Ending the HIV Epidemic in New York City During the COVID-19 Pandemic

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New York City Department of Health and Mental Hygiene

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New York City
Epidemiology & Background
*Data on 2019 deaths are incomplete. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2020.
New HIV Diagnoses – NYC 2019

Source: NYC DOHMH, Bureau of HIV Surveillance Data, data reported as of March 31, 2020. *MSM=Men who have sex with men, TG-SC=Transgender people with sexual contact, IDU=People with injection drug use history
Ending the Epidemic: Our Strategy to end HIV in New York City
What Does Ending the Epidemic Mean?

- Identify persons with HIV who remain undiagnosed and link them to health care.
- Link and retain persons diagnosed with HIV in health care to maximize viral suppression so they remain healthy and prevent further transmission.
- Facilitate access to Pre-Exposure Prophylaxis (PrEP) for HIV negative persons at risk of exposure.

D. Holtgrave
Current Bureau of HIV Services Mapped onto NYS EtE Pillars

Identify People with HIV
- Directly funded HIV Testing
- CDC
- HRSA
- Community Mobilization (NY Knows)
- Technical assistance to testing sites
- AHI testing

Link, Retain, Suppress
- Medical/Non-Med Case Mgmt
- ADAP-Direct Care
- Food and Nutrition
- Support Services
- Legal Services
- Mental Health
- Housing Services

Epidemiology and Surveillance
Education and Training
Harm Reduction Services
Field Services

Prevent/PrEP
- Structural Interventions
- Condom Distribution
- PrEP Implementation

TASP
- Treatment as Prevention
- Structural Interventions

NAV
- Sexual and Behavioral Health (SBH) Structural Interventions
New York City Ending the Epidemic Plan

- **Strategy 1**: Increase the number of people who know their HIV status by diagnosing HIV infection as early as possible, promoting routine testing within health care facilities, and scaling up testing options in non-clinical settings.

- **Strategy 2**: Prevent new HIV acquisition by increasing access to effective prevention interventions, including PrEP, PEP, condoms, harm reduction, and supportive services.

- **Strategy 3**: Improve viral suppression and other health outcomes for people with HIV by optimizing medication adherence and access to care, improving coordination of clinical and supportive services, and increasing access to immediate antiretroviral treatment (iART).

- **Strategy 4**: Enhance methods to identify and intervene on HIV transmission networks to better support individuals and communities at increased risk of exposure.

- **Strategy 5**: In all NYC ETE Plan strategies, utilize an intersectional, strengths-based, anti-stigma, and community-driven approach to mitigate racism, sexism, homophobia, transphobia, and other systems of oppression that create and exacerbate HIV-related health inequities.
NEW YORK CITY’S
HIV STATUS NEUTRAL
PREVENTION & TREATMENT CYCLE

People at risk of HIV exposure taking daily PrEP and people with HIV with sustained viral load suppression do not acquire or transmit HIV.
Progress towards the goal
Estimated HIV incidence overall and by transmission risk group declined in NYC between 2015 and 2019.
Numbers of new HIV diagnoses from 2010 to 2019 were reported to NYC DOHMH as of March 31, 2020. All 2020 data are projections based on an estimated acceleration of historical declines.
ETE Goals—
New HIV Infections in New York State

NEW HIV INFECTIONS (INCIDENCE)
Reduce the number of estimated new HIV infections to

2020 Target 825**
2019 Actual 1,700
NYC and Geneva Surpass UNAIDS 90-90-90

NYC and Geneva Surpass UNAIDS 90-90-90 HIV Targets
Fast-Track Cities Release New HIV Testing and Treatment Data

Washington, DC, USA (December 1, 2019) - New York City, NYC, USA, and the City of Geneva, Switzerland, announced today that these two cities have surpassed the United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 targets. The Paris Declaration on Fast-Track cities calls for attaining and surpassing the targets, which translate into 90% of people living with HIV (PLWH) knowing their status, 90% of PLWH who know their status accessing antiretroviral therapy (ART), and 90% of PLWH on ART achieving viral suppression.

New York City Achieves Global Milestone in Fight to End the HIV/AIDS Epidemic
December 2, 2019

Once the epicenter of the epidemic, New York is the first Fast-Track City to reach the UNAIDS 90-90-90 targets.

