

VIRTUAL

FAST-TRACK CITIES 2020

September 9-10, 2020

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New York City Department of
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New York City COVID-19 Trends and Health Inequities

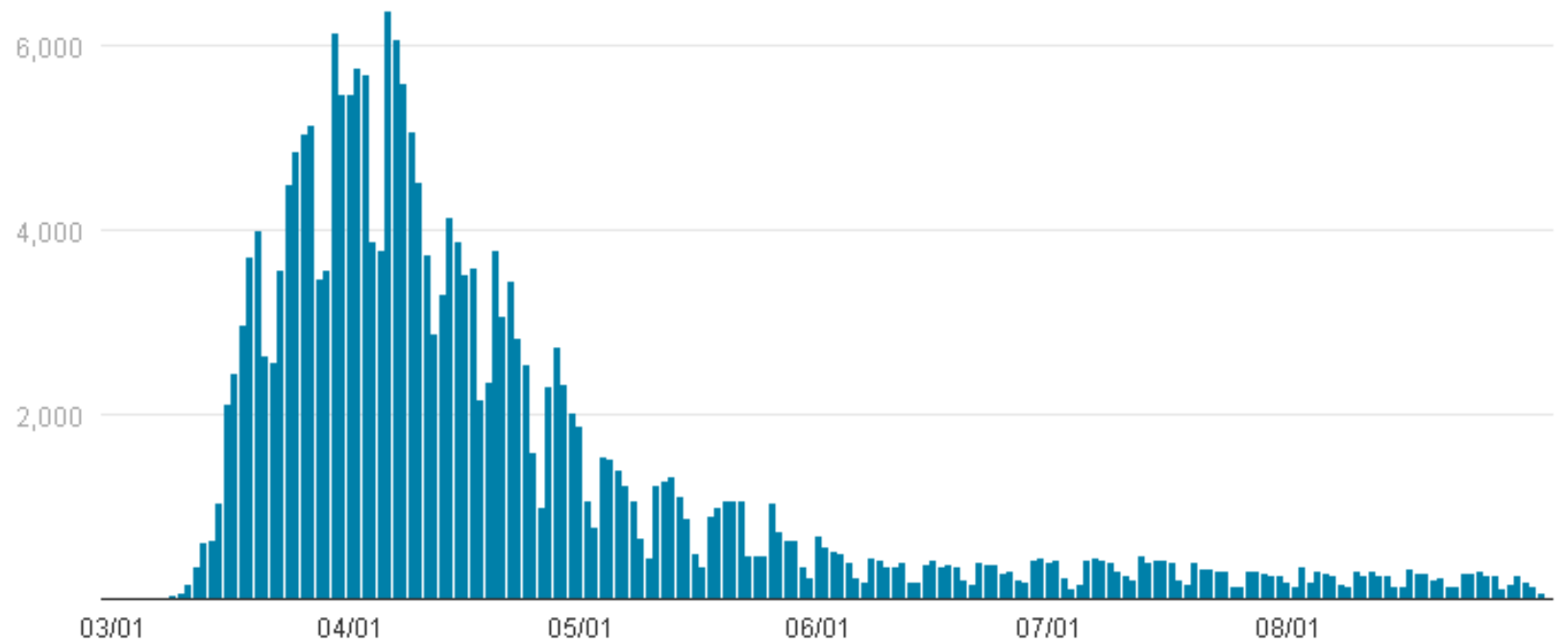
COVID-19 Cases, Hospitalizations, and Confirmed and Probable Deaths in New York City, 3/1/20 – 9/5/20

Cases	231,594
Hospitalizations	57,241
Confirmed deaths* Deaths following a positive COVID-19 laboratory test	19,080
Probable deaths Cause of death reported as "COVID-19" or equivalent, but no positive laboratory test	4,641
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.

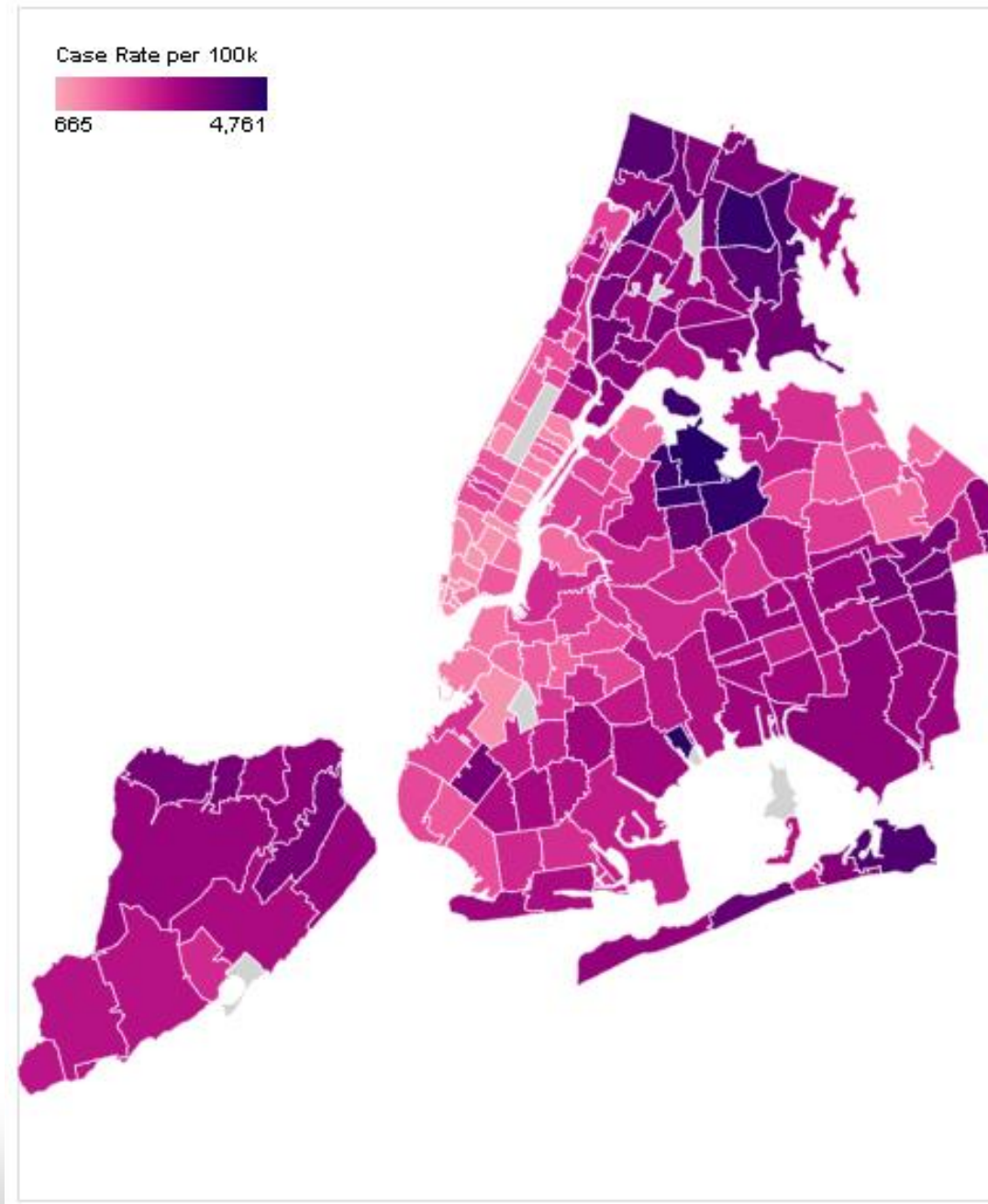
Due to delays in reporting, which can take as long as a week, recent data are incomplete.



