



Testimony

of

M. Monica Sweeney, M.D., M.P.H.
Assistant Commissioner for the Bureau of HIV/AIDS Prevention and Control
New York City Department of Health and Mental Hygiene

before the

New York City Council Committee on Health

regarding

HIV/AIDS-Hepatitis Co-Infection: Education, Prevention and Treatment

April 11, 2011

250 Broadway
New York City

Good afternoon Chairwoman Arroyo and members of the Committee on Health. I am Dr. Monica Sweeney, Assistant Commissioner for the Bureau of HIV/AIDS Prevention and Control at the Department of Health and Mental Hygiene. On behalf of Commissioner Farley, I would like to thank you for the opportunity to discuss the education, prevention and treatment measures we currently undertake with regards to HIV/AIDS-Hepatitis co-infection in New York City. Today I will speak with you about the epidemic, describe the Health Department's programs and initiatives, and identify some of the key challenges we face in addressing this problem.

Public health measures have been effective in preventing HIV transmission in New York City, with the number of new HIV diagnoses falling by almost 40% between 2001 and 2009, the last year for which complete data are available. Declines have been noted for many demographic groups, but decline is most notable among injection drug users, who in 2009 accounted for 185 new HIV diagnoses, an 81% decrease from the 984 new diagnoses made in 2001. Despite this great accomplishment, other challenges remain among this population, one of which is co-infection with hepatitis B and hepatitis C.

As you are likely aware, hepatitis is a general term that means inflammation of the liver. Hepatitis B (sometimes called hep B) is a blood-borne and sexually transmitted infection. It is spread by direct contact with infected body fluids, usually by sharing needles or by having sex without a condom. There is a safe and effective vaccine to prevent hepatitis B, and medical treatment is available to suppress viral activity and slow progression to chronic liver disease. Hepatitis C (sometimes called hep C) is the most common chronic bloodborne infection in the United States. Hepatitis C is a blood-borne infection, spread primarily through direct contact

with blood of an infected person. People who are likely to have chronic hep C include those who received a blood transfusion before 1992 and past or current injection-drug users. There is no vaccine to prevent hepatitis C. There is medical treatment available for hepatitis C which can sometimes eliminate the virus from the body or slow the progression to chronic liver disease. Both viral hepatitis B and C are leading causes of chronic liver disease such as cirrhosis, liver cancer, or liver failure

Because both chronic hepatitis B and hepatitis C are often asymptomatic, many people who have these infectious and potentially fatal diseases are unaware of their status until they have advanced liver disease including liver cancer, which may be 20 – 30 years after the initial infection. As many as 232,000 New York City residents are estimated to be living with either chronic hepatitis B or C: approximately 129,000 New York City residents with chronic hepatitis C infection and the remaining 103,000 residents have chronic hepatitis B infection. The Health Department recognizes the enormous scope of the viral hepatitis epidemic and its disproportionate impact on City residents already affected by serious health and socio-economic issues. It is clear that New York City, as the center of the HIV/AIDS epidemic, is also the center of the viral hepatitis epidemic, and the extent of burden of both diseases has yet to be felt. Viral hepatitis B and C are both under-diagnosed. Appreciating the unique challenges of this issue, Commissioner Farley met with a 30-member committee of viral hepatitis experts and community leaders in 2010. The Commissioner has since directed staff to develop an accurate estimate of new infections so we can understand the true impact and most effectively direct our public health efforts.

When someone is infected with both HIV and viral hepatitis, it is called “co-infection.” It can be HIV and hepatitis B, HIV and hepatitis C, and even infection with all three at once. Co-infection is much more serious since it is well known to be associated with faster-progressing liver disease than infection with hep B or C alone. It is estimated that up to 90% of persons living with HIV/AIDS who inject drugs are co-infected with hepatitis C. Of the 108,886 persons living with HIV/AIDS in New York City, 15% to 30% are estimated to be co-infected with hepatitis C virus (16,300-32,600 people). Hepatitis C is the leading cause for liver transplant in the US, and is a leading cause of death among people with HIV. Chronic hepatitis B infection has been found in 6%-14% of HIV positive individuals, or anywhere from 6,500-15,200 City residents.

