

**TRENDS IN DOHMH FUNDED HIV TESTING AND
SEXUAL HEALTHCARE PROVISION V3:**
A Very Short Report

New York City
2009-2014

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INTRODUCTION

How can New York City hope to “End the Epidemic” if it’s health department eliminates funding for a third of its HIV Tests, lose a third of its STD Clinic visits and allows syphilis, gonorrhea and chlamydia to run rampant?

One of the most important components of New York State’s “End the Epidemic” (EtE) initiative is to sustainably increase rates of HIV testing in the state—allowing people infected with the virus to be diagnosed, access care, initiate antiretroviral treatment and achieve viral suppression, reducing the risk of forward HIV transmission exponentially. Coupled with efforts to increase access to HIV Pre-exposure Prophylaxis (PrEP) and a myriad of other efforts, ETE will hopefully allow the State to reduce HIV incidence substantially, and ideally, bring HIV into a non-epidemic state by 2020.

It appears that unbeknownst to activists, community members and contrary to much public rhetoric, the New York City Department of Health and Mental Hygiene (DOHMH) has been *reducing* its provision of HIV Testing and sexual health services since approximately 2010.

These reductions seem to be substantial and to our knowledge, have not previously been a subject of public discourse, including discussions at the End of the Epidemic Task Force Meetings.

How these trends are compatible with the stated goals of the End the Epidemic initiative are unknown.

HIV TESTING AT DOHMH FUNDED VENUES

The number of HIV tests performed at DOHMH funded venues fell by 36% from 2010 to 2011, a loss of 116,361 tests. Unfortunately, the number of HIV tests never recovered back to their 2010 levels (see table 1). In fact, the reductions in testing at DOHMH funded venues represent a cumulative loss of 402,490 tests (cf. testing continued at its 2010 rate) from 2011 to 2014.

To put this in perspective, let’s assume that the “positivity rate”—the ratio of HIV positive tests to total HIV tests performed—of HIV tests performed at DOHMH funded venues is 0.5% (a relatively low rate). For arguments sake, let’s further assume that only 50% of eliminated tests were performed elsewhere in the healthcare system (a big assumption), the DOHMH reduction in HIV testing from 2010 would of resulted in missing approximately 1000 HIV positive test results over the 2011 to 2014 interval.

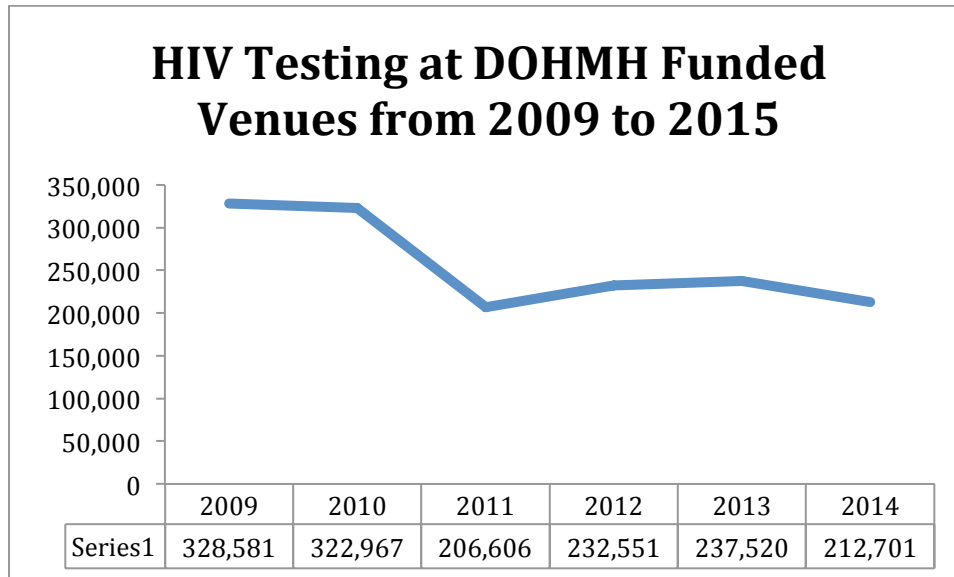


Figure 1: Total Number of HIV Tests performed at DOHMH Funded Venues from 2009 to 2015.

