The State of HIV and AIDS in New York City

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Commissioner, New York City Department of Health and Mental Hygiene

December 16, 2003
Welcome to the New York City Commission on HIV/AIDS
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
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
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
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
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
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
HIV/AIDS in New York City

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

HIV SURVEILLANCE AND EPIDEMIOLOGY PROGRAM
SPECIAL SUPPLEMENTAL REPORT
August 1, 2003

The New York City Department of Health and Mental Hygiene
Vol. 1, No. S1

HIV INCIDENCE IN NEW YORK CITY, 2001
Estimates using the Serologic Testing Algorithm for Recent HIV Seroconversion (STARHS) on Specimens Testing HIV+ at Public Laboratories

What’s in this report?

HIV Incidence: The Basics ........................................... 1
What is STARHS ....................................................... 2
Specimens that were tested ............................................ 2
Calculating Incidence ................................................... 2

\[ \text{If everyone at risk in NYC was tested once per year, we could measure HIV incidence using the HIV/AIDS reporting system. But many people are not tested regularly, and many are not tested until they develop symptoms, often as long as a decade after they were first infected. Also, HIV positive people who were diagnosed prior to June 1, 2000.} \]

Epidemiology

HIV SURVEILLANCE AND EPIDEMIOLOGY PROGRAM
3RD QUARTER REPORT
July 2003

The New York City Department of Health and Mental Hygiene
Vol. 1, No. 3

What’s in this report?

HIV and AIDS in New York City: an overview ............................ 1
Reported AIDS cases, PLWHA and deaths among reported
HIV/AIDS cases .......................................................... 1
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Publication schedule: This report reflects events occurring through
September 30, 2002, and reported by June 30, 2003. It is updated
quarterly. Because of reporting lag, it reflects data through 9 months
prior to the publication date.

HIV and AIDS in New York City: An Overview*

- As of September 30, 2002, 79,966 New Yorkers had been diagnosed,
  reported and are known to be living with HIV or AIDS.
  - The true number of people with HIV or AIDS in NYC is higher.
    As many as 25% of HIV positive persons do not know they are infected.
- The predominant known risk factor among females diagnosed with HIV in
  2001 was heterosexual sex. The risk was unknown for almost half of the
  newly diagnosed women. In men, the predominant risk was sex with men.
- 16,721 New Yorkers have been diagnosed with HIV or AIDS since HIV
  reporting began in New York State on June 1, 2000.
  - In the first full calendar year of HIV reporting (2001), 6,605 New Yorkers
    were diagnosed with HIV, 1,796 (27%) of them first learned they were
    HIV positive at the time they were diagnosed with AIDS.
- A cumulative total of 136,054 New Yorkers have been diagnosed
  since AIDS case reporting began in 1985; 61% of persons
  with AIDS have died.
  - 5,044 AIDS cases were diagnosed in 2001.
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)

Data complete as of 12/31/02
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

<table>
<thead>
<tr>
<th>City</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detroit</td>
<td>8.7</td>
</tr>
<tr>
<td>Boston</td>
<td>10.8</td>
</tr>
<tr>
<td>Phoenix</td>
<td>11.1</td>
</tr>
<tr>
<td>Chicago</td>
<td>12.6</td>
</tr>
<tr>
<td>U.S. Avg</td>
<td>14.9</td>
</tr>
<tr>
<td>San Diego</td>
<td>16.7</td>
</tr>
<tr>
<td>Houston</td>
<td>18.7</td>
</tr>
<tr>
<td>Dallas</td>
<td>20.5</td>
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<tr>
<td>Philadelphia</td>
<td>26.5</td>
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<tr>
<td>Atlanta</td>
<td>30.3</td>
</tr>
<tr>
<td>Wash DC</td>
<td>32.8</td>
</tr>
<tr>
<td>San Fran</td>
<td>34.6</td>
</tr>
<tr>
<td>Miami</td>
<td>53.8</td>
</tr>
<tr>
<td>NYC</td>
<td>65.9</td>
</tr>
</tbody>
</table>

Healthy People 2010 Goal: 1.0 per 100,000 population

Source: CDC, data are for metro areas
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

Data complete as of 12/31/02
People with AIDS Are Living Longer

Data complete as of 12/31/02
Perinatal HIV Infections Have Decreased More than 90% 
NYC, by Year of Birth, 1977-2002

Perinatal transmission was first recognized as a risk factor in 1982; earlier cases were retrospectively dated.

