COVID-19: New York City Health Department's Response

Oni Blackstock, MD, MHS
Assistant Commissioner, Bureau of HIV
New York City Health Department
June 16, 2020

NYC Health
Disease Control
Bureau of HIV

E+E
ENDING THE EPIDEMIC

Lorena Borjas

Lorena Borjas was a dedicated activist for transgender people, sex workers, and undocumented New Yorkers.

Over the past decade, she provided invaluable insights to the New York City Health Department and served as example of how to do effective and compassionate outreach to oppressed communities that are often hidden from official view.

Ed Shaw

Ed Shaw was a long-time HIV activist renowned for his compassion, kindness, and insistence on sharing his own story as a long-term survivor to combat HIV-related stigma and discrimination.

He served on numerous local HIV advisory bodies, including as Community Co-Chair of the HIV Health and Human Service Planning Council of New York.

DOHMH Addressing Racism

Racism is a public health crisis. The murder of George Floyd at the hands of police officers is part of the system of racism that permits police brutality, unjust policing and mass incarceration. In NYC, Black and Brown communities face the disproportionate impact, grief and loss from the COVID-19 pandemic on top of the trauma of state sanctioned violence. The NYC Department of Health and Mental Hygiene is committed to addressing structural racism within our own institution and addressing racism as a social determinant of health as part of our mission to protect the health of New Yorkers. To make lasting change, we call on our sister city agencies to address structural racism in their own organizations: Join us in this stand against injustice to do better in service of Black, Brown and all New Yorkers.

NYC Health

Presentation Roadmap

- COVID-19 Overview
- Intersection of COVID-19 & HIV
- DOHMH & Bureau of HIV Response to the COVID-19 Pandemic

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Where We Are

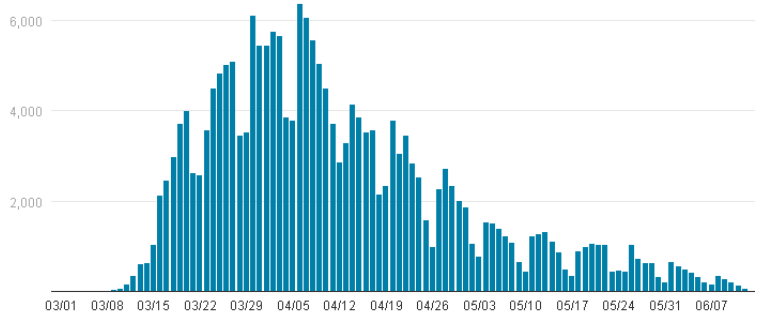
- The COVID-19 pandemic continues worldwide
- Suppression has been achieved in some areas, but the outbreak is accelerating in others
- Since the first confirmed case of COVID-19 in NYC, over 21,000 deaths have been attributed to the disease
- Following a peak in early to mid-April, daily case counts, hospitalizations, and deaths have steadily decline
- This suggests that mitigation measures, including physical distancing, are working
- We are now re-opening, however, physical distancing, face coverings, and hand hygiene must be maintained

COVID-19 CASES, HOSPITALIZATIONS, AND DEATHS IN NYC 3/1/20 – 6/12/20

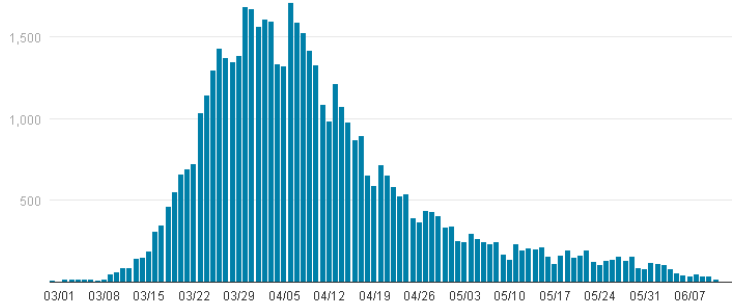
Shows number of COVID-19 cases, hospitalizations, and deaths based on a daily analysis since March 3