Venue	2009	2010	2011	2012	2013	2014
HIV, FSU, and Corrections			16,154	117,683	127,402	107,667
AIRES data, 2008-2011	173,605	175,323	73,034			
TB	4,976	5,290	4,693	4,170	4,343	3,187
STD	150,000	110,000	77,000	73,881	69,728	68,800
CHS		32,354	35,725	36,817	36,047	33,047
Total	328,581	322,967	206,606	232,551	237,520	212,701
Change from 2010	N/A	N/A	-116,361	-90,416	-85,447	-110,266
Percent Change From 2010			-36.03%	-28.00%	-26.46%	-34.14%

Table 1: HIV Testing at DOHMH Funded Venues 2008-2014. From personal correspondence between D. Daskalakis and J. Krellenstein on 20 July, 2015

FUNDING OF DISEASE CONTROL AT DOHMH

It is important to note that during this time interval the Disease Control Division of the DOHMH — which oversees HIV and STD control—underwent significant funding reductions starting in 2008 in both Federal and City Funds.

Fiscal Year	City Funds (\$ Millions)
2008	\$85.5
2009	\$65.5
2010	\$62.2
2011	\$42.4

Table 2: City Funding for Communicable Disease Division of DOHMH (from presentation of J Varma at Institutes of Medicine, URL: <http://iom.nationalacademies.org/~media/6C26D312423C493292508F61C1961162.ashx>)

From 2008 to 2011, Federal Funding for the Disease Control Division also declined by \$14 Million (from \$260 Million to \$246 Million) (*ibid*).

STD CLINIC VISITS and TRENDS IN NON HIV STDs

Even before the DOHMH shut down the Chelsea STD Clinic in 2015, every year since 2010, the DOHMH has been losing huge number of patients at the STD clinics. The number of citywide visits to the STD clinics fell by a third between 2010 and 2014--a loss of 40,334 annual visits¹. (Figure 2,) Yet, in this same time period, the number of new cases of gonorrhea diagnosed in men per year in the city increased by 2,994 cases (a 40% increase), the number of new cases of chlamydia diagnosed in men increased by 3,054 (a 15% increase), and the number of new cases of primary and secondary (P&S) syphilis diagnosed in men increased by 304 cases (a 33% increase). (Figure 3, Table 3)

The DOHMH—with an entire Bureau dedicated to STD control—admitted to activists and politicians in a meeting on May 15, 2015 that they lack any specifics plans to control these STDs. STD Bureau Chief Susan Blank preferred to blame the “sexual behavior” of the community for these increases, rather than consider that the massive reductions in sexual health services that took place under her watch could play any role.

¹ This trend was originally identified and analyzed by ACT UP Member John Riley.