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.



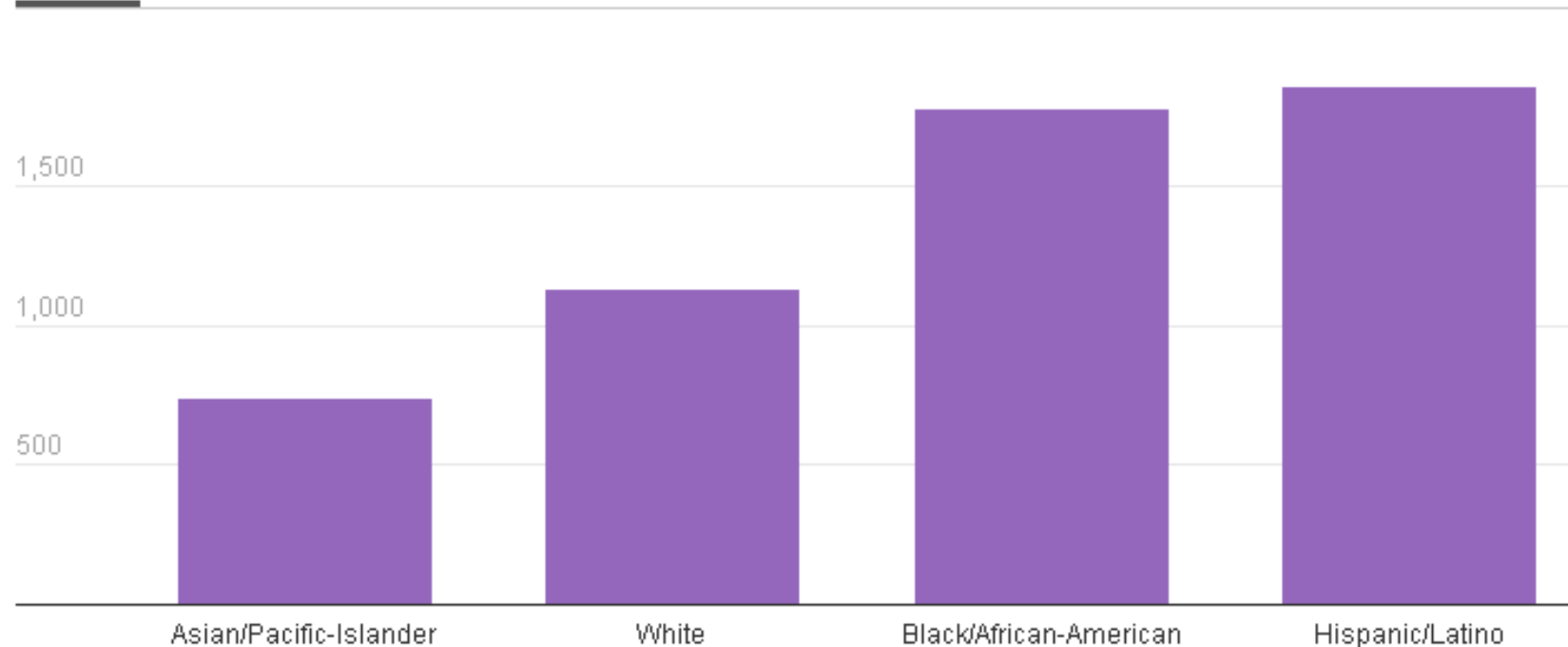
COVID-19 Case Rates in New York City by Race/Ethnicity, 3/1/20 – 9/3/20

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.

Rate per 100,000 people (age-adjusted)

Cases Hospitalizations Deaths



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 100,1000).
- 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