Deaths lag 1-2 weeks after hospitalizations

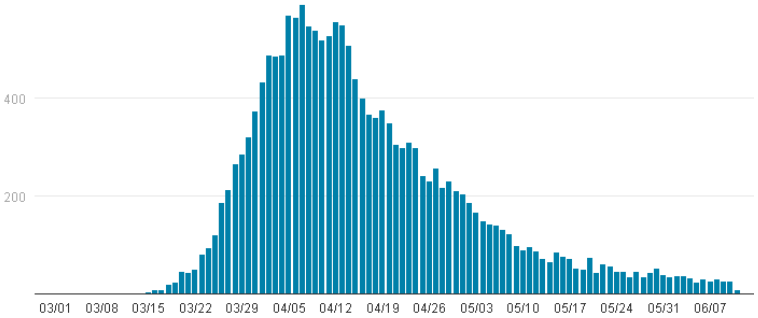
CASES



HOSPITALIZATIONS



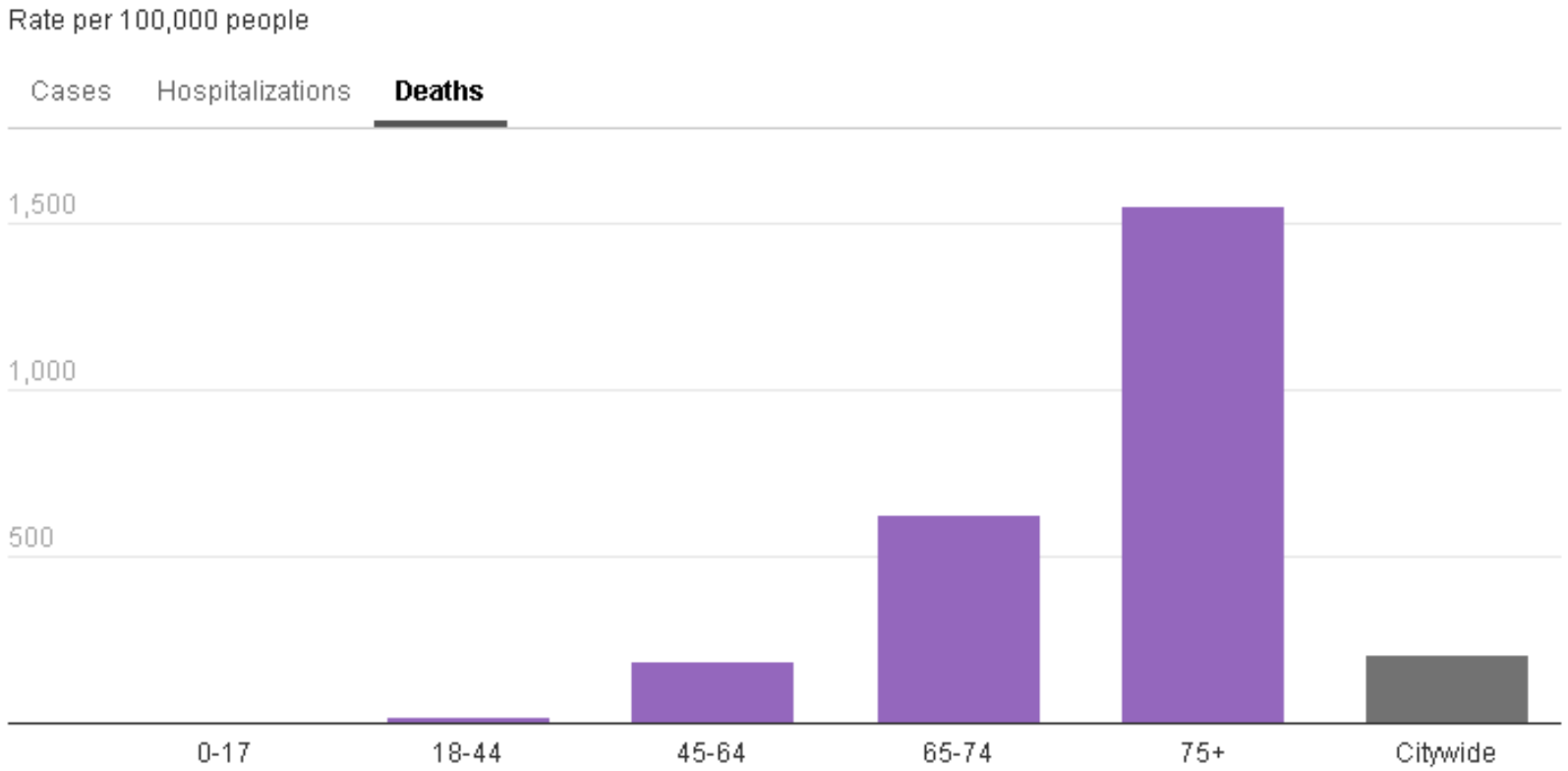
DEATHS



Who Is Most At Risk?

- **With community transmission, all New Yorkers are at risk**
- **The following groups are more at risk of severe illness:**
  - People 50 years of age and older
  - People who have other health conditions, including chronic lung disease, heart disease, diabetes, cancer or a weakened immune system

COVID-19 Deaths by Age



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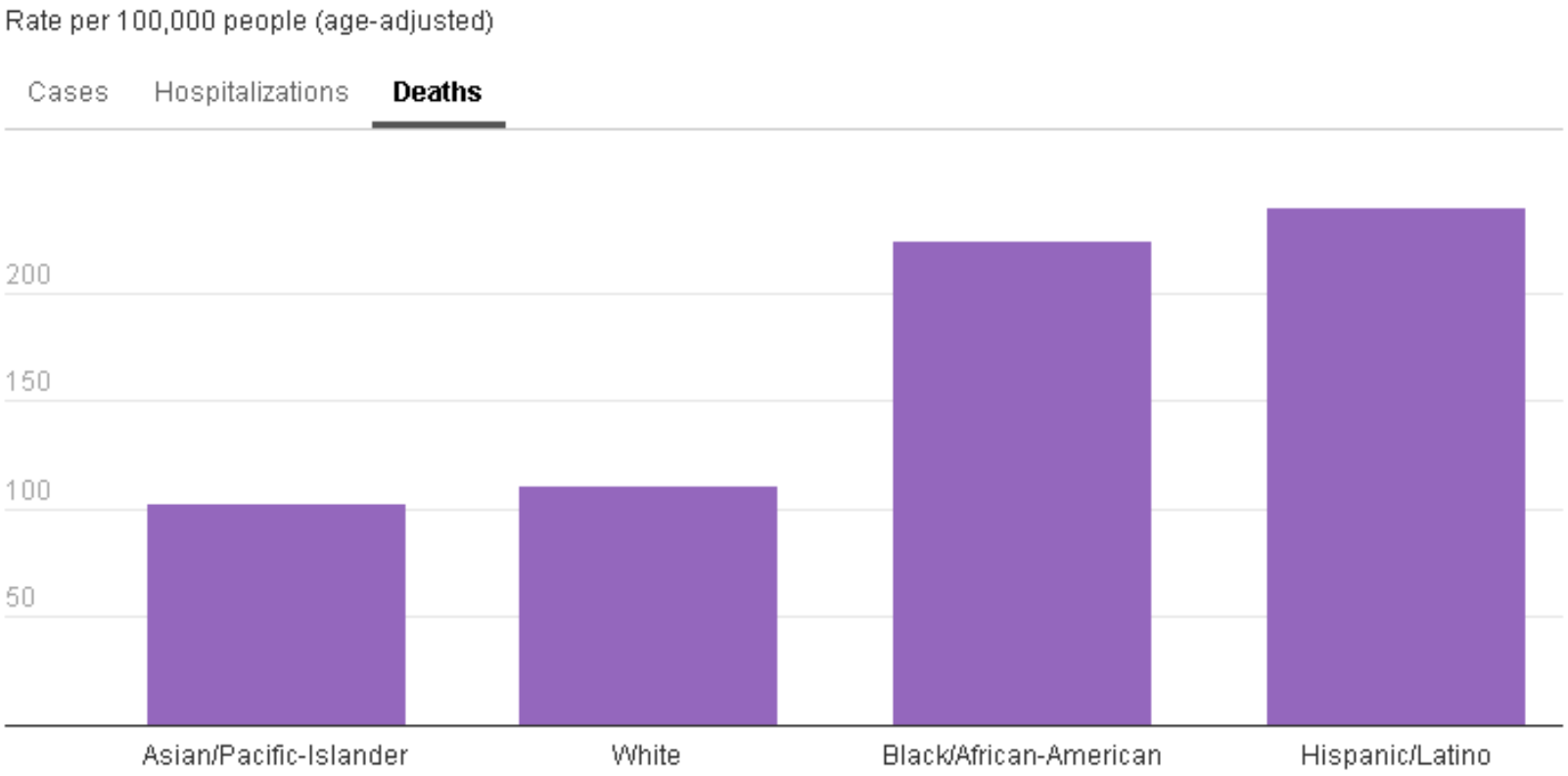
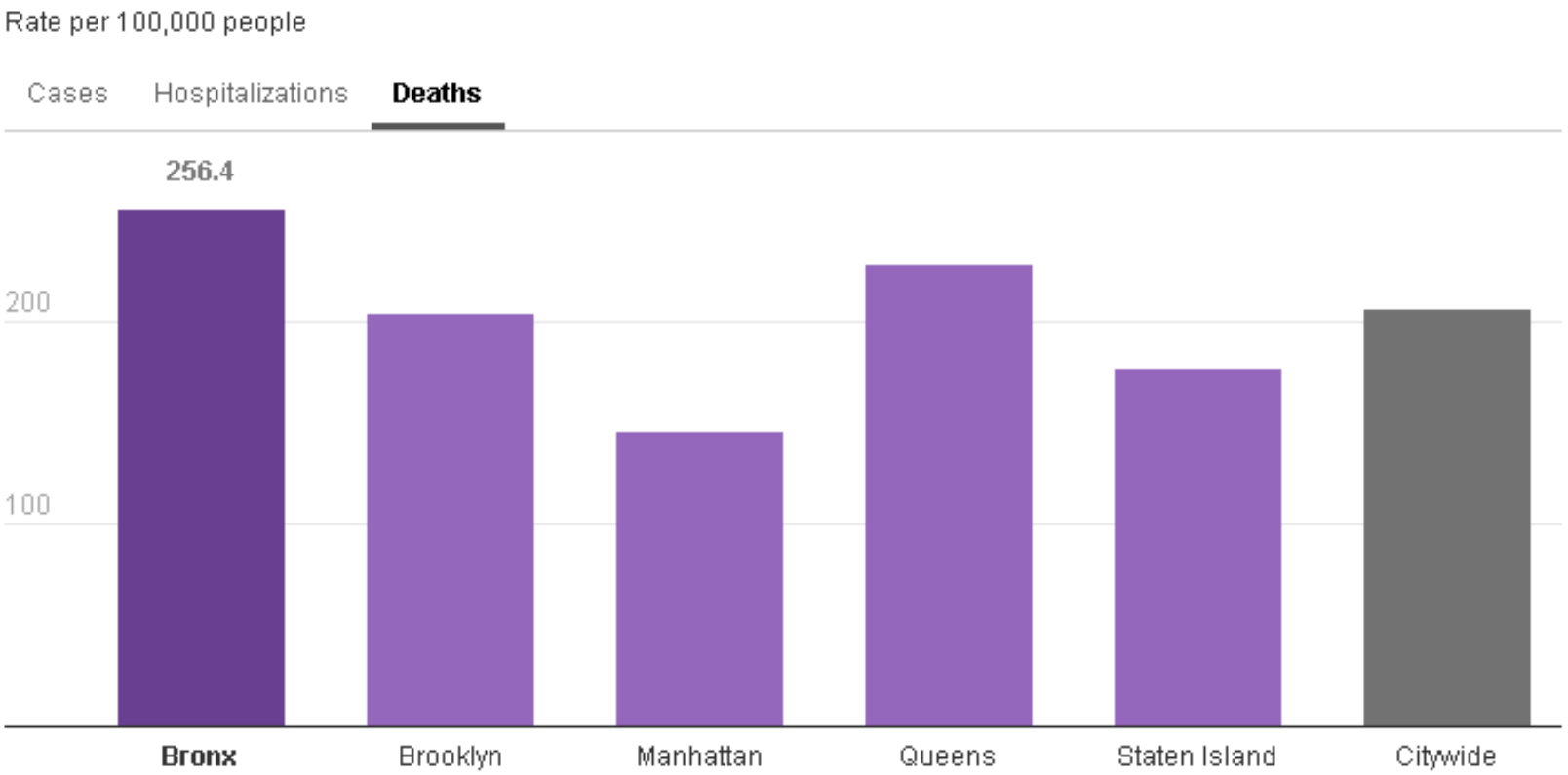
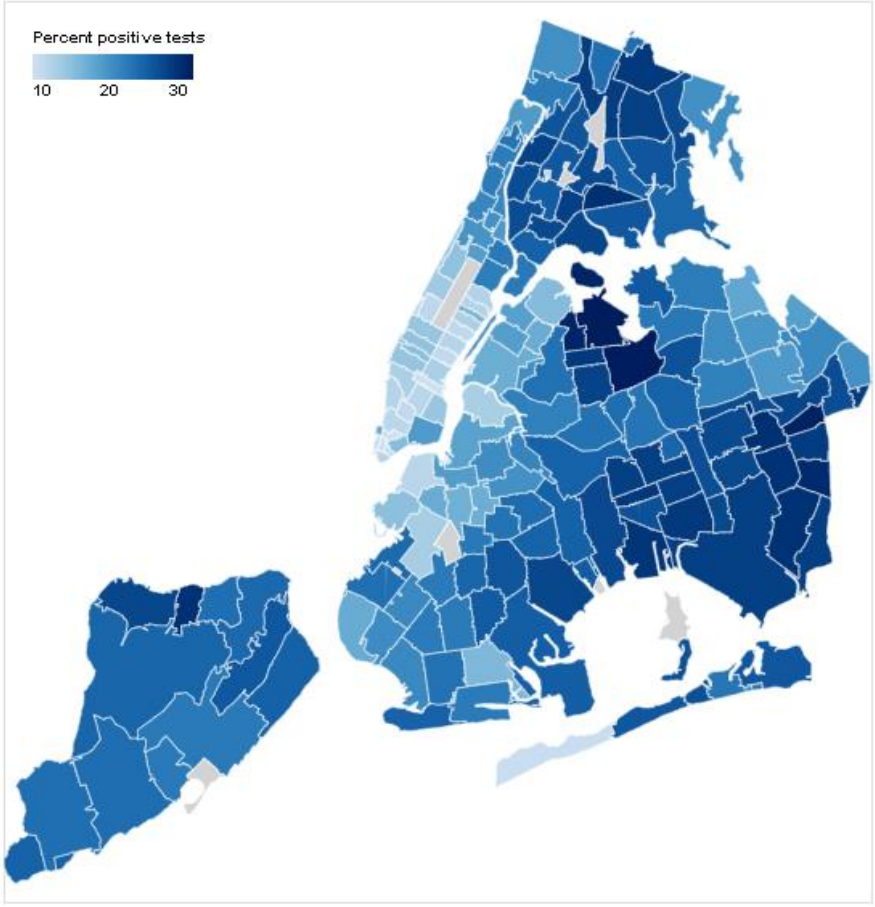
COVID-19 Deaths by Race/Ethnicity in NYC