Yearly STD Clinic Visits decreased by 33% ($\Delta n=40,334$) from 2009 to 2014

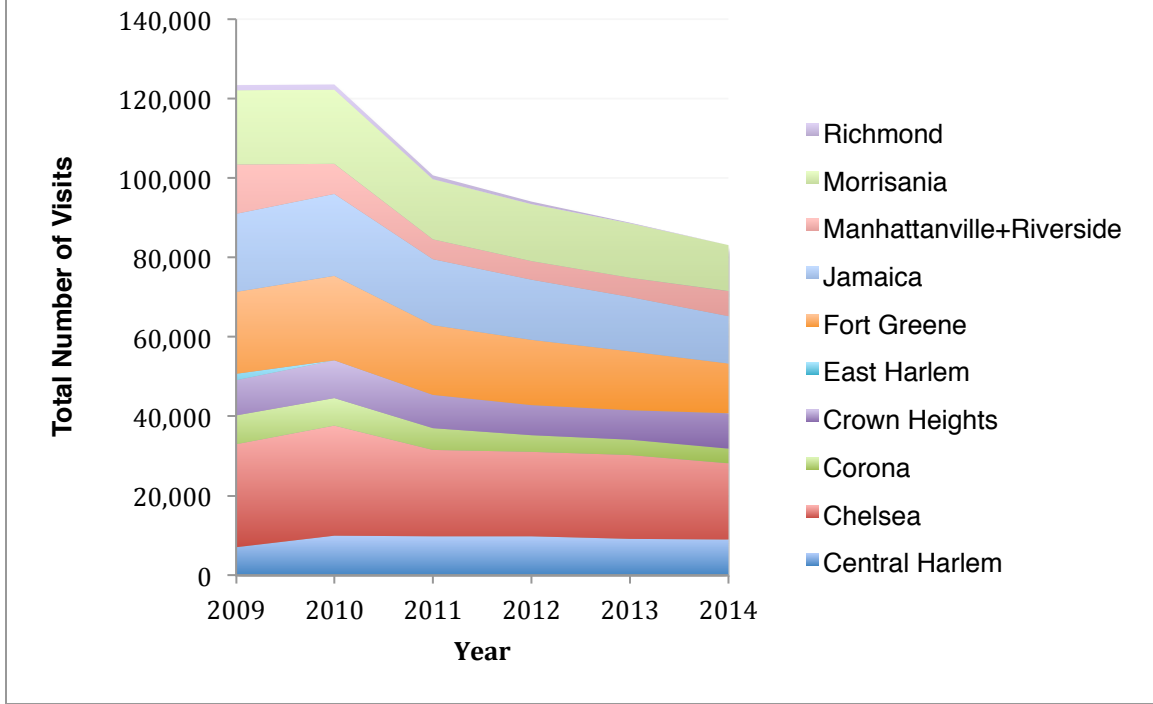


Figure 2

Year	Central Harlem	Chelsea	Corona	Crown Heights	East Harlem	Fort Greene	Jamaica	Manhattanville +Riverside	Morrisania	Richmond	Total
2009	7,012	25,910	7,274	8,866	1,572	20,687	19,727	12,304	18,799	1,208	123,359
2010	9,984	27,719	6,862	9,487	0	21,323	20,628	7,609	18,657	1,243	123,512
2011	9,694	21,891	5,443	8,313	0	17,659	16,611	4,883	15,180	931	100,605
2012	9,699	21,283	4,282	7,522	0	16,436	15,200	4,718	14,291	692	94,123
2013	9,075	21,148	3,940	7,397	0	14,747	13,794	4,802	13,635	281	88,819
2014	8,910	19,243	3,641	8,975	0	12,472	11,942	6,377	11,465	0	83,025
% Total STD Visits (2014)	10.73%	23.18%	4.39%	10.81%	0.00%	15.02%	14.38%	7.68%	13.81%	0.00%	N/A
Chg. (2009-2014)	1,898	-6,667	-3,633	109	-1,572	-8,215	-7,785	-5,927	-7,334	-1,208	-40,334
% Chg. From 2009 to 2014	+27%	-26%	-50%	+1%	-100%	-40%	-39%	-48%	-39%	-100%	-33%

Table 3: STD Clinic Visits by clinic and year. From 4th Quarter Bureau of Sexually Transmitted Disease Control Quarterly Reports
 URL:<http://www.nyc.gov/html/doh/html/living/std-provider-stats.shtml>