New York City today announced that it has met the UNAIDS 90-90-90 goals five years ahead of schedule, meaning that 90% of all people with HIV know their status, 90% of PLWH know their status, and 90% of PLWH are on treatment. The city of New York achieved this milestone with support from the New York State Department of Health.

New York City has more than 100,000 people who are living with HIV, and the city has made significant progress in recent years.

93% - 90% - 92%
UNAIDS 90-90-90 targets for PLWH in NYC, 2019

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2020.
Ending the HIV Epidemic: A Plan for America

GOAL:

HHS will work with each community to establish local teams on the ground to tailor and implement strategies to:

- **Diagnose** all people with HIV as early as possible after infection.
- **Treat** the infection rapidly and effectively to achieve sustained viral suppression.
- **Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).
- **Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Black and Latino/Hispanic people accounted for 81% of new HIV diagnoses in men and 91% of new HIV diagnoses in women, respectively, in NYC in 2019.
HIV and Aging: HIV among people 50 and older in NYC, 2019

- 313 new HIV diagnoses among New Yorkers ages 50+ years
- 385 new AIDS diagnoses
- 1,407 deaths among older adults with HIV (18.9 deaths per 1,000 older adults with HIV)

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2020.
Viral suppression among people in HIV medical care, NYC 2019
PrEP Awareness and Use among Black and Latina women†, Sexual Health Survey, NYC, 2012-2017

*Sample includes sexually active NYC women, aged 18-64 years, who identify as Black and/or Latina and who did not report HIV-positive status. *PrEP use question not asked in 2012 or 2013. Sexual Health Survey among Black and Latina Women, 2017.
Among participants tested for HIV (N=502), 14% were found to be living with HIV. Prevalence was higher among transgender participants, those aged 40 and older, and Black participants.
Self-reported crystal meth use among men who reported having sex with another man in the past 12 months. Source: National HIV Behavioral Surveillance study (CDC)
STIs in NYC, and the US, are increasing

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary and Secondary Syphilis</td>
<td>1,799</td>
<td>2,026</td>
<td>↑ 13%</td>
<td>↑ 10%</td>
</tr>
<tr>
<td>Latent Syphilis</td>
<td>6,194</td>
<td>6,353</td>
<td>↑ 3%</td>
<td>↑ 17%</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>23,491</td>
<td>26,128</td>
<td>↑ 11%</td>
<td>↑ 19%</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>71,690</td>
<td>72,445</td>
<td>↑ 1%</td>
<td>↑ 7%</td>
</tr>
</tbody>
</table>
Hepatitis C and HIV Co-Infection

By the end of 2017, 62.5% of people living with HIV who ever tested positive for hepatitis C RNA were treated, but 3,372 (more than one-third) remained untreated.

Percentage of people with hepatitis C and HIV coinfection who initiated hepatitis C treatment, by race and ethnicity, poverty level, viral suppression status and history of incarceration, 2017

Black New Yorkers were less likely than non-Black New Yorkers to have initiated treatment.

People with HIV viral load >200 copies/ml were less likely to have initiated treatment than those with a viral load <200 copies/ml.

People with a history of incarceration were less likely to have initiated treatment than those without a history of incarceration.

NYC HIV and hepatitis C surveillance registries

Age-adjusted death rates among people with HIV by HIV-related and non-HIV-related cause of death 2004-2018
HIV mortality reduction continuum of care among NYC PLWH who died during 2007–2013

Age-adjusted death rates among people with HIV by race/ethnicity in NYC, 2019

Multiracial people with HIV had the highest age-adjusted death rate\(^1\) in NYC in 2019.

API = Asian/Pacific Islander. Age-adjusted to the NYC Census 2010 population. \(^1\)Death data for 2019 are incomplete.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2020.
OVERVIEW OF COVID-19 IN NEW YORK CITY
### Summary of cumulative COVID-19 cases, hospitalizations, and deaths