COVID-19 Deaths by Borough in NYC



Percent of Patients Testing Positive by ZIP Code in NYC



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COVID-19 & HIV

- Parallels between COVID-19 & HIV
  - Those who experienced the early days of the AIDS epidemic in NYC may be experiencing anxiety and other emotional responses
    - Concerns about government response
    - Anxiety about one's own vulnerability
    - Inequities in vulnerability and access to health care and other support services
- Social isolation & loneliness
  - Having to stay home can isolate people from their support networks

Preliminary data suggest that PWH are not overrepresented among NYC COVID-19 cases

- A dataset of confirmed NYC COVID-19 cases was cut on April 22, 2020 and matched to the HIV surveillance registry.
- Among 140,732 confirmed COVID-19 cases in the 4/22/20 dataset, 1,672 **(1.2%)** matched to the HIV registry.
- PWH comprise **1.4%** of the general population.
- From the preliminary data we have thus far, PWH do not appear to be overrepresented among NYC COVID-19 cases.

A higher proportion of PWH with COVID-19 were male or older

SEX	PWH with COVID-19[1]	NYC COVID-19 cases overall[2]
Female	29%	48%
Male	71%	52%
AGE GROUP (years)		
0 to 17	<1%	2%
18 to 44	22%	37%
45 to 64	57%	37%
65 to 74	16%	13%
75+	6%	12%

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[1]PWH=People with HIV; demographic data from the HIV surveillance registry as reported to the New York City Department of Health and Mental Hygiene by December 31, 2019.
[2]COVID case data overall are based on data reported on DOHMH's COVID-19 data website on April 22, 2020.

A higher proportion of PWH with COVID-19 live in the Bronx and Manhattan

Borough	PWH with COVID-19[1]	NYC COVID-19 cases overall[2]
Bronx	34%	23%
Brooklyn	22%	27%
Manhattan	22%	13%
Queens	19%	31%
Staten Island	3%	7%

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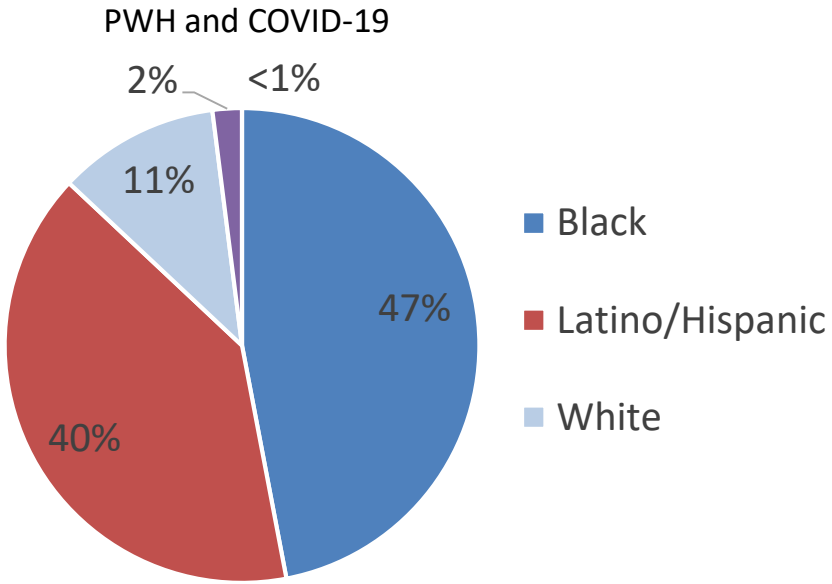
[1]PWH=People with HIV; demographic data from the HIV surveillance registry as reported to the New York City Department of Health and Mental Hygiene by December 31, 2019.
[2]COVID case data overall are based on data reported on DOHMH's COVID-19 data website on April 22, 2020.

