Virtual meetings and town halls convened with HIV planning bodies and community partnership collectives and advisory boards.
- Special weekly digests on COVID-19-related topics, including coping with grief, food and financial assistance, telework, and tips on protesting safely.
- Participation in virtual Pride events.
Safer Sex Product Home Delivery

In June 2020, the NYC Condom Availability Program launched Door 2 Door, a new service through which New York City residents can order free safer sex products for home delivery.

Door 2 Door offers a broad array of ONE® Condoms products and lubricant packs. Products come in multiples of 30 and are delivered in discreetly-packaged envelopes.
Community Home Test Giveaway Virtual Program

The **Community Home Test Giveaway (CHTG) Virtual Program**, launched May 2020, leverages our existing models of providing home tests, including our online giveaways through dating apps and other digital media, and our community-based giveaways in partnership with community-based organizations and clinics.

The program has partnered with nearly 60 community-based organizations, community health centers, hospital-based clinics, and other settings, with approximately 1,500 HIV self-tests distributed as of July 2020.
Lessons Learned

- Leverage technology to
  - Maintain service continuity
  - Engage community stakeholders and partners
  - Expand awareness, reach, and innovation of programs

- Address need for sexual health information and resources during evolving pandemic context

- Monitor and work to address inequities exacerbated by COVID-19

- Respond to holistic needs of communities
Questions: agandhi@health.nyc.gov