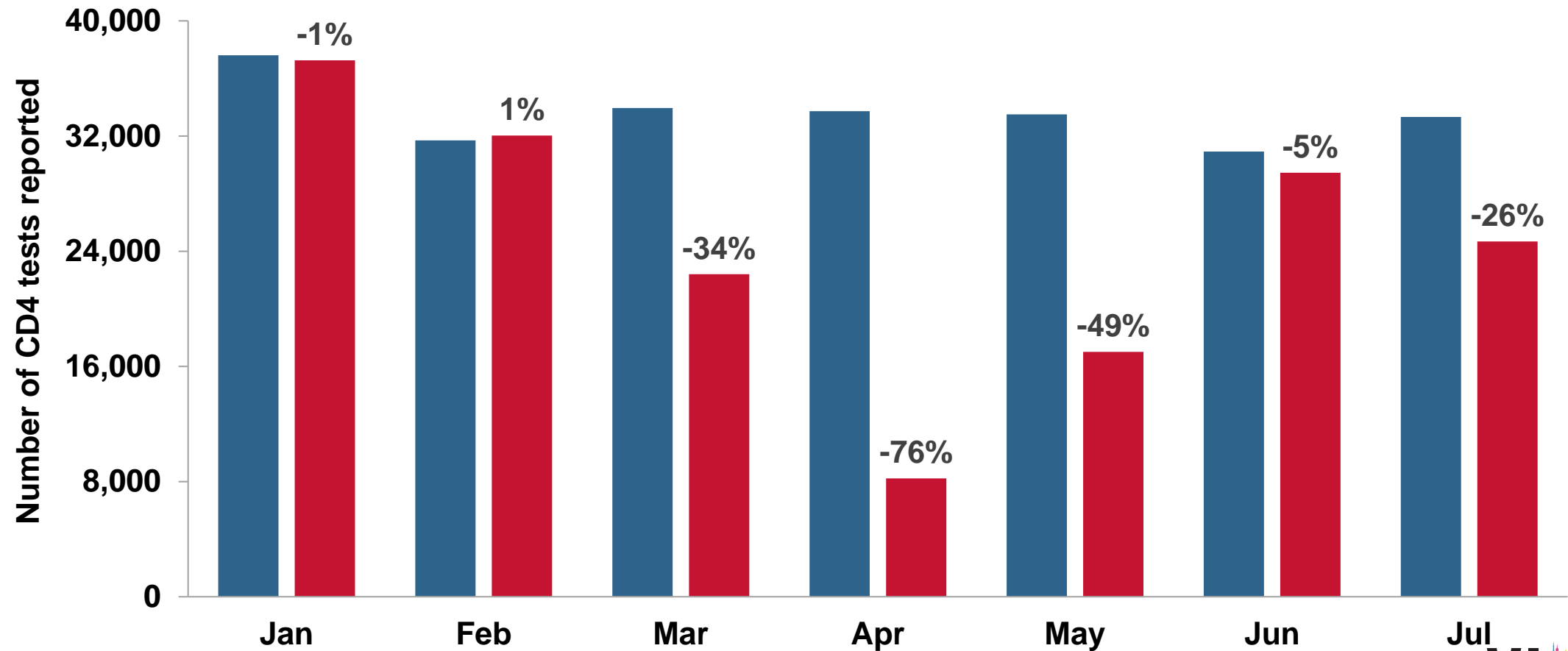
- Death rates among Black people (**248** per 100,000) and Latino/Hispanic people (**263** per 100,000) are higher than among White people (**124** per 100,000) and Asian/Pacific Islander People (**112** per 100,000).
- The death rate in very high poverty neighborhoods (**271** per 100,000) is higher 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

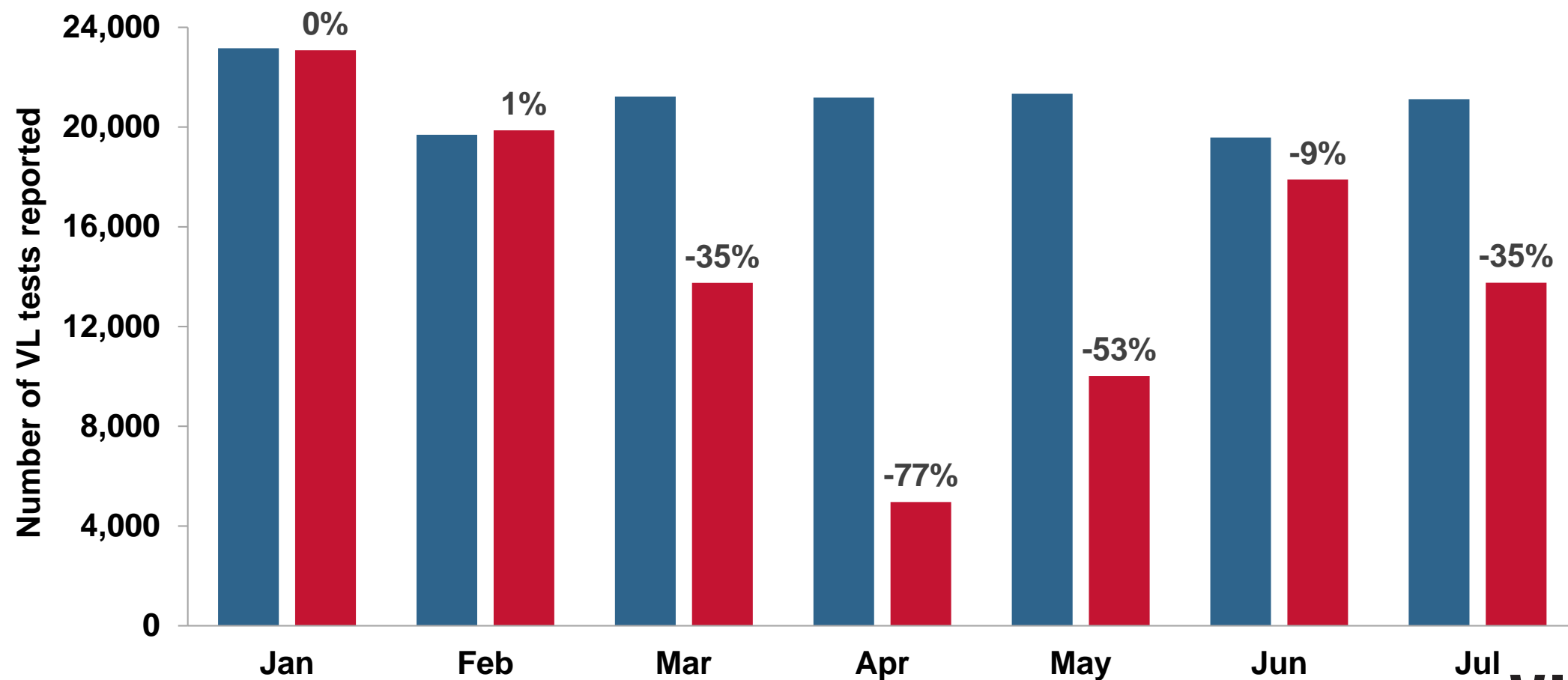
- Starting in March 2020, observed substantial decreases in HIV-related laboratory testing volume as received by NYC Health Department
 - From June, volume appears to rebound for CD4 counts and viral load tests
 - Decrease in HIV diagnostic tests volume appears sustained through June
- From March 2020,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