Black and Latinx PWH are disproportionately represented among PWH with COVID-19

Race/Ethnicity	PWH with COVID-19[1]	NYC COVID-19 cases overall[2]
Black	47%	31%
Latino/ Hispanic	40%	26%
White	11%	30%
Asian/Pacific Islander	2%	7%
Other	<1%	6%



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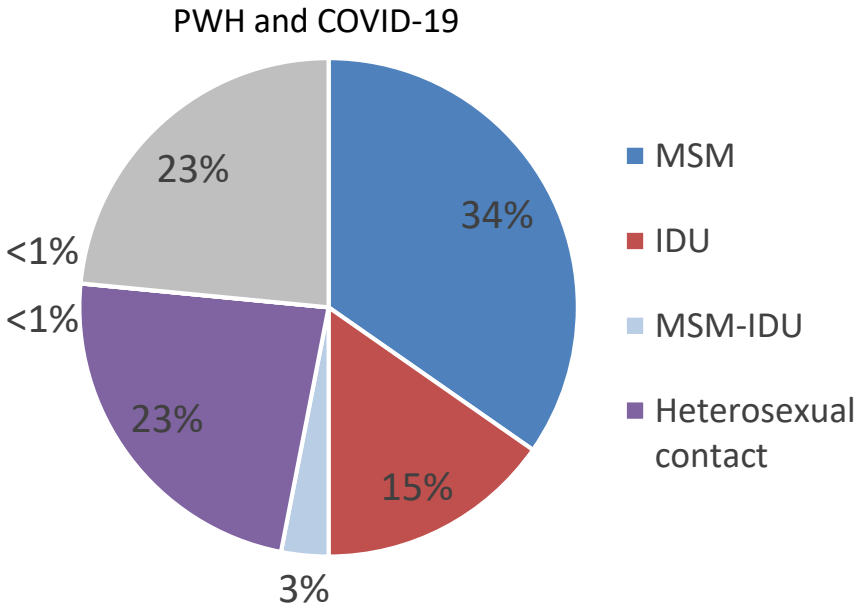
[1]PWH=People with HIV; demographic data from the HIV surveillance registry as reported to the New York City Department of Health and Mental Hygiene by December 31, 2019.
[2]COVID case data overall are based on data reported on DOHMH's COVID-19 data website on April 22, 2020. Race/ethnicity data are complete for 51.5% of COVID-19 cases overall.

A lower proportion of PWH with COVID-19 were MSM compared with PWH overall

HIV Transmission Risk Category	PWH with COVID-19[1]	NYC PWH, 2018[2]
Men who have sex with men (MSM)	34%	42%
Injection drug use history (IDU)	15%	12%
MSM-IDU	3%	3%
Heterosexual contact	23%	20%
Transgender people with sexual contact (TG-SC)	<1%	1%
Perinatal	<1%	2%
Unknown risk	23%	21%



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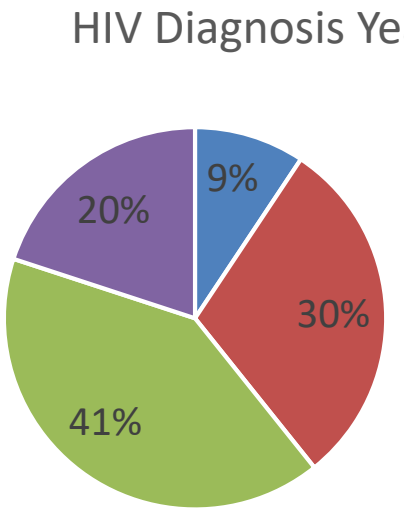
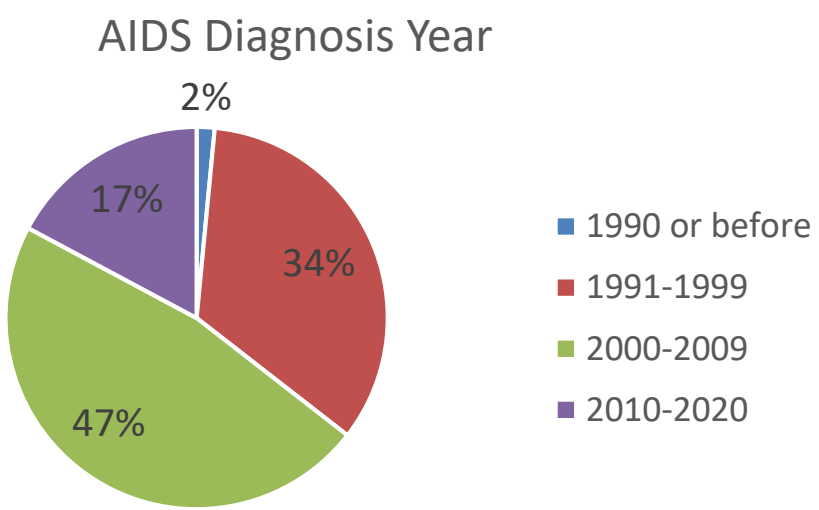
[1]PWH=People with HIV; demographic data from the HIV surveillance registry as reported to the New York City Department of Health and Mental Hygiene by December 31, 2019.
[2]As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

HIV diagnosis year and AIDS diagnosis year

- 41% of PWH with COVID-19 were diagnosed with HIV from the year 2000 to the present[1]
- 64% of PWH had ever received an AIDS diagnosis; 53% of AIDS diagnoses were made prior to the year 2000





