

1 **The State of HIV and AIDS in New York City**

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2 **Welcome to the**

New York City Commission on HIV/AIDS

3 **Mayor's HIV/AIDS Policy**

- City must be accountable for confronting and reversing the epidemic
 - Better monitoring of epidemic
 - Best possible prevention, treatment, care, control
- More testing so everyone can know their status
- Confront and reduce stigma
- Make NYC a national and global model

4 **Fragmentation of Services**

- No coordinated plan currently exists for HIV/AIDS prevention, treatment, and care
- Services provided by many agencies and organizations
 - DOHMH, HHC, HRA (HASA), NYS AI, CBOs, etc.
 - Overlap between city, state, private agencies
- Services often provided in piecemeal fashion in a polarized political environment

5 **Lack of Accountability**

- Service providers currently are not fully accountable to:
 - Patients/clients
 - City and other government agencies
 - Each other
- No meaningful tracking of client outcomes

6 **Rationale for Commission**

- Improve City's response to HIV/AIDS
- Strengthen coordination between prevention and care services
- Improve accountability and monitoring
- Work to control epidemic

- Promote coordination and input

7 **Role of Commission – 1**

- Represent broad spectrum of experts in HIV/AIDS prevention, treatment, care
- Make recommendations for city, state, and federal practice, policy, and advocacy
- Identify clinical and social services best practices

8 **Role of Commission – 2**

- Review and advise on prevention, treatment, and epidemic control, e.g.:
 - Increased testing
 - Improved access to quality care
 - Substance abuse and mental health treatment
 - Social service and housing needs
- Build on progress made by existing groups
 - Existing NYC council/advisory boards are part of service picture, not overall HIV/AIDS prevention, treatment, and control

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10 **HIV/AIDS in New York City**

- **Epidemiology**
- Testing
- Prevention and Risk Factors
- Treatment and Care
- Public Education
- Funding
- Emerging Issues

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12 **HIV and AIDS in NYC**

- 81,000 New Yorkers are known to be living with HIV or AIDS
 - 55,000 diagnosed with AIDS
 - 26,000 diagnosed with HIV (non-AIDS)
- NYC has highest AIDS case rate in U.S.
 - More AIDS cases than Los Angeles, San Francisco, Miami & Washington DC *combined*
- As many as 25,000 more are HIV-positive, but do not know their status (*1 in 4 of total*)

13 **NYC's AIDS Case Rate Highest in U.S.**

4x U.S. Average, 60x Healthy People 2010 Target

AIDS case rates per 100,000 population, 2001

- 14 **HIV and AIDS in NYC**
 - AIDS deaths down 80% since peak in 1994
 - Still nearly 2,000 per year
 - 83,000 deaths among New Yorkers with HIV/AIDS ('83-present)
 - Still 5th leading cause of death among all NYers
 - Leading cause of death among NYers age 25-44
 - 200,000 infected since beginning of epidemic
 - *1 of every 30 New York City adults*

- 15 **People with AIDS
Are Living Longer**

- 16 **Perinatal HIV Infections Have Decreased More than
90%**

NYC, by Year of Birth, 1977-2002

- 17 **HIV Seroprevalence Among
IDUs Entering Care Has Decreased by 75%, NYC,
1980s-Present**

- 18 **Disparities**
 - More than 80% of new AIDS diagnoses and deaths are among African-Americans and Latinos
 - Increasing proportion of new AIDS cases among women
 - Rates of AIDS cases and HIV infections vary widely between NYC neighborhoods
 - As many as 1 in 4 MSM in Chelsea-Clinton, 1 in 6 MSM in Greenwich Village-SOHO, and 1 in 10 MSM in Central Harlem are HIV-positive

- 19 **HIV/AIDS Cases**

NYC, 2002, by Race/Ethnicity

- 20 **AIDS Diagnoses and AIDS Deaths**

NYC, 2002, by Race/Ethnicity

- 21 **Proportion of Population Reported & Living with
HIV/AIDS**

NYC, 2001, by UHF Neighborhood

22 **Rate of New HIV Infections**

NYC, 2001, by UHF Neighborhood

23 **STARHS**

- **Serologic Testing Algorithm for Recent HIV Seroconversion**
 - 2 tests on single diagnostic specimen – sensitive and less sensitive
 - Distinguishes long-standing HIV infections from those acquired recently (2 wks.-6 mos.)
 - Improves ability to ascertain current infection patterns and risk behaviors
 - Enhances ability to develop appropriate prevention interventions
- Also known as “detuned assay”