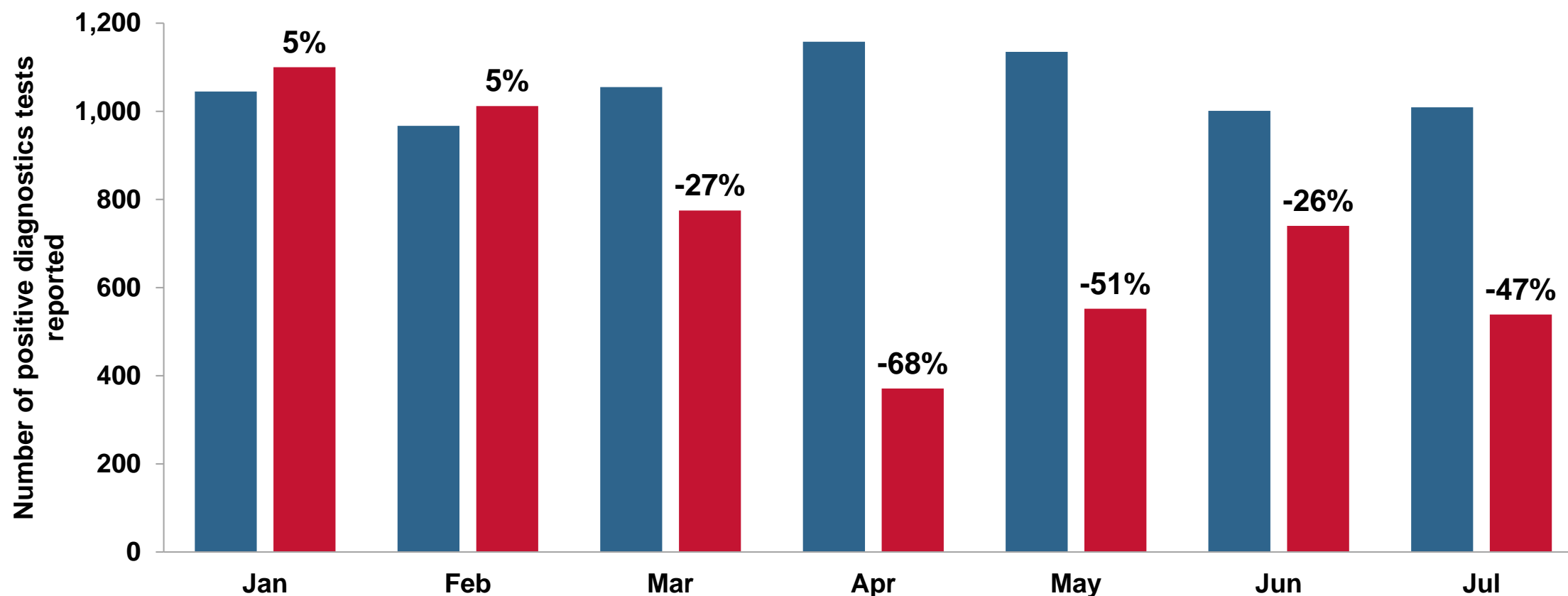
Volume changes in HIV-related laboratory reports by month, 2019-2020: HIV viral loads



*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.

2019 2020 % change

Volume changes in HIV-related laboratory reports by month, 2019-2020: positive HIV diagnostic tests¹



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.

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:

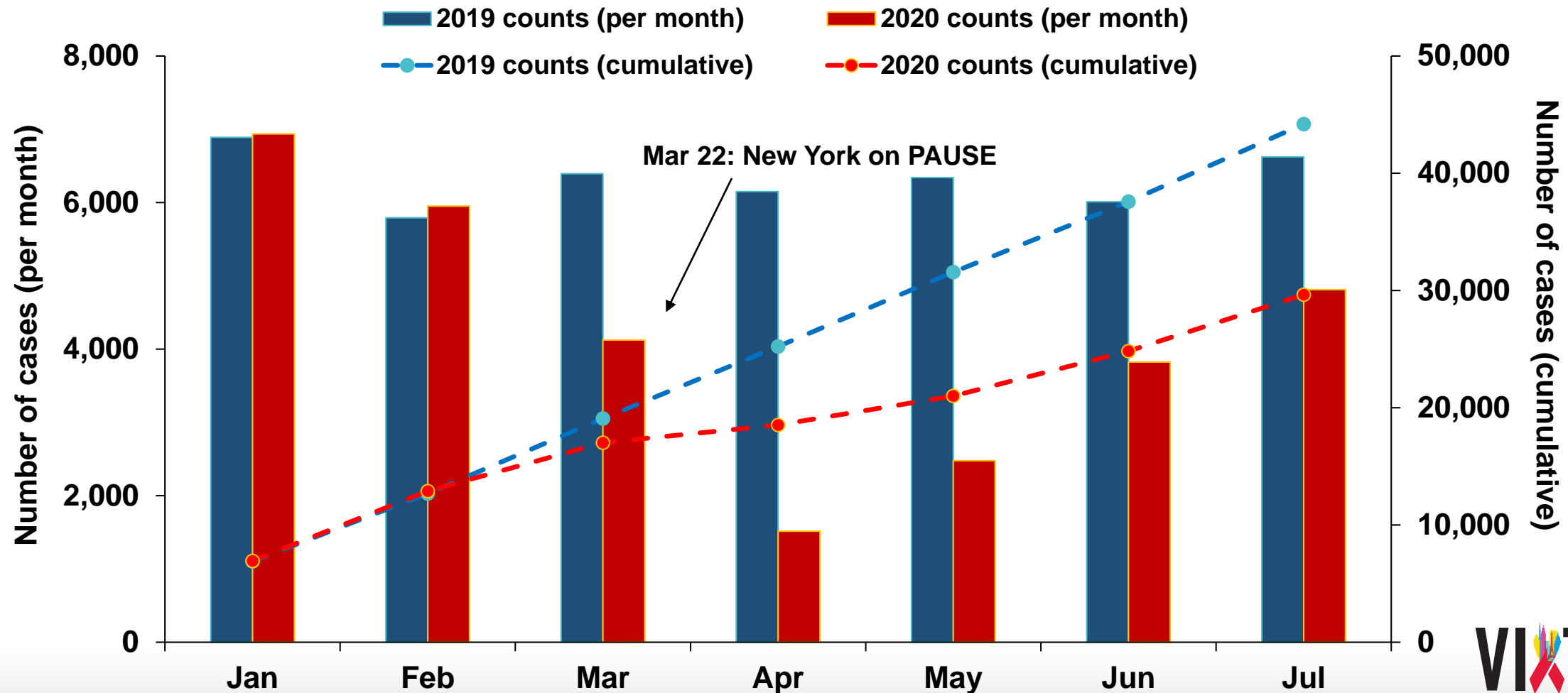
- Demographic characteristics;
- HIV transmission risk, HIV diagnosis year, and HIV viral suppression status (for PWH); and
- COVID-19-related outcomes

The NYC Health Department Bureau of HIV is currently preparing a paper for publication with findings from this match.