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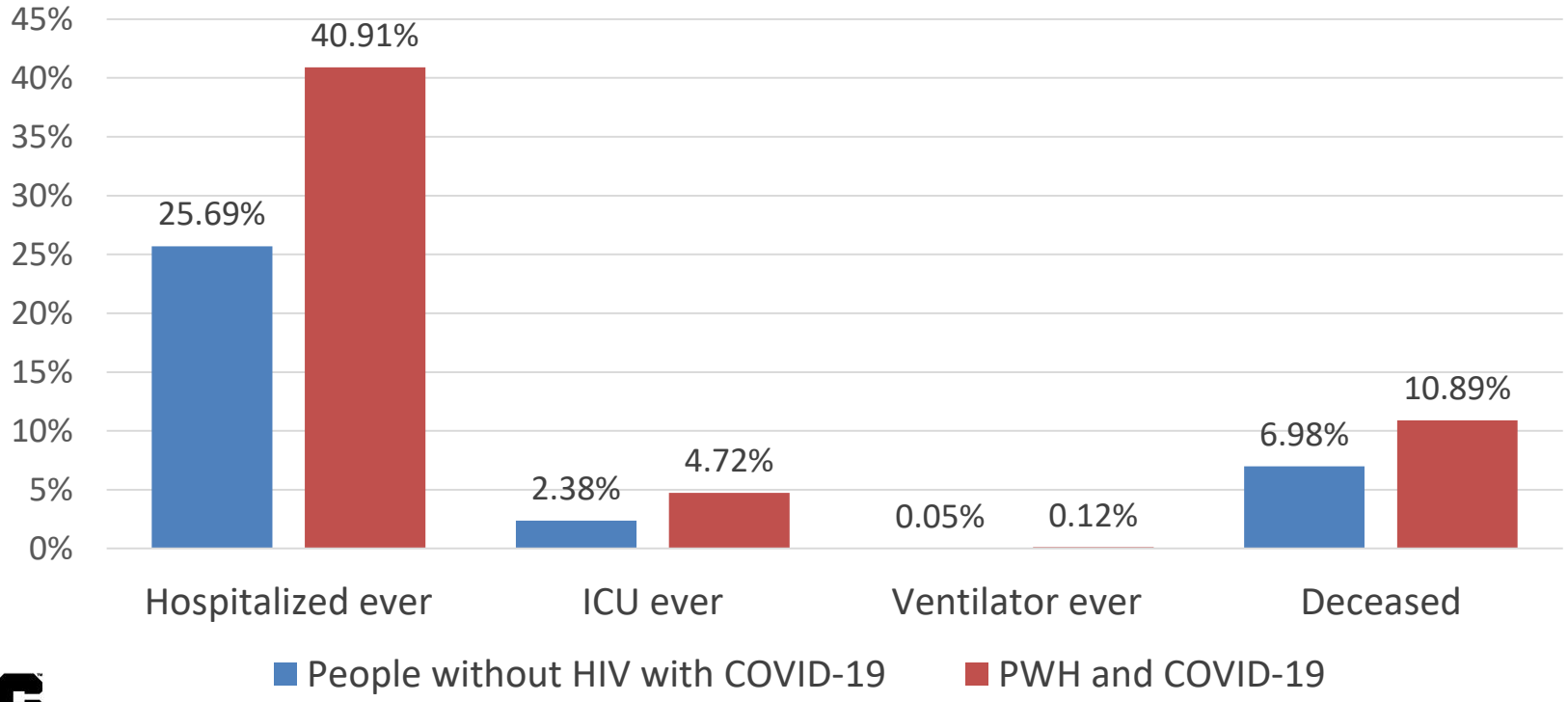
[1]PWH=People with HIV; data from the HIV surveillance registry as reported to the New York City Department of Health and Mental Hygiene by December 31, 2019. Data not available for people with COVID-19 without diagnosed HIV.

Higher proportions of PWH with COVID-19 were hospitalized or died than people without HIV with COVID-19



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[1]PWH=People with HIV; information on COVID-19 outcomes from COVID-19 surveillance dataset cut on April 22, 2020.

TOP ZIP CODES OF RESIDENCE BY BOROUGH, PWH with COVID-19

The Bronx

- 10457 (N=92) Central Bronx
- 10456 (N=61) High Bridge and Morrisania
- 10467 (N=36) Bronx Park and Fordham

Brooklyn

- 11226 (N=31) Flatbush
- 11212 (N=30) Central Brooklyn
- 11221 (N=27) Bushwick/Williamsburg

Manhattan

- 10029 (N=34) East Harlem
- 10011 (N=28) Chelsea and Clinton
- 10025 (N=21) Upper West Side
- 10032 (N=21) Inwood and Washington Heights

Queens

- 11372 (N=23)
- 11373 (N=23)
- 11368 (N=19)

All West Queens

Staten Island

- 10310 (N=4) Port Richmond
- 10305 (N=3) Stapleton and St. George
- 10306 (N=3) South Shore
- 10312 (N=3) South Shore
- 10314 (N=3) Mid-Island

COVID-19 and HIV: Summary

- Based on preliminary data, PWH do not appear to be overrepresented among NYC COVID-19 cases
- However, poorer outcomes suggested by higher proportion of PWH with COVID-19:
  - Hospitalized
  - Admitted to the ICU
  - Requiring a ventilator
  - Deceased
- More analyses are needed to understand whether poorer outcomes due to:
  - HIV itself or
  - That PWH are older and/or have a higher prevalence of chronic medical conditions or
  - Both

What people with HIV can do to help protect themselves

- Maintain social distancing if you have to go outside (go outside only for essentials)
- Use telemedicine visits if available
  - Weigh risks and benefits of attending clinic
- Wear face coverings outside
- Practice good hygiene
- Ensure have ample medication supply (up to 90-day supply if possible)
  - So far no reports of HIV medication shortage

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NYC Health Department Response

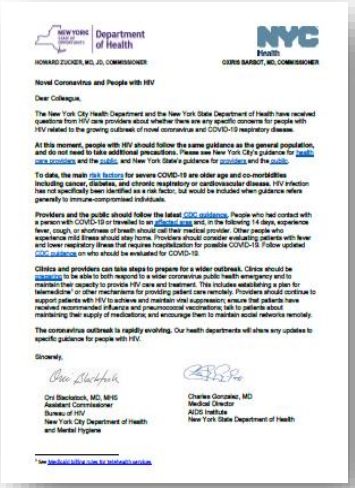
DOHMH's role is to provide guidance to the City that results in the best possible protection of the health care system so that it is able to take care of people affected by COVID-19.

NYC Health Department Response

- Enhanced **surveillance** to track disease spread
- **Educate** the public through webinars, virtual town halls, social media, guidance documents, and ad campaigns
- **Provide guidance** to doctors, hospitals, nursing homes, and other healthcare facilities
- **Laboratory testing** at NYC Health Department Public Health Laboratory
- **Plan for surge** in cases and increased healthcare needs
  - Assist with distribution of medical equipment
  - Build volunteer and paid healthcare workforce
  - Assist with setting up auxiliary hospital spaces (e.g., Javits Center)

COVID-19 Guidance for Providers and Community Members, including People with HIV

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



Department of Health

NYC Health

HOWARD ZUCKER, MD, JD, COMMISSIONER

GURIS BARGOT, MD, COMMISSIONER

Novel Coronavirus and People with HIV

Dear Colleague,

The New York City Health Department and the New York State Department of Health have received questions from HIV care providers about whether there are any specific concerns for people with HIV related to the growing outbreak of novel coronavirus and COVID-19 respiratory disease.

At this moment, people with HIV should follow the same guidance as the general population, and do not need to take additional precautions. Please see New York City's guidance for health care providers and the public, and New York State's guidance for providers and the public.

To date, the main risk factors **for severe COVID-19 are older age and co-morbidities** including cancer, diabetes, and chronic respiratory or cardiovascular disease. HIV infection has not specifically been identified as a risk factor, but would be included when guidance refers generally to immune-compromised individuals.

Providers and the public should follow the latest CDC guidance. People who had contact with a person with COVID-19 or travelled to an affected area and, in the following 14 days, experience fever, cough, or shortness of breath should call their medical provider. Other people who experience mild illness should stay home. Providers should consider evaluating patients with fever and lower respiratory illness that requires hospitalization for possible COVID-19. Follow updated CDC guidance on who should be evaluated for COVID-19.

Clinics and providers can take steps to prepare for a wider outbreak. Clinics should be preparing to be able to both respond to a wider coronavirus public health emergency and to maintain their capacity to provide HIV care and treatment. This includes establishing a plan for telemedicine[1] or other mechanisms for providing patient care remotely. Providers should continue to support patients with HIV to achieve and maintain viral suppression; ensure that patients have received recommended influenza and pneumococcal vaccinations; talk to patients about maintaining their supply of medications; and encourage them to maintain social networks remotely.

The coronavirus outbreak is rapidly evolving. Our health departments will share any updates to specific guidance for people with HIV.