<table>
<thead>
<tr>
<th>Measure</th>
<th>Number of NYC Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Confirmed Cases</strong></td>
<td>314,842</td>
</tr>
<tr>
<td>People with a positive molecular test</td>
<td></td>
</tr>
<tr>
<td><strong>Probable Cases</strong></td>
<td>31,758</td>
</tr>
<tr>
<td>People with a positive antigen test, or symptoms and confirmed exposure, or probable death</td>
<td></td>
</tr>
<tr>
<td><strong>Total Cases</strong></td>
<td>346,600</td>
</tr>
<tr>
<td><strong>Hospitalizations</strong></td>
<td>63,121</td>
</tr>
<tr>
<td>People hospitalized within 14 days of diagnosis</td>
<td></td>
</tr>
<tr>
<td><strong>Confirmed Deaths</strong></td>
<td>19,694</td>
</tr>
<tr>
<td>Deaths with positive molecular test</td>
<td></td>
</tr>
<tr>
<td><strong>Probable Deaths</strong></td>
<td>4,717</td>
</tr>
<tr>
<td>Cause of death listed as COVID-19 or similar, but no positive molecular test</td>
<td></td>
</tr>
<tr>
<td><strong>Total Deaths</strong></td>
<td>24,411</td>
</tr>
</tbody>
</table>

**Updated:** December 9, at 1 p.m.
Peak weeks were late March/early April

Start of the outbreak largely represents severe cases, as NYC Health Department recommended testing only for hospitalized cases to conserve test kit materials and personal protective equipment (PPE)

Once testing became more widely available by mid-May, many people with symptom onset dates in April got tested, including asymptomatic people and with milder illness
Phases of the COVID-19 Response
NYC Phased Reopening

Phase 1
June 8
- Construction
- Manufacturing
- Wholesale Trade
- Retail (curbside or pick-up/drop-off)
- Agriculture, Forestry, Fishing

Phase 2
June 22
- Outdoor dining
- Offices
- Real Estate
- In-store retail
- Retail rental, repair, cleaning
- Commercial Building Management
- Hair salons, barbershops
- Vehicle sales, leases, rentals

Phase 3
July 6
- Personal Care Services

Phase 4
July 20
- Low-risk outdoor arts & entertainment, at reduced capacity
- Media production
- Professional sports (without spectators)

Produced by COVID-19 Science Section, NYC DOHMH
Inequities in COVID-19 outcomes by race/ethnicity

Rate per 100,000 people (age-adjusted)

<table>
<thead>
<tr>
<th>Cases</th>
<th>Hospitalizations</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian/Pacific-Islander</td>
<td>1,212</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>1,896</td>
<td></td>
</tr>
<tr>
<td>Black/African-American</td>
<td>2,265</td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>2,788</td>
<td></td>
</tr>
</tbody>
</table>

HIV & COVID-19
COVID-19 and HIV Match

There is significant public health and clinical interest in – and questions – about the intersection of COVID-19 and HIV.

- How many people with HIV have been diagnosed with COVID-19?
- Which people with HIV are being affected by COVID-19?
- Is there higher risk for COVID-19 among people with HIV?
- Do people with HIV have poorer outcomes once infected with COVID-19?

BHIV took a closer look at the role of HIV in COVID-19 through a match of over 200,000 COVID-19 cases to the HIV registry.
Analysis

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

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 1) PWH with diagnosed COVID-19, 2) PWH without diagnosed COVID-19, and 3) all NYC COVID-19 cases (excluding diagnosed PWH):

- Demographic characteristics
- HIV transmission risk, year of HIV diagnosis, HIV viral suppression status (PWH)
- COVID-19-related outcomes
Matched data suggest that PWH are not overrepresented among NYC COVID-19 cases

PWH comprise 1.5% of the NYC population.

From the data we have thus far, PWH do not appear to be overrepresented among people diagnosed with COVID-19 in NYC.
A higher proportion of PWH with and without COVID-19 were male or older

<table>
<thead>
<tr>
<th></th>
<th>PWH with COVID-19</th>
<th>PWH without COVID-19</th>
<th>NYC COVID-19 cases overall</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex at birth</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>29%</td>
<td>27%</td>
<td>49%</td>
</tr>
<tr>
<td>Male</td>
<td>71%</td>
<td>73%</td>
<td>51%</td>
</tr>
<tr>
<td><strong>Age group (years)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 to 17</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>3%</td>
</tr>
<tr>
<td>18 to 44</td>
<td>23%</td>
<td>32%</td>
<td>37%</td>
</tr>
<tr>
<td>45 to 64</td>
<td>56%</td>
<td>54%</td>
<td>36%</td>
</tr>
<tr>
<td>65 to 74</td>
<td>16%</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>75+</td>
<td>5%</td>
<td>3%</td>
<td>12%</td>
</tr>
</tbody>
</table>