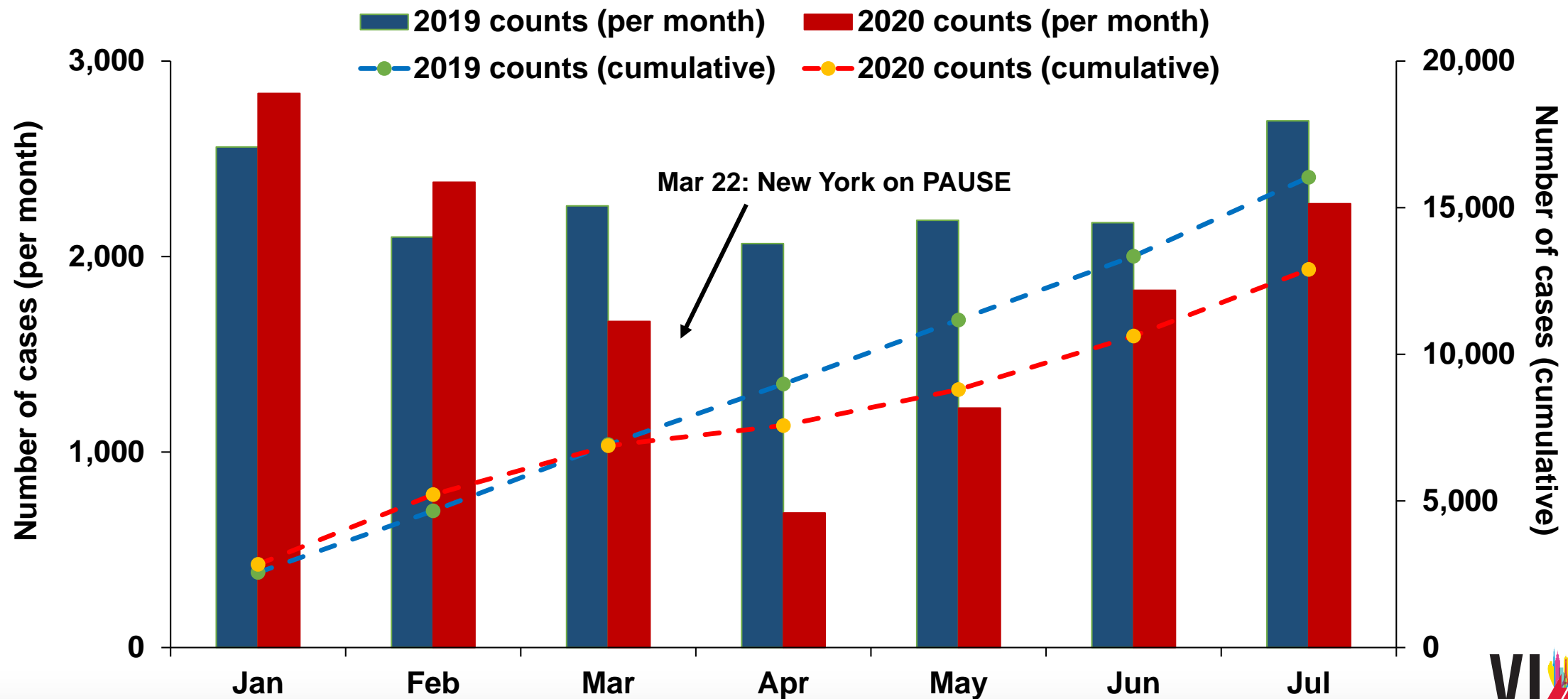
Impact of COVID-19 on STI testing from citywide surveillance data

- 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

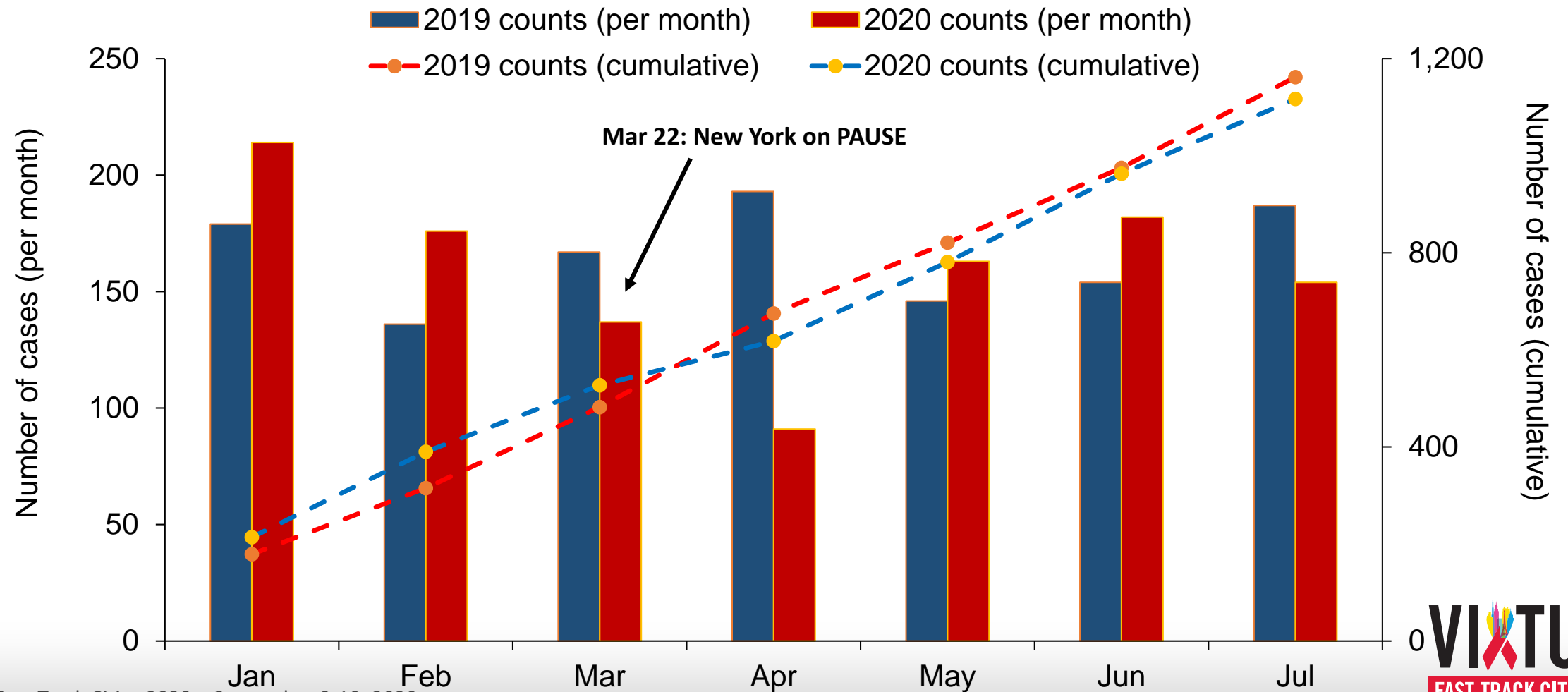
Number of chlamydia cases by month and year of report, 2019-2020*