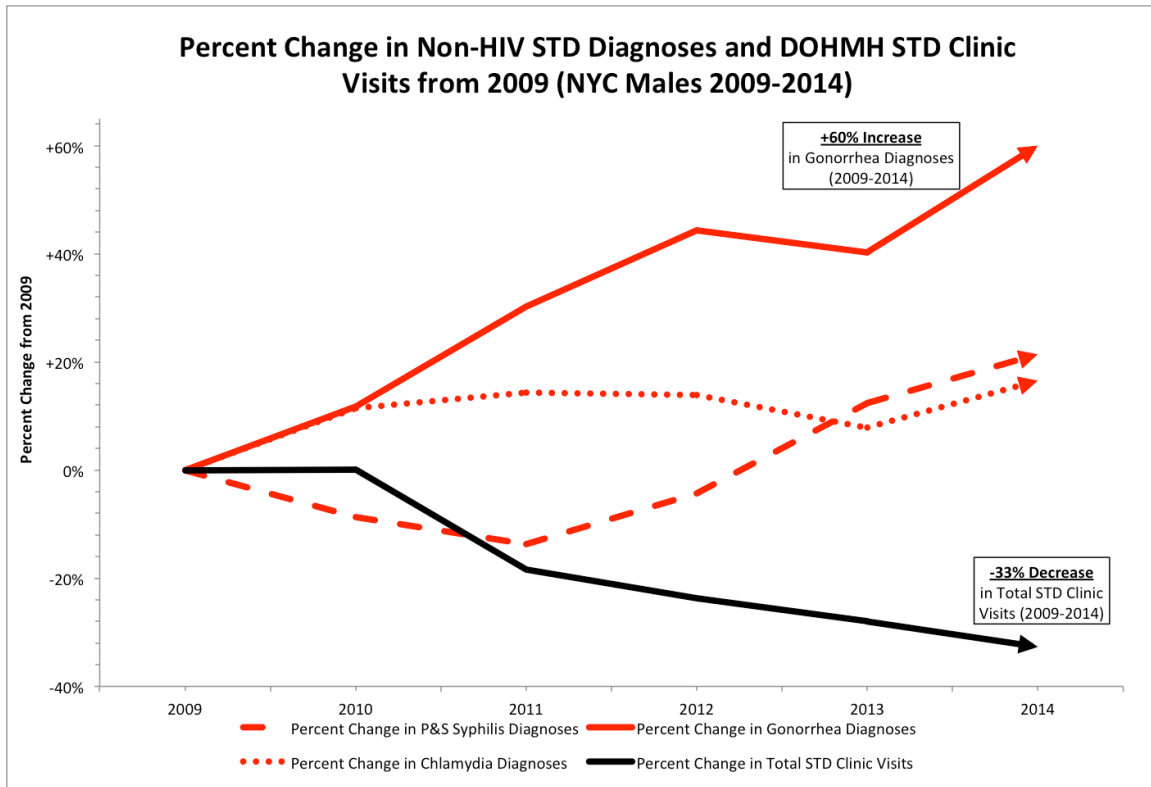


Figure 3

Year	P/S Syphilis Diagnoses	Gonorrhea Diagnoses	Chlamydia Diagnoses
2009	1,008	6,202	18,449
2010	920	6,930	20,564
2011	870	8,076	21,106
2012	964	8,953	21,022
2013	1,133	8,702	19,902
2014	1,224	9,924	21,503
Change 2010 to 2014	304	2994	3,054
% Change	33%	43%	17%

Table 3: Non-HIV STD Diagnoses in men by year. From 4th Quarter Bureau of Sexually Transmitted Disease Control Quarterly Reports

URL: <http://www.nyc.gov/html/doh/html/living/std-provider-stats.shtml>

CHELSEA UPDATE

The situation in Chelsea still remains disastrous. Despite finally admitting that the Department's decision to close the busiest STD clinic in the system without any prior community notice and without any plans to increase neighborhood STD testing and treatment capacity endangered the public health, the Department has been unable to deliver on the paltry commitments it made publicly to address the situation. The Department was unable to procure funding for expanded testing and treatment services at the Chelsea area Sexual and Behavioral Health (SBH) clinics from the City Council (and then did not tell anyone), unable to train their "healthcare navigators" so that they could actually navigate patients to the proper sites, and unable to ensure that when testing vans are scheduled to be at the Chelsea site, they actually are there.

The city's strategy of redirecting patients to other STD clinics also does not appear to be working. In the period that Chelsea has been closed in 2015, the total number of STD clinic visits is down 4,462 visits (18%) compared to the same period in 2014. (Remember the 2014 visits numbers are already down by a third from 2010).