24 **How STARHS Works**

25 **Limitations of STARHS**

- Low antibody level does not necessarily indicate recent infection
 - Antibody levels at different stages of infection vary from person to person
- Probability of identifying individuals within 6 months of infection depends upon frequency of HIV testing
 - Also whether testing is routine or risk-based
- Only specimens from public labs are tested
 - Some people may be tested more than once

26 **Results of STARHS**

(Based on samples tested)

- Estimated incidence of new HIV infections:
 - 3½ times higher among males than females
 - 2x higher among white and African-American populations than among Hispanics
 - 8x higher among MSM, men w/IDU history

27 **HIV/AIDS in New York City**

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28 **Testing Is Critically Important**

- Many currently do not get tested until late stages of HIV infection
 - In NYC, 1 in 4 have concurrent HIV and AIDS diagnoses
- People unaware of their HIV infection

- Cannot get effective care
- More likely to infect others
- People aware of HIV-positive status are more likely to change behaviors
 - But 1 in 3 continue to engage in unsafe sex or needle sharing

29 **HIV Testing in NYC**

- Approximately 240,000 specimens tested in NYC each year
 - DOHMH Public Health Lab conducts 120,000+ HIV tests annually (half of all tests in City)
 - 11 STD clinics and counseling/testing sites conduct 33,000+ HIV tests annually
 - Some specimens/individuals tested more than once

30 **Not Enough HIV Testing**

- Most New Yorkers at risk don't know their HIV status
 - Only 1 in 4 New Yorkers age 18-64 had an HIV test in the past 18 months
 - Only 1 in 3 adults reporting 3+ sexual partners in the past year were tested
- Estimated 1 in 4 HIV-positive New Yorkers do not know status

31 **Adults Recently Tested for HIV**

NYC, by Number of Sex Partners, 2002

32 **HIV Testing Is Low in Some Neighborhoods at High Risk**

33 **Testing Among Higher-Risk Groups**

NYC, by Encounter Location, 2002

34 **Expanding Testing**

- HIV testing needs to become a routine part of medical care
 - Voluntary, confidential, with counseling
- Rapid testing needs to be expanded
 - Rolling out to Rikers starting now
 - Will expand to STD clinics, HHC facilities in 2004
 - Needs further expansion to community sites, Emergency Depts., homeless populations

35 **PCRS Used to Identify Persons w/Undiagnosed HIV**

North Carolina, 2001

36 **PCRS Used to Identify Persons w/Undiagnosed HIV**

NYC, 2002

37 **HIV/AIDS in New York City**

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38 **Keys to HIV Prevention**

- Abstinence is 100% effective
- Limit your number of sex partners
- Always use condoms
- Don't use dirty needles

39 **There Has Been a Resurgence of Risky Sexual Behavior**

- Syphilis cases more than doubled between 2000 and 2001, increased another 50% in 2002
- Syphilis increase almost entirely among men, especially MSM

40 **Foreshadowing a Future Increase in HIV Rates?**

- 67% of MSM diagnosed with syphilis in 2002 report HIV co-infection
 - 100% of people diagnosed with syphilis engaged in unsafe sexual practices
- 70% of HIV/syphilis co-infected MSM knowingly engage in behaviors that put others at risk for both HIV and syphilis

41 **Numbers of Sex Partners Among Adults**

NYC, by Gender, 2002

42 **Multiple Sex Partners Among High School Students**

NYC, by Age and Gender, 2002

43 **“Do Ask, Do Tell”**

- Each individual and community to assume ownership of HIV/AIDS epidemic
- Encourage open discussion of HIV status, risk factors for transmission
- Each individual to assume responsibility for proper use of latex condoms where:
 - HIV transmission risk is unknown
 - There is known HIV transmission risk

- 44 **Non-Disclosure of HIV Status**
- Of people with HIV infection:
 - 42% of MSM, 19% of heterosexual men, 17% of women engage in any sex without disclosure
 - 16% of MSM, 5% of heterosexual men, 7% of women engage in unprotected sex without disclosure
 - 13% of MSM serodiscordant partnerships involve unprotected sex without disclosure
 - Assumption that “any partner is positive” may contribute to non-disclosure
- 45 **Adults With High HIV Risk**
NYC, by Gender, Race, and Age, 2002
- 46 **High-Risk Groups and Condom Use**
- Approx. 350,000 adult New Yorkers age 18-64 (7%) report risk factors for HIV
 - Nearly two thirds of sexually active New Yorkers (64%) do not use condoms regularly
 - Of those with 3+ sex partners in the past year, almost half do not use condoms
 - One third of high-risk MSM did not use a condom the last time they had sex
- 47 **Condom Use Among Sexually Active Adults**
NYC, by Gender and Age, 2002
- 48 **Condom Use Among Sexually Active* High School Students**
NYC, by Age and Gender, 2002
- 49 **Resisting Condom Use**
- Many people have grown weary of safe sex
 - Unprotected sex seen by some as more physically and emotionally enjoyable
 - People may be misinformed:
 - Unaware of possibility of re-infection with multiple strains or resistant strains of HIV virus, or infection with another STD
 - May incorrectly perceive HAART as a cure
- 50 **Reason vs. Emotion**
- Most prevention programs assume that reasoning leads to safer behavior
 - Sexual decisions are often made at levels far more basic and urgent than those featuring complex reasoning analysis
 - Brochures can be informative and persuasive on Monday morning
 - But different priorities may predominate on Friday night