Number of gonorrhea cases by month and year of report, 2019-2020*



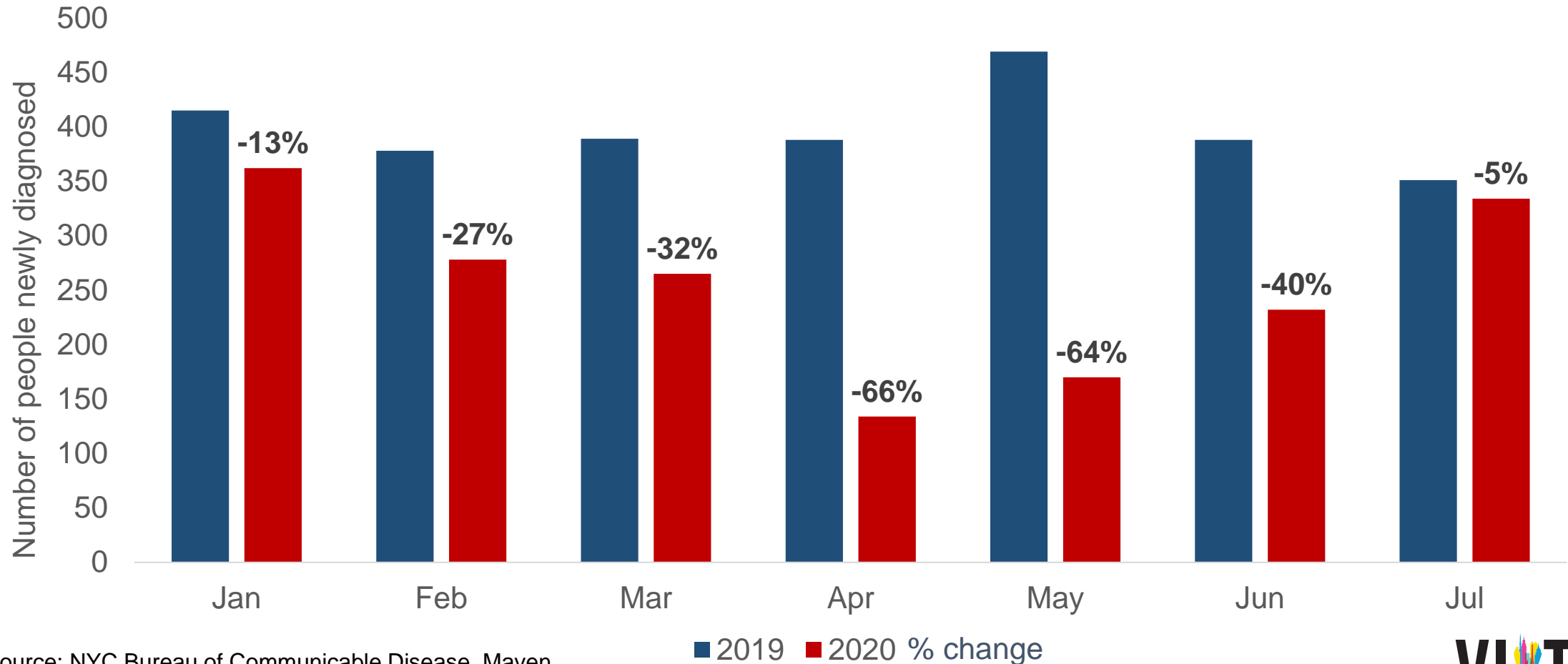
Number of primary and secondary syphilis cases by month and year of report, 2019-2020*