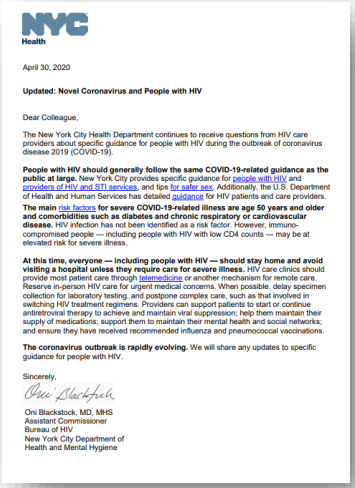
Sincerely,

Oni Blackstock, MD, MHS
Assistant Commissioner
Bureau of HIV
New York City Department of Health and Mental Hygiene

Charles Gonzalez, MD
Medical Director
AIDS Institute
New York State Department of Health

[1] See Medicaid billing rules for telehealth services.

Dear Colleague Letter on COVID-19 and People with HIV



NYC Health

April 30, 2020

Updated: Novel Coronavirus and People with HIV

Dear Colleague,

The New York City Health Department continues to receive questions from HIV care providers about specific guidance for people with HIV during the outbreak of coronavirus disease 2019 (COVID-19).

People with HIV should generally follow the same COVID-19-related guidance as the public at large. New York City provides specific guidance for people with HIV and providers of HIV and STI services, and tips for safer sex. Additionally, the U.S. Department of Health and Human Services has detailed guidance for HIV patients and care providers.

The main risk factors for severe COVID-19-related illness are age 50 years and older and comorbidities such as diabetes and chronic respiratory or cardiovascular disease. HIV infection has not been identified as a risk factor. However, immuno-compromised people — including people with HIV with low CD4 counts — may be at elevated risk for severe illness.

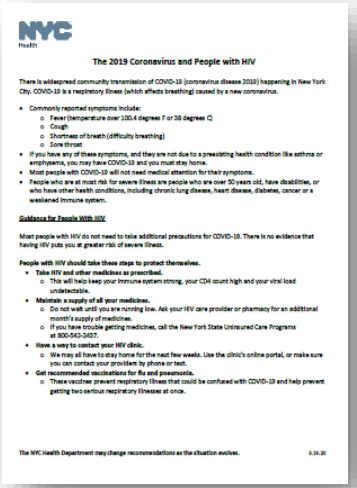
At this time, everyone — including people with HIV — should stay home and avoid visiting a hospital unless they require care for severe illness. HIV care clinics should provide most patient care through telemedicine or another mechanism for remote care. Reserve in-person HIV care for urgent medical concerns. When possible, delay specimen collection for laboratory testing, and postpone complex care, such as that involved in switching HIV treatment regimens. Providers can support patients to start or continue antiretroviral therapy to achieve and maintain viral suppression; help them maintain their supply of medications; support them to maintain their mental health and social networks; and ensure they have received recommended influenza and pneumococcal vaccinations.

The coronavirus outbreak is rapidly evolving. We will share any updates to specific guidance for people with HIV.

Sincerely,

Oni Blackstock, MD, MHS
Assistant Commissioner
Bureau of HIV
New York City Department of Health and Mental Hygiene

Guidance on COVID-19 and People with HIV



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The 2019 Coronavirus and People with HIV

There is widespread community transmission of COVID-19 (coronavirus disease 2019) happening in New York City. COVID-19 is a respiratory illness (which affects breathing) caused by a new coronavirus.

- Commonly reported symptoms include:
  - Fever (temperature over 100.4 degrees F or 38 degrees C)
  - Cough
  - Shortness of breath (difficulty breathing)
  - Sore throat
- If you have any of these symptoms, and they are not due to a preexisting health condition like asthma or emphysema, you may have COVID-19 and you must stay home.
- Most people with COVID-19 will not need medical attention for their symptoms.
- People who are at most risk for severe illness are people who are over 50 years old, have disabilities, or who have other health conditions, including chronic lung disease, heart disease, diabetes, cancer or a weakened immune system.

Guidance for People With HIV

Most people with HIV do not need to take additional precautions for COVID-19. There is no evidence that having HIV puts you at greater risk of severe illness.

People with HIV should take these steps to protect themselves.

- **Take HIV and other medicines as prescribed.**
  - This will help keep your immune system strong, your CD4 count high and your viral load undetectable.
- **Maintain a supply of all your medicines.**
  - Do not wait until you are running low. Ask your HIV care provider or pharmacy for an additional month's supply of medicines.
  - If you have trouble getting medicines, call the New York State Uninsured Care Programs at 800-542-2437.
- **Have a way to contact your HIV clinic.**
  - We may all have to stay home for the next few weeks. Use the clinic's online portal, or make sure you can contact your providers by phone or text.
- **Get recommended vaccinations for flu and pneumonia.**
  - These vaccines prevent respiratory illness that could be confused with COVID-19 and help prevent getting two serious respiratory illnesses at once.

The NYC Health Department may change recommendations as the situation evolves.

3.19.20

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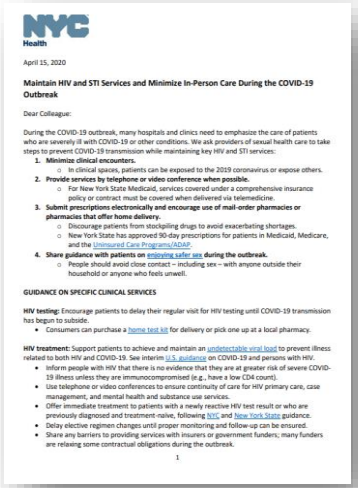
* Co-authored by the New York State Department of Health and New York City Health Department

COVID-19 Guidance for Providers and Community Members, including People with HIV

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



NYC Health

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.**
   - In clinical spaces, patients can be exposed to the 2019 coronavirus or expose others.
2. **Provide services by telephone or video conference when possible.**
   - 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.**
   - Discourage patients from stockpiling drugs to avoid exacerbating shortages.
   - New York State has approved 90-day prescriptions for patients in Medicaid, Medicare, and the Uninsured Care Programs/ADAP.
4. **Share guidance with patients on enjoying safer sex during the outbreak.**
   - 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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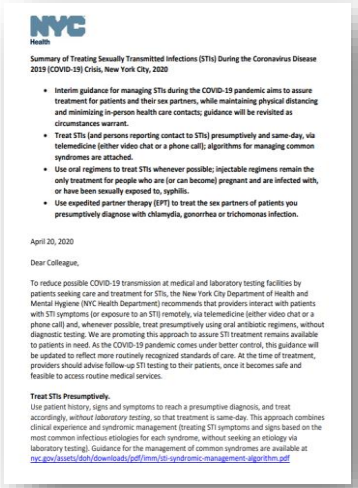
Dear Colleague Letter on Treating STIs during COVID-19



NYC Health

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

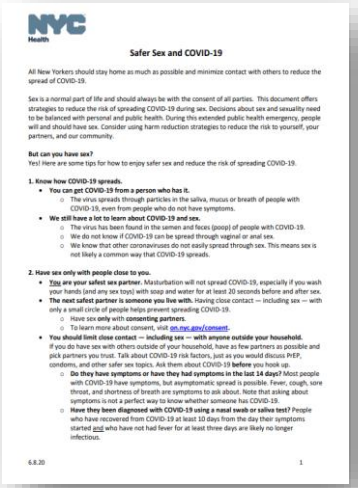
Dear Colleague,

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/imm/sti-syndromic-management-algorithm.pdf

Safer Sex and COVID-19 Fact Sheet



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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 partners, and our community.

But can you have sex?

Yes! Here are 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.**
  - 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.**
  - The virus has been found in the semen and feces (poop) of people with COVID-19.
  - We do not know if COVID-19 can be spread through vaginal or anal sex.
  - 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.
  - Have sex **only** with **consenting partners**.
  - To learn more about consent, visit on.nyc.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 PrEP, condoms, and other safer sex topics. Ask them about COVID-19 **before** you hook up.
  - **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.
  - **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.