- 51 **New Focus on Prevention with Positives**
- Prevention activities traditionally targeted to HIV-negative populations
 - Prevention is generally not integrated into HIV/AIDS care and treatment
 - Longer life expectancy of people with HIV/AIDS requires new lifelong prevention strategies
 - Most effective in context of being part of a sex- and intimacy-positive life
- 52 **Components of Prevention With Positives (PWP)**
- Safer sex
 - Condoms
 - “Do Ask, Do Tell”
 - Syringe exchange, other harm reduction
 - Bridge gap between prevention and treatment
- 53 **Why PWP Can Work**
- Potentially more efficient to target 100,000 HIV-positive persons than 7.9 million who are uninfected
 - All new infections start with a person who is HIV-positive
 - If all HIV-positive individuals knew their status and participated in PWP, further spread could be stopped
- 54 **Making PWP Work**
- Needs to be led by people who are HIV-positive
 - Should not be at the expense of other successful prevention initiatives
 - New CDC priority
 - Federal funding to be dedicated to PWP programs
 - Possible de-funding of existing prevention programs for HIV-negative persons
- 55 **CDC Prevention Strategy**
- Make voluntary HIV testing a routine part of medical care
 - Implement new models for diagnosing HIV infection outside medical settings
 - Prevent new infections by working with HIV-positive persons and their partners
 - Further decrease perinatal HIV transmission
- 56 **Injection Drug Use**
- Injection drug use has been an engine driving the HIV epidemic in NYC
 - IDU remains common
 - Estimated 200,000 IDUs in NYC
 - Treatment, both methadone and other (buprenorphine), is not fully available

- In 2002, injecting drug users accounted for 11% of new HIV diagnoses
- Estimated prevalence of HIV among injecting drug users is 12%

57 **Syringe Exchange Programs (SEPs)**

- A place where IDUs exchange used needles/syringes for clean needles/syringes
 - Expanded Syringe Access Program (ESAP) – registered pharmacies throughout NYC sell up to 20 clean needles upon request
- Currently more than 150 SEPs operating in more than 100 cities throughout the U.S.
 - Currently 9 SEPs in NYC (Manhattan, Bronx, Brooklyn)

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59 **Unmet SEP Needs**

60 **HIV/AIDS Among Injection Drug Users**

61 **Opiate-Related Hospital Discharges**

62 **SEPs Are Successful**

- SEPs currently serve more than 93,000 IDUs in NYC
- 50% reduction in HIV transmission among IDUs
 - 75% decrease in buying/renting syringes
 - 63% decrease in syringe sharing
- SEP participants demonstrate:
 - Decreased HIV incidence
 - Higher rates of completion in drug treatment programs once referred

63 **Gateway to Drug Treatment, Other Health Care Services**

- Medical care
- Mental health and social services
- Housing
- HIV counseling and testing
- Screening for HCV, TB, other infections
- Individual and group counseling, support groups
- Case management
- Drug treatment

64 **SEPs: No Need for NIMBYism**

- SEPs do not:
 - Increase illicit drug use

- Increase discarded needles
- Increase violence or crime in neighborhood
- SEPs **do**:
 - Save lives
 - Prevent HIV transmission
 - Reduce drug use
 - Save the community money

65 **HIV/AIDS in New York City**

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66 **HIV/AIDS Treatment and Care**

- Lower death rate means more people are living with AIDS
- Need for treatment and other services is increasing
- Prevention, treatment, and care are beginning to come together as unified “continuum of care” concept

67 **Continuum of Care**

- Four critical elements for optimal care
 - Housing
 - Mental health treatment
 - Substance abuse treatment
 - Good HIV-related medical treatment
- Continuity of care