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DOHMH Response of July 20, 2015

Factors contributing to trends in STD clinic visits and HIV testing

Over the past 5 years, the proportion of syphilis, gonorrhea and chlamydia cases diagnosed in STD clinics has decreased nationally¹. In NYC between 2006 and 2015, there have been numerous changes in the types of services available at Health Department STD clinics. Some service changes led to expansions in clinic visits and HIV testing, and other changes led to reductions in services from budget cuts. From 2007 – 2015, there have been declines in the number of STD clinic visits and HIV testing. However, the proportion of people leaving STD clinics knowing their HIV status has steadily increased from 69% in 2006 to 88% in 2015, and the STD clinics have continued to contribute ~10% of new HIV diagnoses and ~15% of acute HIV (AHI) diagnoses across the city. In the face of declines in STD clinic-based HIV testing, the stable HIV positivity rates among persons testing for HIV in our clinics can be attributed to the introduction of more sensitive diagnostic tests and continued efforts to target high risk individuals for testing even as the incidence of new HIV infections has declined in NYC.

Listed below are programmatic changes and related events that likely influenced trends in STD clinic visits and HIV tests.

2006

In 2006, there were 10 STD clinics run by the NYC Health Department. That year, in an effort to provide services to as many clients as possible, the Health Department introduced “express visits” to provide STD testing to asymptomatic people. Asymptomatic patients who did not report receptive anal intercourse could provide urine and blood for testing for chlamydia, gonorrhea, syphilis, and HIV, and be tested without seeing an MD. People with symptoms and asymptomatic people reporting receptive anal intercourse were directed to an MD visit for a full assessment. HIV test-only visits have been consistently available at our clinics.

2007

Testing for AHI introduced in 2 clinics for all clients through a special US Centers for Disease Control funded project – increased the sensitivity of HIV testing performed
Evening HIV testing phased in at 5 clinics – increased availability of HIV testing in BSTDC clinics by offering testing after work hours

2008

Universal AHI testing rolled out in all STD clinics – increased the sensitivity of HIV testing performed
Routinized (“Opt Out”) HIV testing rolled out in all STD clinics – patients were tested for HIV unless they specifically declined testing
Bronx Knows campaign introduced (~185k tests/year). This large scale campaign increased the number of New Yorkers who know their HIV status. Over time, the testing done through this campaign likely decreased the number of people who attended STD clinics for the sole purpose of HIV testing.

2009

Central Harlem Clinic closed for renovation.
East Harlem Clinic closed due to budget cuts. The East Harlem clinic was chosen because of low volume relative to other clinics and proximity to other clinics.

2010

Central Harlem Clinic re-opened.
Riverside Clinic closed for renovation.
Manhattanville clinic opened (with staff from Riverside Clinic).
Universal AHI testing discontinued due to budget cuts. Clinics stopped testing every client for HIV and implemented a targeted AHI screening policy focused on MSM, and others at highest risk for HIV infection (eg. sex with an HIV-positive person, sex for drugs/money, IV drug users)
New York State HIV testing law mandated most providers offer HIV testing to all persons 13-64 and removed required consent for rapid testing - likely increased the number of patients with recent testing, and thereby reduced the number of people attending the STD clinics for the sole purpose of HIV testing, as well as the number of people attending clinics who needed testing.
STD clinic policy regarding frequency of HIV testing in BSTDC clinics changed from HIV testing at every visit, to HIV testing once in 3 months (except for clients reporting high risk exposure) - overall, implementation of this testing interval reduced number of tests done.
Brooklyn Knows Campaign introduced (~150k tests/year) – campaign likely increased the number of patients with recent testing, and thereby reduced the

number of people attending the STD clinics for the sole purpose of HIV testing, as well as the number of people attending clinics who needed testing
Chlamydia and gonorrhea screening visits introduced for young women (<25)

2011

Express Visits, which had low yield of detection, discontinued due to budget cuts

2013

Staten Island clinic closed and integrated with HHC primary care services

Affordable Care Act (ACA) implemented – implementation of the ACA has reduced the number of uninsured, which may have reduced the number of patients utilizing our services

2014

Tuesday to Saturday schedule introduced at some clinics – this has not reduced visit volume at the affected clinics.

2015

Implementation of billing at clinics due to changes in NYS law and NYS Article 28 regulations requiring revenue recovery; other jurisdictions have seen reductions in clinic utilization when billing was introduced

References

¹Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2013*. Atlanta: U.S. Department of Health and Human Services; 2014.