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BHIV Activities and Events

- #OurStoriesNYC Showcase
- ACE Annual Meeting
- Capacity Building Assistance Projects
- Chemsex Forum
- DSRIP HIV Coalition Meeting
- HIV Long-Term Survivor Town Hall
- iART Detailing Launch
- National HIV Testing Day Union Square Event
- NHBS Trans Cycle Stakeholder Meeting
- PlaySure Network Provider Meeting
- PS19-1906 Community Engagement Sessions
- T-TAP Trainings
- Women's Health and Activism Summit

Supporting Community Agencies

BHIV is continuing to support community agencies by

- Maintaining regular contact and offering technical assistance
- Assisting with telehealth initiation
- Providing continual funding

Virtual Community Home Test Giveaway (CHTG)

- Through our newly launched Community Home HIV Test Giveaway Virtual Program, clients receive online coupon codes to order free test kits for home delivery.
  - Partner agencies promote CHTG initiative through online and virtual outreach (social media, text messaging, email newsletters)
  - Provide interested clients with online coupon codes to order a free home HIV test kit to the address of their choice

Adapting Our Ending the Epidemic Efforts during COVID-19

- **Door 2 Door**: NYC Condom Availability Program launched a new program allowing New Yorkers to order free condoms and other safer sex products for home delivery to all five boroughs.
  - To order free safer sex products for home delivery, visit www.nyc.gov/condoms to access the Door 2 Door order form.

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ENDING THE EPIDEMIC

Mayor de Blasio Pledges to Cut NYPD Budget, Announces First Wave of Policing Reforms

On June 7, 2020, Mayor de Blasio announced plans to reduce the NYPD's $6 billion annual budget as part of his fiscal year 2021 budget due July 1, 2020. His announcement came after a week of half of mass protests across New York City following the killing of George Floyd by Minneapolis police officers last month.

While he did not specify the amount of the cut, he said funding will move from the NYPD to "youth development and social services for communities of color." He announced that street vendor enforcement will move from the NYPD and to a civilian agency, and that the NYPD will hire "community ambassadors" to serve as liaisons between officers and community members.

Source: Office of Mayor Bill de Blasio, "Mayor de Blasio Announces New Policing Reforms" (Jun. 7, 2020), *available at* https://www1.nyc.gov/office-of-the-mayor/news/414-20/mayor-de-blasio-new-policing-reforms.

Mayor de Blasio Pledges to Cut NYPD Budget, Announces First Wave of Policing Reforms

Since this initial announcement, Mayor de Blasio and NYPD Commissioner Shea announced additional reforms, including:

- Expansion of the City's anti-violence Crisis Management System community safety program, including increased staffing and new sites in Soundview, Jamaica, Crown Heights, Flatbush, and Canarsie, to reduce gun violence and strengthen neighborhood safety;
- Mandated release of body camera footage within 30 days of an officer discharging a firearm that hits or could hit someone, discharging a taser resulting in death or substantial bodily harm, or using force resulting in death or great bodily harm; and
- Transitioning roughly 600 plainclothes officers in anti-crime units to other duties, including the detective bureau and neighborhood policing initiative.

Sources: Office of Mayor Bill de Blasio, "Mayor de Blasio Expands Crisis Management System and Invests in Community-Based Solutions to Prevent Gun Violence" (Jun. 10, 2020), *available at* https://www1.nyc.gov/office-of-the-mayor/news/426-20/mayor-de-blasio-expands-crisis-management-system-invests-community-based-solutions-to; Office of Mayor Bill de Blasio, "Mayor de Blasio Announces New Body Camera Footage Policy" (Jun. 16, 2020), *available at* https://www1.nyc.gov/office-of-the-mayor/news/438-20/mayor-de-blasio-new-body-camera-footage-policy; Ali Watkins, *N.Y.P.D. Disbands Plainclothes Units Involved in Many Shootings*, N.Y. TIMES (Jun. 15, 2020), *available at* https://www.nytimes.com/2020/06/15/nyregion/nypd-plainclothes-cops.html?.

City Workers Protest Mayor de Blasio's Handling of Protests, Policing Reform

On June 8, 2020, thousands of City workers gathered in front of City Hall to protest Mayor de Blasio's handling of recent citywide protests and his response to calls for police reform.

Last week, the New York Daily News published a letter from more than 400 former and current City Hall staffers demanding that the Mayor cut the NYPD's budget by $1 billion and fire and release the names and disciplinary records of officers found to have used excessive force or covered their badges during the protests.

Source: Shant Shahrigian, *De Blasio Staffers Demand 'Radical Change from Mayor' in Open Letter: Read Full Text*, N.Y. DAILY NEWS (Jun. 3, 2020), *available at* https://www.nydailynews.com/news/politics/ny-bill-de-blasio-staff-letter-protests-20200603-yfwudsckozazrl7bugqefchmge-story.html.

90-Day Supply of Most Prescription and OTC Medications Available during COVID-19 Disaster Emergency

- Under the COVID-19 statewide disaster emergency declaration, New York State ADAP and Medicaid will cover a **90-day supply of most prescription and over-the-counter (OTC) maintenance medications** for members who are in quarantine, sheltering in place, or are at higher risk for a serious illness from COVID-19 (broadly defined by the CDC as older adults and people of any age with serious underlying medical conditions).
- Medicaid members may also transfer their prescription from one Medicaid participating pharmacy to another if the original pharmacy is inaccessible or traveling to that pharmacy is not feasible.

Sources: N.Y.S. DEP'T OF HEALTH, MEDICAID PHARMACY GUIDANCE REGARDING THE DECLARED DISASTER EMERGENCY IN THE STATE OF NEW YORK – COVID-19 (updated Apr. 6, 2020), *available at* https://www.health.ny.gov/health_care/medicaid/covid19/docs/2020-03-19_guide_med_pharm.pdf; N.Y.S. Dep't of Health, N.Y.S. Medicaid Managed Care Pharmacy Benefit Information Center (last accessed Jun. 13, 2020), *available at* https://mmcdruginformation.nysdoh.suny.edu/.

90-Day Supply of Most Prescription and OTC Medications Available during COVID-19 Disaster Emergency

- Medicaid members experiencing difficulties obtaining a 90-day supply of medication or transferring their prescription to another Medicaid participating pharmacy should contact their Medicaid Managed Care Plan.
- Individuals participating in the ADAP uninsured care programs should call 800-542-2437 for assistance.

2021 CMS Notice of Benefit and Payment Parameters Raises Concerns about Increased Out-of-Pocket Costs

- On May 14, 2020, Centers for Medicare and Medicaid Services (CMS) released its annual rules governing health insurance plans and marketplaces.
- One provision gives insurers the option to exclude manufacturer rebates or coupons from cost sharing calculations. If an insurer does not count rebates toward cost sharing expectations, plan members will have higher out-of-pocket costs for prescribed medications.
- Per the American Academy of HIV Medicine: "People with HIV already face extremely high costs of medical care. While we are aware of, and often advocate around, high prescription drug costs, drug manufacturers' support in the form of co-pay coupons means that doctors and patients can select the optimal treatment regimen, tailored to each individual and often mobilizing the latest science and research."

Sources: Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2021; Notice Requirement for Non-Federal Governmental Plans (May 14, 2020), *available at* https://www.federalregister.gov/documents/2020/05/14/2020-10045/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2021; Alert for Congress Members: Another Proposed HHS Change Limits Access to HIV Medications, American Academy of HIV Medicine, *available at* https://aahivm.org/copay/

HHS Announces Final Rule Asserting that Civil Rights Protections Based on Sex Do Not Apply to Gender Identity

On June 12, 2020, the U.S. Department of Health and Human Services (HHS) announced a final rule indicating that civil rights protections against sex discrimination under section 1557 of the Affordable Care Act apply only to biological sex, narrowly defined as "male or female."