68 **High Need for Services in NYC**

- Needs in NYC are extensive
 - Care of 100,000+ HIV-positive persons
 - Prevention for 7.9 million not infected
- NYC likely has as extensive HIV/AIDS services as any city in the world
 - A vibrant advocacy community will always push for more – good!
- Current funding levels insufficient, but could be made more efficient

69 **Human Resources Administration (HASA)**

- HASA created in 1997 through enactment of Local Law 49
- Serves 31,000 HIV+ clients, provides related support to 14,000 family members

- Assists people living with HIV and AIDS to be as self-sufficient as possible by securing necessary benefits and services (housing, other public subsidies)

70 **Local Law 49**

- Enabling legislation for HASA
 - Considered to be restrictive and inflexible
 - Locks NYC into service model that is no longer appropriate
- Many in advocacy community view LL49 as positive achievement, resist changing law

71 **HIV/AIDS Caseload in NYC**

Dept. of Social Services, 1993-2003

72 **Housing**

- NYC currently provides housing support to 30,000+ individuals through HRA
- Plan is to increase housing availability further
 - New HOPWA budget devotes increased resources to new AIDS housing units
- New HUD regulations on HOPWA expected

73 **HIV/AIDS Housing in NYC**

(with City contract, as of Apr. '03)

74 **Increasing Caseload**

- HASA receives 550+ new applications for services each month
 - 85-90% of applicants found eligible
- Eligibility for services based on:
 - Financial eligibility (Medicaid income eligibility)
 - Medical eligibility (clinical symptoms of HIV illness or AIDS diagnosis)
- LL49 requires 1 caseworker/supervisor per 25-34 cases

75 **HIV Treatment**

- Treatment options have significantly lengthened lives and improved quality of life for those with HIV/AIDS
- However, at most only an estimated 60% of people with HIV infection are on antiretroviral drug treatment

76 **HIV-Related Hospitalizations NYC, 1995-2001**

77 **HHC's Role in HIV/AIDS Care**

- NYC's largest provider of HIV medical care
- Provides more than half of AIDS-designated HIV care in the City, serving 19,300 patients

- 93,000 patient visits, 9,000 HIV-related hospital admissions
- Overwhelming majority of HIV patients are persons of color (89% Black, Hispanic, or Asian)
- Women represent 41% of HHC’s HIV cases

78 **Importance of Viral Load**

- Drug treatment to reduce viral load:
 - Decreases infection risk (but not to zero)
 - Prolongs life and delays progression to AIDS
 - Reduces hospitalization and risk of opportunistic infections
 - Reduces risk of emergence of drug resistance
- Those who don’t know status are not receiving treatment

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80 **“HIV Stops With Me”**

- Multi-city public awareness and social marketing campaign
 - Currently operating in LA, West Hollywood, Long Beach, Orange County, SF, Boston
- Web, print, radio, TV messages on a variety of topics to:
 - Reduce stigma associated with HIV
 - Acknowledge the powerful role of HIV-positive people in halting epidemic

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82 **“Our Future Is in Our Hands”**

- NYC public education campaign
 - Subway ads, radio spots during 1Q 04
- “What’s your status?”
 - If negative – **Stay safe**
 - If positive – **Get care**
 - If you don’t know – **Get tested**

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88 **HIV/AIDS Funding in NYC**

- Cost of HIV/AIDS (prevention, treatment, care) in NYC is \$3.5 billion annually
 - Approx. \$2.5 billion in City budget funds (per OMB)
 - Approx. \$1 billion additional from state and federal government grants made directly to service providers, private foundation grants, etc.

89 **NYC HIV/AIDS Budget**
(FY 03)

90 **NYC HIV/AIDS Budget**
(FY 03)

91 **NYC HIV/AIDS Budget**
(FY 03)

92 **NYC HIV/AIDS Budget**
City Expenditures, 1999-2003

93 **Ryan White Funding**

- \$117 million Ryan White Title I funds distributed in NYC in 2002
 - Support 300+ contracts in 37 program categories, e.g., medical/dental care, rehabilitative services, home health/hospice care, transportation/housing
- 90% of Title I funding directed to programs serving African-Americans & Hispanics
- NYC's share of Ryan White funding decreased \$14 million in current FY to \$104 million

94 **Ryan White Changes**

- Ryan White CARE Act up for renewal FY 05
- Possible changes in enabling legislation:

- Awarding of all Ryan White funds via block grant
- Focus on increased support for medical treatment, away from support services
- Pilot initiative to merge Ryan White and Medicaid
- Funding shift in favor of southern states and away from northeastern urban centers

95 **Federal Government HIV/AIDS Funding**

- HRSA now allows Ryan White funding for testing programs
 - Previously only permitted care services for those already HIV infected
 - Will facilitate better integration of care and prevention services
 - Ryan White-funded services have been proven to improve health of those with HIV and AIDS