Impact of COVID-19 on new diagnoses of hepatitis B and C and viral load testing

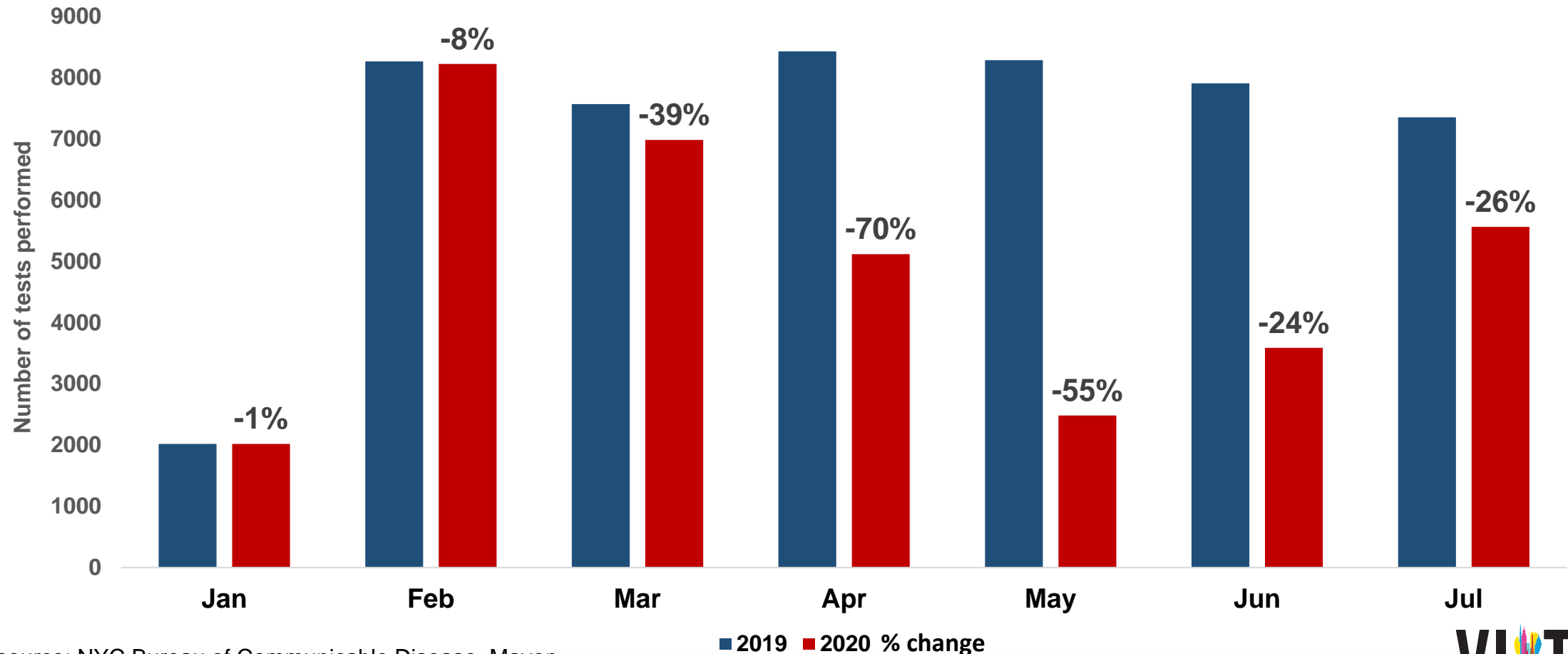
- New diagnoses of **hepatitis B and C** decreased substantially in March 2020
 - New diagnoses are increasing since a low in April 2020 and are nearly the same for hepatitis C in July 2020 as the previous year
 - New diagnoses are still 37% lower for hepatitis B
- Volume of viral load tests similarly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

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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

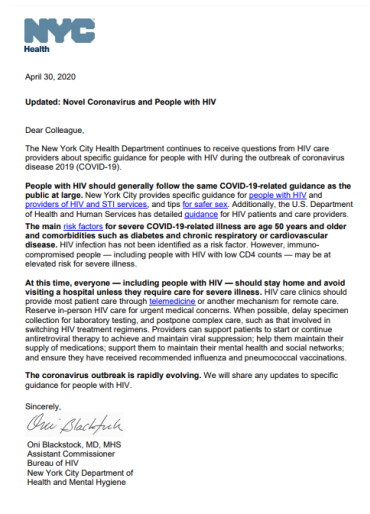
- Two of our four **Tuberculosis Clinics** are currently open and offer in-person visits for patients with confirmed or probable TB, and newly-identified contacts to people with infectious TB.
- Additional tuberculosis services include:
 - Telehealth video calls that include interviews with newly-diagnosed 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

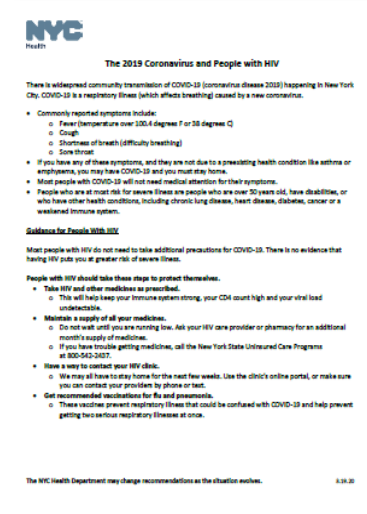
Dear Colleague Letter on COVID-19 and People with HIV*



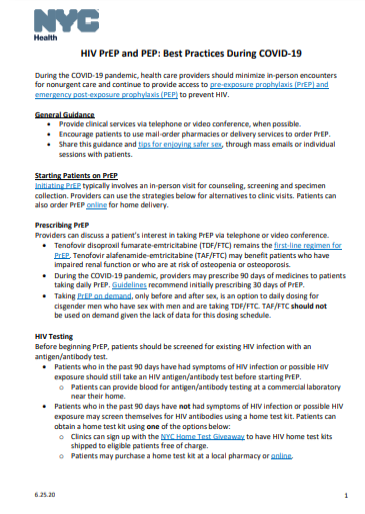
Dear Colleague Letter on COVID-19 and People with HIV



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

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Provider- and Public-Facing Guidance

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



April 15, 2020

Maintain HIV and STI Services and Minimize In-Person Care During the COVID-19 Outbreak

Dear Colleague:

During the COVID-19 outbreak, many hospitals and clinics need to emphasize the care of patients who are severely ill with COVID-19 or other conditions. We ask providers of sexual health care to take steps to prevent COVID-19 transmission while maintaining key HIV and STI services:

1. **Minimize clinical encounters.**
 - o In clinical spaces, patients can be exposed to the 2019 coronavirus or expose others.
2. **Provide services by telephone or video conference when possible.**
 - o For New York State Medicaid, services covered under a comprehensive insurance policy or contract must be covered when delivered via telemedicine.
3. **Submit prescriptions electronically and encourage use of mail-order pharmacies or pharmacies that offer home delivery.**
 - o Discourage patients from stockpiling drugs to avoid exacerbating shortages.
 - o New York State has approved 30-day prescriptions for patients in Medicaid, Medicare, and the [Longwood Care Program \(LACP\)](#).
4. **Share guidance with patients on [enjoying safer sex](#) during the outbreak.**
 - o People should avoid close contact – including sex – with anyone outside their household or anyone who feels unwell.

GUIDANCE ON SPECIFIC CLINICAL SERVICES

HIV testing: Encourage patients to delay their regular visit for HIV testing until COVID-19 transmission has begun to subside.

- Consumers can purchase a [home test kit](#) for delivery or pick one up at a local pharmacy.

HIV treatment: Support patients to achieve and maintain an [undetectable viral load](#) to prevent illness related to both HIV and COVID-19. See interim [U.S. guidance](#) on COVID-19 and persons with HIV.