PWH=People with HIV
Data source: match of NYC COVID-19 surveillance data reported as of June 2, 2020, against the NYC HIV surveillance registry.
A higher proportion of PWH with COVID-19 live in the Bronx and Manhattan, lower proportion live in Queens

<table>
<thead>
<tr>
<th>Borough</th>
<th>PWH with COVID-19</th>
<th>PWH without COVID-19</th>
<th>NYC COVID-19 cases overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronx</td>
<td>34%</td>
<td>27%</td>
<td>23%</td>
</tr>
<tr>
<td>Brooklyn</td>
<td>24%</td>
<td>26%</td>
<td>28%</td>
</tr>
<tr>
<td>Manhattan</td>
<td>21%</td>
<td>28%</td>
<td>12%</td>
</tr>
<tr>
<td>Queens</td>
<td>19%</td>
<td>16%</td>
<td>31%</td>
</tr>
<tr>
<td>Staten Island</td>
<td>3%</td>
<td>2%</td>
<td>7%</td>
</tr>
</tbody>
</table>

PWH=People with HIV
Data source: match of NYC COVID-19 surveillance data reported as of June 2, 2020, against the NYC HIV surveillance registry.
Black and Latinx PWH were overrepresented among PWH with COVID-19

<table>
<thead>
<tr>
<th>Race/Ethnicity*</th>
<th>PWH with COVID-19</th>
<th>PWH without COVID-19</th>
<th>NYC COVID-19 cases overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>45%</td>
<td>44%</td>
<td>29%</td>
</tr>
<tr>
<td>Latinx</td>
<td>41%</td>
<td>34%</td>
<td>33%</td>
</tr>
<tr>
<td>White</td>
<td>11%</td>
<td>18%</td>
<td>29%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>2%</td>
<td>3%</td>
<td>8%</td>
</tr>
<tr>
<td>Other</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

*Data are for people with known race/ethnicity information. Race/ethnicity is missing for 47% of COVID-19 cases.
PWH=People with HIV
Data source: match of NYC COVID-19 surveillance data reported as of June 2, 2020, against the NYC HIV surveillance registry.
A lower proportion of PWH with COVID-19 were MSM compared with PWH overall

<table>
<thead>
<tr>
<th>HIV Transmission Risk Category</th>
<th>PWH with COVID-19</th>
<th>PWH without COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men who have sex with men (MSM)</td>
<td>34%</td>
<td>41%</td>
</tr>
<tr>
<td>Injection drug use history (IDU)</td>
<td>15%</td>
<td>12%</td>
</tr>
<tr>
<td>MSM-IDU</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Heterosexual contact</td>
<td>23%</td>
<td>20%</td>
</tr>
<tr>
<td>Transgender people with sexual contact (TG-SC)</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Perinatal</td>
<td>&lt;1%</td>
<td>2%</td>
</tr>
<tr>
<td>Unknown risk</td>
<td>23%</td>
<td>21%</td>
</tr>
</tbody>
</table>

PWH=People with HIV
Data source: match of NYC COVID-19 surveillance data reported as of June 2, 2020, against the NYC HIV surveillance registry.
The vast majority of PWH with COVID-19 were HIV virally suppressed\(^1\)

<table>
<thead>
<tr>
<th>HIV Viral Suppression Status</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virally suppressed</td>
<td>89</td>
</tr>
<tr>
<td>Not virally suppressed</td>
<td>11</td>
</tr>
</tbody>
</table>

\(^1\)Viral suppression defined as most recent HIV viral load through March 31, 2020, with value of <200 copies/mL.

PWH=People with HIV

Data source: match of NYC COVID-19 surveillance data reported as of June 2, 2020, against the NYC HIV surveillance registry.
Higher proportions of PWH with COVID-19 were hospitalized, admitted to ICU, or died, compared with NYC COVID-19 cases overall.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>All NYC COVID-19 cases</th>
<th>PWH with COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalized (ever)</td>
<td>26%</td>
<td>42%</td>
</tr>
<tr>
<td>ICU (ever)</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>Deceased</td>
<td>8%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Proportion with an underlying condition:
- PWH with COVID-19: 64.3%
- New Yorkers with COVID-19: 35.4%

1Deaths shown here are “confirmed” COVID-19 deaths (those among people with positive diagnostic tests).
2Excludes people with diagnosed HIV.