This rule change asserts that HHS civil rights protections do not apply to transgender, gender non-conforming, or intersex people. The rule is expected to be published on June 19, 2020.

Source: U.S. Dep't of Health & Human Services, "HHS Finalizes Rule on Section 1557 Protecting Civil Rights in Healthcare, Restoring the Rule of Law, and Relieving Americans of Billions in Excessive Costs" (Jun. 12, 2020), *available at* https://www.hhs.gov/about/news/2020/06/12/hhs-finalizes-rule-section-1557-protecting-civil-rights-healthcare.html.

SCOTUS Rules that Federal Protections against Sex Discrimination Apply to Gender Identity and Sexual Orientation

On June 15, 2020, the U.S. Supreme Court of the U.S. ruled that firing employees based on their gender identity or sexual orientation is sex discrimination that violates Title VII of the Civil Rights Act. Associate Justice Neil Gorsuch wrote in his Bostock v. Clayton County, Georgia, majority opinion:

"In Title VII, Congress outlawed discrimination in the workplace on the basis of race, color, religion, sex, or national origin. Today, we must decide whether an employer can fire someone simply for being homosexual or transgender. The answer is clear. An employer who fires an individual for being homosexual or transgender fires that person for traits or actions it would not have questioned in members of a different sex. Sex plays a necessary and undisguisable role in the decision, exactly what Title VII forbids."

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Sources: Bostock v. Clayton Cnty., Ga., ___ U.S. ___ (2020), *available at* https://www.supremecourt.gov/opinions/19pdf/17-1618_hfci.pdf

THANK YOU!
ANY QUESTIONS?
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New York City Health Department COVID-19 Resources

COVID-19 Citywide Information Portal: https://www1.nyc.gov/site/coronavirus/index.page

NYC COVID-19 Response Map: https://experience.arcgis.com/experience/6f649c27b114410a8973ad671df707eb

New York City Health Department COVID-19 main page: https://www1.nyc.gov/site/doh/covid/covid-19-main.page

Other resources:

- "Stay Home, New Yorkers: What You Need to Know Now About COVID-19" (FAQ/fact sheet): https://www1.nyc.gov/assets/doh/downloads/pdf/imm/coronavirus-factsheet.pdf
- COVID-19: Data: https://www1.nyc.gov/site/doh/covid/covid-19-data.page
- COVID-19: Public Health Milestones (hospital admissions, critical care capacity, positive test rates): https://www1.nyc.gov/site/doh/covid/covid-19-goals.page
- COVID-19: Symptoms and Chronic Health Risks: https://www1.nyc.gov/site/doh/covid/covid-19-symptoms-chronic-health-risks.page
- COVID-19: Prevention and Care: https://www1.nyc.gov/site/doh/covid/covid-19-prevention-and-care.page
- COVID-19: Coping and Emotional Well-being: https://www1.nyc.gov/site/doh/covid/covid-19-mental-health.page

New York City Health Department COVID-19 Resources

Other resources (cont.):

- Guidance on COVID-19 and people with HIV: https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-guidance-for-people-with-hiv.pdf
- Dear Colleague Letter on COVID-19 and people with HIV: https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-letter-to-hiv-providers.pdf
- Guidance on sex and COVID-19: https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-sex-guidance.pdf
- Dear Colleague letter on maintaining HIV and STI services and minimizing in-person care during COVID-19: https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-maintain-hiv-sti-services.pdf
- Dear Colleague letter on treating STIs during COVID-19: https://www1.nyc.gov/assets/doh/downloads/pdf/imm/dear-colleague-letter-sti.pdf
- Guidance on sex and COVID-19: https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-sex-guidance.pdf
- How to Protest Safety during the COVID-19 Pandemic: https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-safe-protest.pdf

New York State Department of Health COVID-19 Resources

COVID-19 main webpage: https://coronavirus.health.ny.gov/home

Other resources:

- "Protect Yourself and Your Family from Novel Coronavirus (COVID-19)": https://coronavirus.health.ny.gov/protect-yourself-and-your-family-coronavirus-covid-19
- COVID-19 Testing: https://coronavirus.health.ny.gov/covid-19-testing
- COVID-19 Information for Providers: https://coronavirus.health.ny.gov/information-healthcare-providers
- Dear Colleague letter on HIV testing, HIV treatment, PrEP, and hepatitis C screening during COVID-19 response: https://www.hivguidelines.org/wp-content/uploads/NYSDOH-PDF/Dear-Colleague_HIV-PrEP-HCV-during-COVID_CJG-and-CJH_3-27-2020_final.pdf

U.S. Department of Health and Human Services COVID-19 Resources

Centers for Disease Control and Prevention (CDC)

- COVID-19 main webpage: https://www.cdc.gov/coronavirus/2019-ncov/index.html
- "What to Know about HIV and COVID-19": https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/hiv.html

Coronavirus.gov (White House/CDC)

- COVID-19 main webpage: https://www.coronavirus.gov/

Health Resources and Services Administration (HRSA)

- COVID-19 main webpage: https://www.hrsa.gov/coronavirus
- HRSA, HIV/AIDS Bureau, Ryan White HIV/AIDS Program FAQs: https://hab.hrsa.gov/coronavirus-frequently-asked-questions

HIV.gov

- COVID-19 and people with HIV: https://www.hiv.gov/hiv-basics/staying-in-hiv-care/other-related-health-issues/coronavirus-covid-19

U.S. Department of Health and Human Services COVID-19 Resources

National Institutes of Health (NIH)

- COVID-19 main webpage: https://www.nih.gov/health-information/coronavirus
- Interim guidance for COVID-19 and people with HIV: https://aidsinfo.nih.gov/guidelines/html/8/covid-19-and-persons-with-hiv--interim-guidance-/554/interim-guidance-for-covid-19-and-persons-with-hiv

Substance Abuse and Mental Health Services Administration (SAMHSA)

- COVID-19 main webpage: https://www.samhsa.gov/coronavirus

DATASET MATCHING METHODS

Data sources:

1. NYC COVID-19 surveillance dataset of confirmed COVID-19 cases (people with a positive diagnostic test) reported to the NYC DOHMH; dataset created with cases reported as of April 22, 2020. *Note: data are incomplete and should be considered preliminary because of reporting lag for cases and deaths, and ongoing data collection for ancillary variables and outcomes.*
2. NYC HIV surveillance registry containing records for people diagnosed with HIV in NYC and reported to the NYC DOHMH; live eHARS dataset used for matching on April 27, 2020.

Match methods: 37-key deterministic matching algorithm

Match Results:

- Exact match: Key 0 = Full Last name + Full First name + Exact DOB → Accepted with no further action
- Records matching on Keys 1-7
  - Accepted as matches without manual review
- Records matching on Keys 8-36
  - Manually reviewed by at least 2 reviewers

ANALYSIS

Objective: To identify and describe people with previously diagnosed HIV (PWH) who were diagnosed with COVID-19 since the beginning of the outbreak.

Analysis:

- ❑ Use matched data along with additional data from the HIV Surveillance registry (reported as of December 31, 2019) to describe PWH who were diagnosed with COVID-19
  - Demographics
  - NYC borough of residence

- ❑ Compare PWH diagnosed with COVID-19 to all people diagnosed with COVID-19 in NYC using data pulled from DOHMH's COVID-19 data website as of April 22, 2020.