* 2002 data incomplete due to reporting lag
HIV Seroprevalence Among IDUs Entering Care Has Decreased by 75%, NYC, 1980s-Present

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Percentage</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>12%</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: Data are not directly comparable between studies.
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
HIV/AIDS Cases
NYC, 2002, by Race/Ethnicity

Proportion of Cases
Data complete as of 12/31/02

Proportion of Population

- Black: 44.0%
- Hispanic: 31.8%
- White: 21.5%
- Asian/PI: 1.0%
- Native American: 1.6%
- Other/Unknown: 0.1%

Data complete as of 12/31/02
AIDS Diagnoses and AIDS Deaths
NYC, 2002, by Race/Ethnicity

AIDS Diagnoses
- Black: 15.0%
- Hispanic: 28.9%
- White: 53.9%
- Other/Unknown: 0.8%
- Asian/PI: 0.1%
- Native American: 0.1%

AIDS Deaths
- Black: 14.4%
- Hispanic: 30.9%
- White: 53.7%
- Other/Unknown: 0.3%
- Asian/PI: 0.6%
- Native American: 0.1%

Data complete as of 12/31/02
Proportion of Population Reported & Living with HIV/AIDS
NYC, 2001, by UHF Neighborhood
Rate of New HIV Infections
NYC, 2001, by UHF Neighborhood

Rate per 100,000 population
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”
How STARHS Works

STARHS method to estimate stage of infection using a single diagnostic specimen

HIV Ab

Less sensitive test
(only detects high levels of HIV antibodies)

Sensitive test
(“standard” test for HIV antibodies)

Time of infection

17 days

Time of detection with sensitive test

170 days

Time of detection with less sensitive test

STARHS Window Period

(Courtesy of CDC)
Limitations of STAHRS

• 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
Results of STAHRS
*(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
HIV/AIDS in New York City

- Epidemiology
- **Testing**
- Prevention and Risk Factors
- Treatment and Care
- Public Education
- Funding
- Emerging Issues
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
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
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
Adults Recently Tested for HIV
NYC, by Number of Sex Partners, 2002

% of Adults Age 18-64 Having HIV Test in Past 18 Months

- 0: 17
- 1: 27
- 2: 30
- 3+: 34
- NYC Avg: 26
HIV Testing Is Low in Some Neighborhoods at High Risk

HIV Risk Factors

Recent HIV Testing

Risk factors for HIV

- 1–5%
- 5–10%
- 10–13%

Lower Manhattan

Western Queens-
Long Island City

Chelsea-
Greenwich Village

South Bronx

Recent HIV testing

- 12–20%
- 20–35%
- 35–44%

Western Queens-
Long Island City
Testing Among Higher-Risk Groups

NYC, by Encounter Location, 2002

- Gay Bars (100% MSM)
- STD Clinics (52% M/48% F)
- SEPs (69% M/31% F)

% Reporting HIV Testing

- Ever Tested
- Tested More Than Once
- Tested in Past Year
- Tested on Regular Basis*

* Median interval = 6 mos.
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
PCRS Used to Identify Persons w/ Undiagnosed HIV
North Carolina, 2001

1,532 partners identified

173 could not be identified
592 tested previously for HIV
767 not tested previously for HIV

592 tested previously for HIV

404 previously tested HIV+
188 previously tested HIV-

488 tested after PCRS
279 not tested after PCRS

767 not tested previously for HIV

66 not tested after PCRS
122 retested after PCRS
108 tested HIV+
380 tested HIV-

125 of 610 tested partners had previously undiagnosed HIV infection (20.5%)