PWH=People with HIV

Data source: match of NYC COVID-19 surveillance data reported as of June 2, 2020, against the NYC HIV surveillance registry.
COVID-19 and HIV: Summary

• Based on data match through June 2, PWH do not appear to be overrepresented among NYC COVID-19 cases

• Data suggest differences between PWH with COVID and NYC COVID-19 cases overall:
  • PWH with COVID-19: More likely to be male, older, Black, Latinx, Bronx or Manhattan residents
    Less likely to be White, MSM, Queens residents
  • PWH with COVID-19: more recently HIV-diagnosed, nearly all virally suppressed.

• Data suggest poorer outcomes among PWH with COVID-19, particularly hospitalization

• Substantially higher proportion of PWH with COVID-19 have other underlying conditions

• Additional analyses planned, including to identify risk factors for COVID-19 infection among PWH
ENDING THE EPIDEMIC IN THE TIME OF COVID-19
Four 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)
NYC Sexual Health Clinic Hotline

Telemedicine services for STIs and HIV are available Monday through Friday, 9am to 3:30pm, through the NYC Sexual Health Clinic Hotline.

NYC Sexual Health Clinic Hotline
347-396-7959
Community Engagement

- Virtual Town Halls with the New York City HIV Planning Group (HPG), HIV Health and Human Services Planning Council of New York (Planning Council), and New York Knows
- Participation in virtual Pride, NLHAAD, World AIDS Day events
- Virtual HPG, Planning Council, New York Knows, and Women’s Advisory Board meetings
- Special New York Knows weekly digests on COVID-19-related topics, including coping with grief, food and financial assistance, telework, and tips on protesting safely
In June 2020, our 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 delivered in discreetly packaged envelopes.

The Health Department has distributed over 322,000 safer sex products through this program, in addition to maintaining distribution through businesses and other organizations throughout the city.
HIV Home Test Giveaways

Our HIV home test giveaways have leveraged dating apps and other digital media, as well as partnerships with CBOs and clinics that conduct their own outreach and in-reach to promote testing.

Our Community Home Test Giveaway Virtual Program launched in April 2020 and has distributed over 2,200 self-tests.

These giveaways focus on expanding testing access and reach among priority populations, and routinely serve people who have not previously received an HIV test.
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
Provider- and Public-Facing Guidance on HIV and STI services

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

Dear Colleague
Letter on Treating STIs during COVID-19
NYC HEALTH DEPARTMENT
SAFER SEX GUIDANCE


- Patient-friendly document that encourages healthy sexual behaviors
- Provides information on risk and precautions

https://nypost.com/cover/june-11-2020/
IMPACT OF COVID-19 ON HIV AND STI TESTING
Impact of COVID-19 on HIV testing and lab testing

- Substantial decreases in HIV-related laboratory testing volume as received by NYC DOHMH starting in March 2020
  - With data currently available, volume appears to be rebounding for CD4 counts and HIV viral load tests starting in June
  - Decreases in HIV diagnostic tests volume appear to be sustained through June

- Starting in March because of the COVID-19 outbreak, the HIV Epidemiology Program ceased conducting onsite data collection for HIV surveillance and is instead conducting limited data collection via alternative means (phone, eFAX, remote access to EMR systems). Given this, our ability to confirm new diagnoses of HIV based on reported HIV diagnostic test results is currently very limited.
Volume changes in HIV-related laboratory reports by month, NYC 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, NYC 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.
Volume changes in HIV-related laboratory reports by month, NYC 2019-2020: positive HIV diagnostic tests

- Includes 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.

<table>
<thead>
<tr>
<th>Month</th>
<th>2019</th>
<th>2020</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>5%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Feb</td>
<td>5%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Mar</td>
<td>5%</td>
<td>5%</td>
<td>-27%</td>
</tr>
<tr>
<td>Apr</td>
<td>5%</td>
<td>5%</td>
<td>-68%</td>
</tr>
<tr>
<td>May</td>
<td>5%</td>
<td>5%</td>
<td>-51%</td>
</tr>
<tr>
<td>Jun</td>
<td>5%</td>
<td>5%</td>
<td>-47%</td>
</tr>
<tr>
<td>Jul</td>
<td>5%</td>
<td>5%</td>
<td>-47%</td>
</tr>
</tbody>
</table>
Summary of 2019 vs. 2020 STI citywide surveillance data

When comparing case counts for the same months, 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, New York City, 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, New York City, 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, New York City, 2019-2020*

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

QUESTIONS?
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Thank You for Your Attendance!

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