96 **Federal Government Funding for PWP**

- CDC expected to redirect some funding to prevention for HIV-positive people
- However, Public Health Service Act bans directly encouraging or promoting sexual activity
- “Sexually explicit” programs are losing federal funding

97 **HIV/AIDS in New York City**

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98 **HIV/AIDS – Where We Are Failing**

99 **HIV/AIDS Services at a Critical Juncture**

- People living longer, need more sophisticated and diverse services
- Current funding and service models may be significantly altered in coming 6 to 24 months
- Numerous “hot topics” at local and national levels

100 **Hot Topics – 1**

- Community planning
- Prompt diagnosis
 - Increasing the % of infected people who know their status
 - Routine testing
 - Partner notification
- Epidemic monitoring
 - HIV reporting
 - Viral load monitoring and reporting

101 **Hot Topics – 2**

- Service models
 - Targeting high-risk populations
 - Multiplicity of case management
 - CBO roles
 - Housing
- Injection drug use
 - Syringe Exchange Programs
 - Access to treatment for drug abuse
- Monitoring and accountability
 - CDC prevention goals

102 **Community Planning – 1**

- People living with HIV/AIDS to lead program planning efforts
- Increased collaboration between PC and PPG
- DOHMH will intensify planning with PPG and PC advisory groups for people living with HIV/AIDS

103 **Community Planning – 2**

- HIV care networks – collaboration
- PPG – enhance PPG governmental participation, especially in new priority areas
 - HRA, DJJ, DOC, DOE, OASAS, HHC, NYS AI, City Council Health Chair, OAPC
- PC – Increase DOHMH technical support of workgroups, especially surveillance and evaluation data

104 **Prompt Diagnosis – 1** *Increasing the % of HIV+ People Who Know Their Status*

- Increased HIV testing activities
 - Widespread use of rapid testing
 - Voluntary, routine HIV testing
 - Confront stigma
- Encourage those with HIV to:
 - Increase prevention activities
 - Get treated

105 **Prompt Diagnosis – 2**

Routine Testing

- Needs to be made standard component of medical care
- Need to find ways to encourage
 - Patients to request testing
 - Health care providers to offer testing
- Expand locations where testing offered

- Encourage universal insurance coverage for testing

106 **Prompt Diagnosis – 3 *Partner Notification***

- PCRS shown to uncover significant proportion of previously undiagnosed HIV infections among partners
- Need sensitivity in partner notification
 - Especially re: couples w/discordant HIV status
 - Lifetime joint counseling and prevention
 - Social network approach

107 **Epidemic Monitoring – 1 *HIV Reporting***

- Educate health care providers re: mandatory HIV reporting requirements
- Consider expanding reportable conditions
 - Currently not all HIV+
 - Currently only detectable viral load

108 **Epidemic Monitoring – 2 *Viral Load Monitoring/Reporting***

- Increase awareness of viral load re: health outcomes, prevention
 - Measure levels of viral load suppression
 - Accountability to patients, provider, community
- More complete reporting would result in increase in formula-based federal funding

109 **Service Models – 1**

Targeting High-Risk Populations

- Improved services for HIV-positive people with concurrent mental illness and/or substance abuse problems
 - Linkages needed to HIV care as well as housing, mental health services, drug treatment, harm reduction
 - Drug use, depression can contribute to high-risk behavior
 - Risky sexual behavior often not addressed in treatment setting

110 **Service Models – 2**

Case Management

- Expand efforts to manage prevention, treatment & care as a continuum
- Currently AIDS case management can include:
 - Health care provider
 - RW Title I
 - RW Title II
 - HASA
 - CBO with NYS funding
 - CBO with CDC funding

111 **Syringe Exchange Programs**

- Use evidence to convince local communities to support plan for SEP

- SEP is needed in community
- Will reduce HIV transmission
- Will not harm community
- State requirements
 - Waiver to NYS DOH AIDS Institute
 - Approval by NYS DOH Commissioner

112 **Monitoring and Accountability**

- All parties must be held accountable
 - Government
 - Health care system
- Commit to providing full range of high-quality services to all who need them
 - High quality case management
 - Participation in treatment, housing, social services, substance abuse programs
 - No reduction in support for services, but use resources more intelligently

113 **CDC Goals for HIV Prevention (by 2005)**

- Cut new infections by 50%
- Increase from 70% to 95% the proportion of HIV+ people who know their status
- Increase from 50% to 80% the proportion of HIV+ people receiving appropriate prevention, treatment, and care services