The Health Department employs a multidisciplinary and collaborative approach to serve and respond to the changing viral hepatitis epidemic that meets the needs of New York City's diverse population. Viral Hepatitis activities are integrated into many of the services provided by the Health Department, including hepatitis A and B vaccination at Immunization and STD clinics, hepatitis C testing at STD and TB clinics, throughout the correctional system, and in the many funded HIV/AIDS services and substance use treatment providers. The Health Department provides training in viral hepatitis and co-infection with HIV to hundreds of medical and health services providers, clinical and non-clinical providers in all neighborhoods of the City, using materials offered in many languages (Spanish, Chinese, Korean, French, Arabic, Russian and Urdu) and available free by calling 311 or through the Health Department's website, (www.nyc.gov/health).

The Health Department has expanded its HIV testing efforts with special emphasis on areas with high prevalence and concurrency rates. In 2008, we launched *The Bronx Knows* together with a cadre of community partners; this is the largest municipal testing scale-up in the city's history, which to date has conducted over 400,000 voluntary HIV tests in the Bronx. And, at the end of last year, Mayor Bloomberg helped us launch *Brooklyn Knows*, which aims to test the estimated 580,000 Brooklyn residents who have never been tested for HIV and link positive individuals to quality care and support services. Additionally, all nine of the Health Department's STD clinics offer voluntary, routine HIV screening to patients free of charge. Many also offer voluntary hepatitis C screening for individuals meeting specified criteria, such as those who ever injected drugs – even if only one time – have a history of liver disease, a tattoo or body piercing by a non-professional, are HIV positive, had a transfusion or transplant before 1992, been on long term hemodialysis, or had unprotected sex with someone who has hepatitis C or ever injected drugs. In 2010, STD clinics conducted almost 600 hepatitis C tests. In our effort to combat the viral hepatitis epidemic, over 15,000 hepatitis A and B vaccination doses were distributed last year for City residents at high risk for Hepatitis B infections in a variety of settings, including correctional facilities, STD clinics, needle exchange programs and HIV prevention programs. In addition, over 16,000 doses of Hepatitis B vaccine were administered to adults in the Immunization clinics. This vaccination is targeted for adults who are uninsured or seen at Health Department clinics and are administered for free.

The Health Department provides direct support to all New York State licensed syringe service programs in New York City through generous funding from the City Council. City Council funds not only subsidize the very successful public health intervention of direct syringe

exchange and sterile syringe access, but also funds hepatitis C counseling and testing, hepatitis C prevention education, education regarding the care and treatment of hepatitis C for those who are positive, as well as linkage and escort to medical care for those who are known to be hepatitis C positive. All of these syringe service programs also conduct HIV screening of clients.

In addition to the direct provision of services at STD clinics and the integration of HIV and hepatitis C screening and prevention activities at syringe service programs, the Health Department also funds other partner organizations to conduct both HIV and hepatitis C screening among highly impacted populations, including people who inject drugs and young men who have sex with men. Such community-based organizations screen and link-to-care high risk populations for comorbid medical conditions that increase risk of either HIV infection or transmission, including sexually transmitted infections, substance abuse and depression.