MMWR, 12/5/03
PCRS Used to Identify Persons w/Undiagnosed HIV
NYC, 2002

33,314 HIV tests done at NYC STD clinics

26,310 received test results

7,004 did not receive results

485 tested HIV+
391 agreed to partner interview

25,770 tested HIV-

55 inconclusive/unknown

95 tested HIV+

181 requests rec'd for partner interview
126 partner investigations conducted
63 partners located

56 notified
7 refused notification

35 not tested
21 tested

1 tested HIV+
20 tested HIV-

240 partners identified

169 partners located
71 not locatable

99 tested

74 tested HIV-
25 tested HIV+
49 already known to be HIV+
21 refused test

26 of 120 tested partners had previously undiagnosed HIV infection (21.7%)
HIV/AIDS in New York City

- Epidemiology
- Testing
- Prevention and Risk Factors
- Treatment and Care
- Public Education
- Funding
- Emerging Issues
Keys to HIV Prevention

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

### Reported Primary and Secondary Syphilis Case Rates, NYC, 2000-2002

<table>
<thead>
<tr>
<th></th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Females</td>
</tr>
<tr>
<td>2000</td>
<td>0.51</td>
</tr>
<tr>
<td>2001</td>
<td>0.51</td>
</tr>
<tr>
<td>2002</td>
<td>0.66</td>
</tr>
</tbody>
</table>
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
Numbers of Sex Partners Among Adults
NYC, by Gender, 2002

% Reporting Specified # of Sex Partners in Past 12 Months

NOTE: 27% of MSM report having 3+ sex partners
Multiple Sex Partners Among High School Students

*NYC, by Age and Gender, 2002*

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male (%)</th>
<th>Female (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 14</td>
<td>15</td>
<td>4</td>
</tr>
<tr>
<td>15</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>16</td>
<td>33</td>
<td>12</td>
</tr>
<tr>
<td>17</td>
<td>31</td>
<td>12</td>
</tr>
<tr>
<td>18+</td>
<td>38</td>
<td>16</td>
</tr>
</tbody>
</table>
“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
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

Source: Ciccarone DH. AJPH 2003; 93: 949-54 (June ’03).
Adults With High HIV Risk
NYC, by Gender, Race, and Age, 2002

High HIV risk:
- 3 or more sex partners in the past year and not using a condom at last sex;
- Using intravenous drugs;
- Having had a sexually transmitted infection in the past 12 months;
- Exchanging sex for money or drugs; or
- Having unprotected anal intercourse.

% of Adults Age 18-64 Reporting HIV Risk Factors

- MSM: 21%
- Men (Non-MSM): 9%
- Women: 6%
- Black: 6%
- White: 8%
- Hispanic: 8%
- Other: 4%
- 18-24: 10%
- 25-44: 7%
- 45-64: 5%
- NYC Avg: 7%
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
Condom Use Among Sexually Active Adults

NYC, by Gender and Age, 2002

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age 18-24</th>
<th>Age 25-44</th>
<th>Age 45-64</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSM</td>
<td>45%</td>
<td>61%</td>
<td>33%</td>
</tr>
<tr>
<td>Men (Non-MSM)</td>
<td>38%</td>
<td>37%</td>
<td>24%</td>
</tr>
<tr>
<td>Women</td>
<td>33%</td>
<td>37%</td>
<td>40%</td>
</tr>
</tbody>
</table>

Overall

3+ Sex Partners

% Using Condom During Most Recent Sexual Encounter

NYC Health
Condom Use Among Sexually Active* High School Students

NYC, by Age and Gender, 2002

* Sexual intercourse within the past 3 months
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
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.
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
Components of Prevention With Positives (PWP)

- Safer sex
- Condoms
- “Do Ask, Do Tell”
- Syringe exchange, other harm reduction
- Bridge gap between prevention and treatment
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
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
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
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%
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)
SEP Locations in NYC
HIV/AIDS Among Injection Drug Users

Number of Injection Drug Users Living with HIV/AIDS by Zip Code, NYC 12/31/2001

Legend
- Active needle exchange program

Number of IDUs living with HIV/AIDS
- 0 - 20
- 29 - 65
- 66 - 131
- 132 - 248
- 249 - 600