- Inform people with HIV that there is no evidence that they are at greater risk of severe COVID-19 illness unless they are immunocompromised (e.g., have a low CD4 count).
- Use telephone or video conferences to ensure continuity of care for HIV primary care, case management, and mental health and substance use services.
- Offer immediate treatment to patients with a newly reactive HIV test result or who are previously diagnosed and treatment-naïve, following [NYC](#) and [New York State](#) guidance.
- Delay elective regimen changes until proper monitoring and follow-up can be ensured.
- Share any barriers to providing services with insurers or government funders; many funders are relaxing some contractual obligations during the outbreak.

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Dear Colleague Letter on Treating STIs during COVID-19



Summary of Treating Sexually Transmitted Infections (STIs) During the Coronavirus Disease 2019 (COVID-19) Crisis, New York City, 2020

- Interim guidance for managing STIs during the COVID-19 pandemic aims to assure treatment for patients and their sex partners, while maintaining physical distancing and minimizing in-person health care contacts; guidance will be revisited as circumstances warrant.
- Treat STIs (and persons reporting contact to STIs) presumptively and same-day, via telemedicine (either video chat or a phone call); algorithms for managing common syndromes are attached.
- Use oral regimens to treat STIs whenever possible; injectable regimens remain the only treatment for people who are (or can become) pregnant and are infected with, or have been sexually exposed to, syphilis.
- Use expedited partner therapy (EPT) to treat the sex partners of patients you presumptively diagnose with chlamydia, gonorrhea or trichomonas infection.

April 20, 2020

Dear Colleague,

To reduce possible COVID-19 transmission at medical and laboratory testing facilities by patients seeking care and treatment for STIs, the New York City Department of Health and Mental Hygiene (NYC Health Department) recommends that providers interact with patients with STI symptoms (or exposure to an STI) remotely, via telemedicine (either video chat or a phone call) and, whenever possible, treat presumptively using oral antibiotic regimens, without diagnostic testing. We are promoting this approach to assure STI treatment remains available to patients in need. As the COVID-19 pandemic comes under better control, this guidance will be updated to reflect more routinely recognized standards of care. At the time of treatment, providers should advise follow-up STI testing to their patients, once it becomes safe and feasible to access routine medical services.

Treat STIs Presumptively.

Use patient history, signs and symptoms to reach a presumptive diagnosis, and treat accordingly, without laboratory testing, so that treatment is same-day. This approach combines clinical experience and syndromic management (treating STI symptoms and signs based on the most common infectious etiologies for each syndrome, without seeking an etiology via laboratory testing). Guidance for the management of common syndromes are available at [nyc.gov/assets/doh/downloads/pdf/mm/sti-syndromic-management-algorithm.pdf](#)

Safer Sex and COVID-19 Fact Sheet



Safer Sex and COVID-19

All New Yorkers should stay home as much as possible and minimize contact with others to reduce the spread of COVID-19.

Sex is a normal part of life and should always be with the consent of all parties. This document offers strategies to reduce the risk of spreading COVID-19 during sex. Decisions about sex and sexuality need to be balanced with personal and public health. During this extended public health emergency, people will and should have sex. Consider using harm reduction strategies to reduce the risk to yourself, your partner, and our community.

But can you have sex?

You have some tips for how to enjoy safer sex and reduce the risk of spreading COVID-19.

1. **Know how COVID-19 spreads.**
 - You can get COVID-19 from a person who has it.
 - o The virus spreads through particles in the saliva, mucus or breath of people with COVID-19, even from people who do not have symptoms.
 - We still have a lot to learn about COVID-19 and sex.
 - o The virus has been found in the semen and feces (poop) of people with COVID-19.
 - o We do not know if COVID-19 can be spread through vaginal or anal sex.
 - o We know that other coronaviruses do not easily spread through sex. This means sex is not likely a common way that COVID-19 spreads.
2. **Have sex only with people close to you.**
 - You are your safest sex partner. Masturbation will not spread COVID-19, especially if you wash your hands (and any sex toys) with soap and water for at least 20 seconds before and after sex.
 - The next safest partner is someone you live with. Having close contact – including sex – with only a small circle of people helps prevent spreading COVID-19.
 - o Have sex only with consenting partners.
 - o To learn more about consent, visit [on.ny.gov/consent](#).
 - You should limit close contact – including sex – with anyone outside your household. If you do have sex with others outside of your household, have as few partners as possible and pick partners you trust. Talk about COVID-19 risk factors, just as you would discuss HIV, condoms, and other safer sex topics. Ask them about COVID-19 before you hook up.
 - o Do they have symptoms or have they had symptoms in the last 14 days? Most people with COVID-19 have symptoms, but asymptomatic spread is possible. Fever, cough, sore throat, and shortness of breath are symptoms to ask about. Note that asking about symptoms is not a perfect way to know whether someone has COVID-19.
 - o Have they been diagnosed with COVID-19 using a nasal swab or saliva test? People who have recovered from COVID-19 at least 10 days from the day their symptoms started and who have not had fever for at least three days are likely no longer infectious.

6.8.20

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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:

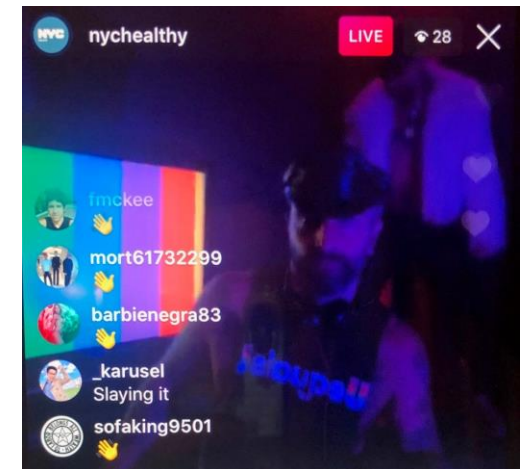
- HIV 101: Understanding HIV Infection, Diagnosis, and Treatment;
- HIV 201: PrEP, PEP, and Other Biomedical Interventions;
- Best Practices in PrEP and PEP Education and Counseling;
- HIV Stigma: The Impact on HIV Prevention and Care Services;
- Motivational Interviewing: Basic Communication Skills;
- 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:
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