To further address this epidemic, the Health Department produced and will soon be distributing a viral hepatitis awareness video, available in multiple languages that gives basic information, discusses the risks, and encourages vaccination and testing, for viewing in health clinics, physicians' offices, and YouTube. A new, comprehensive website devoted entirely to viral hepatitis will launch in late May and will feature a City-wide hepatitis C and B Services Locator – the first of its kind in the country. Moreover, the Health Department produced an updated City Health Information bulletin focused on hepatitis C management, and is on target to produce a similar bulletin on hepatitis B, which is sent to all primary care providers in the city. For non-clinical providers, the Office of Viral Hepatitis Coordination Newsletter is distributed to over 1,200 clinics, community organizations and institutions in New York City. The Health

Department also organizes several Hepatitis C Task Forces and a city-wide Hepatitis B Coalition to increase the resources available in the community, and provides viral hepatitis training both on-site and in various venues, including regional HIV and STD training centers.

City Council members expressed the importance of this issue, HIV/AIDS-Hepatitis co-infection, and the personal impact the epidemic has within their own districts. To that end, Council Member Arroyo, Chair of the Health Committee, along with Council Members Chin and Koo sponsored a ground-breaking Hepatitis Awareness Breakfast last October to educate lawmakers and the public on this issue. We welcomed the opportunity to participate in that event and look forward to future collaborations with the City Council.

Though the Health Department focuses many of its energies on HIV/AIDS-Hepatitis co-infection, there are still many challenges. Along with the rest of the country, we have had to act to reduce many services, including already scarce viral hepatitis services in the wake of budget cuts. Several years ago, the Ryan White Planning Council cut funding for all hepatitis C programs provided for HIV co-infected persons.

While our hepatitis A and B vaccination program provides tens of thousands of free doses of vaccine to many New York City residents who need it most, the Federal government has discontinued the funding that we used to provide hepatitis B vaccine to thousands of individuals on Rikers Island. Grant funds that were once used to sustain already limited hepatitis B and C testing have dried up, and we can no longer provide this service, even as a new rapid hepatitis C test has been approved by the FDA that would make testing both easier and more economical.

There are a number of possible solutions to these budget constraints, most of which rely on the creative collaboration of various partners and integration of services so as to better utilize existing resources. In 2010, both the Institute of Medicine and the US Department of Health and Human Services (HHS) released recommendations on addressing viral hepatitis. One strategy that New York City may be particularly suited for is the utilization of primary care physicians and community health centers, located in many of the neediest communities, to provide these services, if given the additional funds required. Clinicians in these settings need only additional training to act as the medical home for individuals with viral hepatitis or co-infected with HIV/AIDS. This would address a significant gap as there are limited sites where people with chronic hepatitis can receive care, especially if they have no insurance.

The Health Resources and Services Administration (HRSA) has initiated pilot projects, including in New York City, which will hopefully demonstrate that, if properly funded to increase their capacity, the vast network of community health centers can play a vital role in identifying and caring for New York City residents with viral hepatitis.

The Health Department is also in the forefront of another strategy, funded by the Centers for Disease Control and Prevention. We're working towards integrating viral hepatitis, STD, HIV/AIDS and tuberculosis prevention, vaccination and testing services to make full use of the existing infrastructure and expertise to address all four diseases in those City residents affected by more than one of these conditions. The goal of this three-year initiative is to identify those neighborhoods, settings and populations in the City in which these diseases overlap. We will

then stretch our collective budgets and collaborate on the most effective approach to provide prevention and treatment services to those most affected.

Both the Institute of Medicine and HHS recommend that people at risk for viral hepatitis be educated in prevention techniques and be tested and linked to critical services before the disease exerts its greatest possible impact on the health care system. Controlling the continuing HIV/AIDS epidemic and number of hepatitis infections requires a coordinated effort at the federal, state and local levels. Unfortunately, today's fiscal climate is further constraining an already limited pool of available public health funding. Although these services are costly, an early investment can soften the blow in the future of even more costly liver disease treatment and transplant surgery resulting from viral hepatitis and those co-infected with HIV/AIDS. With this in mind, it is our collective responsibility to direct resources as efficiently and effectively as possible to control these diseases. The Health Department appreciates the Speaker's and the Council's commitment to this issue.

I am happy to answer any questions you may have at this time.

###