Source: NYCDOH, HIV/AIDS Surveillance Program
Opiate-Related Hospital Discharges

Source: New York State Department of Health AIDS Institute, 1999
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
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
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
HIV/AIDS in New York City

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

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

• Continuity of care
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
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)
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
# HIV/AIDS Caseload in NYC

## Dept. of Social Services, 1993-2003

<table>
<thead>
<tr>
<th>Year</th>
<th># of Clients Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 93</td>
<td>13,629</td>
</tr>
<tr>
<td>FY 94</td>
<td>16,460</td>
</tr>
<tr>
<td>FY 95</td>
<td>17,511</td>
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<tr>
<td>FY 96</td>
<td>16,915</td>
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<td>FY 97</td>
<td>19,358</td>
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<td>FY 98</td>
<td>23,408</td>
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<td>25,692</td>
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<td>28,462</td>
</tr>
<tr>
<td>FY 02</td>
<td>30,129</td>
</tr>
<tr>
<td>FY 03</td>
<td>31,491</td>
</tr>
</tbody>
</table>

Source: OMB. Figures represent year-end caseload.
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
### HIV/AIDS Housing in NYC
*(with City contract, as of Apr. '03)*

<table>
<thead>
<tr>
<th>Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congregate Supportive</td>
<td>1,010</td>
</tr>
<tr>
<td>Transitional Supportive</td>
<td>533</td>
</tr>
<tr>
<td>Congregate Supportive (in pipeline)</td>
<td>377</td>
</tr>
<tr>
<td><strong>Total Supportive units in operation</strong></td>
<td>1,543</td>
</tr>
<tr>
<td><strong>Total Supportive units (incl. pipeline)</strong></td>
<td>1,920</td>
</tr>
<tr>
<td>Traditional Scattersite</td>
<td>2,208</td>
</tr>
<tr>
<td>Scattersite placements (cumulative)</td>
<td>1,875</td>
</tr>
<tr>
<td><strong>Total Scattersite units</strong></td>
<td>4,183</td>
</tr>
<tr>
<td>Rental Assistance</td>
<td>17,000</td>
</tr>
</tbody>
</table>

**TOTAL CITY SUPPORTED UNITS (incl. pipeline)**: 23,103

Source: OMB
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
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
HIV-Related Hospitalizations
NYC, 1995-2001

63% decrease over 6 years

Source: SPARCS
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
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
HIV/AIDS in New York City

- Epidemiology
- Testing
- Prevention and Risk Factors
- Treatment and Care
- Public Education
- Funding
- Emerging Issues
“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
Good sex
is more than hot sex

Good sex means that we care about each other. I feel good the day after because I know I didn’t do anything that would cause somebody else to get infected.

Dan – Positive since 1986

Let’s talk online, email me.

HIV STOPS WITH ME.ORG

HIV STOPS WITH ME
“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*
WHAT'S YOUR STATUS?

- STAY SAFE
+ GET CARE
? GET TESTED

To "TALK HIV" call 311

Our future is in our hands.

NYC Health
New York City Department of Health and Mental Hygiene
nyc.gov/health
Michael R. Bloomberg, Mayor  Thomas R. Frieden, M.D., M.P.H., Commissioner
Afraid to know your HIV test results?

Sure, it's scary. You might test positive. But when you know your status, you can protect yourself and others. You can take responsibility and get the care you need. Whether you're positive or negative, use a condom to protect yourself and your partner. Learn what you can do about HIV. Know your status.

To "TALK HIV" call 311

WHAT'S YOUR STATUS?

- STAY SAFE
+ GET CARE
? GET TESTED

Our future is in our hands.
On the one hand, you don’t know your own status.

On the other hand, you want to know his.

Do you know your partner’s HIV status?
Do you know your own? By knowing your HIV status, if you’re negative, you can stay that way. If you’re positive, you can get the treatment you need to feel better and to live longer. Whether you’re positive or negative, use a condom to protect yourself and your partner. Know your status.

To "TALK HIV" call 311

WHAT’S YOUR STATUS?

- STAY SAFE
+ GET CARE
? GET TESTED

Our future is in our hands.

NYC Health
nyc.gov/health

New York City Department of Health and Mental Hygiene
Michael R. Bloomberg, Mayor Thomas R. Frieden, M.D., M.P.H., Commissioner
Health Alert: HIV: How to Prevent It

Protect Yourself and Others

Know your HIV status. Use a condom every time.

- More than 100,000 New Yorkers are living with HIV.
- As many as 1 in 4 don’t know they’re infected.
- There is still no vaccine, and still no cure.
- Thanks to new medications and early and living longer – holding jobs, raising families.

Alerta de Salud: VIH: cómo prevenirlo

Protéjase y proteja a los demás

Conozca el estado de su VIH. Use condones siempre.

- Más de 100,000 neoyorquinos tienen VIH.
- 1 de cada 4 personas no lo sabe.
- Todavía no hay vacuna ni cura.

Sex in the City: More HIV Testing and Condom Use Needed!

Sexually transmitted infections, including HIV, are among the most common, serious, and preventable infections affecting New Yorkers. More than 100,000 New Yorkers are living with HIV. More than 80,000 new cases of other sexually transmitted infections were reported in 2002. Many sexually transmitted infections remain undiagnosed.

Condom use and relatively low levels of HIV testing. Knowing your HIV status is fundamental to preventing the spread of HIV. For sexually active persons, the best way to prevent sexual transmission of infection is through consistent use of latex condoms during vaginal, anal, and oral sex.
HIV/AIDS in New York City

- Epidemiology
- Testing
- Prevention and Risk Factors
- Treatment and Care
- Public Education
- Funding
- Emerging Issues
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.
NYC HIV/AIDS Budget (FY 03)

Source: OMB. Includes only funding in City budget.
NYC HIV/AIDS Budget (FY 03)

- Housing: 9.5%
- Case Management: 4.9%
- Public Assistance: 2.0%
- Medical Assistance: 7.2%
- Other: 76.4%

Source: OMB. Includes only funding in City budget
NYC HIV/AIDS Budget (FY 03)

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
<th>City</th>
<th>State</th>
<th>HOPWA</th>
<th>Other Fed</th>
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<td>Direct Housing</td>
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<td>668,512</td>
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Source: OMB. Includes only funding in City budget. All figures in $000s

*Includes Ryan White funding.
NYC HIV/AIDS Budget
City Expenditures, 1999-2003

Annual City Budget Expenditures
(in $000s)

FY 99 FY 00 FY 01 FY 02 FY 03*

$1,896,747 $2,077,247 $2,217,636 $2,353,897 $2,447,084

Source: OMB. Includes only funding in City budget.
All figures in $000s

* Projected
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
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
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
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
HIV/AIDS in New York City

- Epidemiology
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- Prevention and Risk Factors
- Treatment and Care
- Public Education
- Funding
- Emerging Issues
HIV/AIDS – Where We Are Failing

Prompt Diagnosis

- 7% of NYC adults have HIV risk behaviors; higher among certain groups
  - Condom use is low
  - 1 in 4 12th graders has had 4 or more partners

Treatment/Care

- 20% not in care w/in 1 yr
  - Large number in care are not in consistent care
  - Only half in consistent care have adequate VL suppression

- 400% increase in syphilis, mostly among HIV+ MSM
  - 70% of HIV/syphilis co-infected MSM
  - Needle sharing remains common (~35% of IDUs)

- 27% concurrent HIV & AIDS diagnosis
  - 25,000 don’t know status
  - 60% of STD patients not tested
  - 90% of Rikers admits not tested
  - 2/3 of NYers at high risk don’t know status
  - 21% don’t get HIV results
  - Less than 20% of partners of HIV+ get tested thru PCRS
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
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
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
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
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
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
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
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
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
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
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
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
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
Monitoring and Accountability

• All parties must be held accountable
  – Government
  – Health care system
  – CBOs
  – PLWHAs

• 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
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