

Hepatitis A, B and C Surveillance Report

New York City, 2005

New York City Department of Health and Mental Hygiene
Division of Disease Control
Bureau of Communicable Diseases



Preface

This report describes 2005 routine surveillance data for people newly reported with hepatitis A, B and C in New York City. Rates were calculated using 2000 census data.¹

Questions? Need more information? Call the Health Department's Bureau of Communicable Diseases at (212) 788-9830 or visit nyc.gov/health.

¹ Rates based on small numerators may not be reliable.

Contents

Preface	2
Hepatitis A	4
Acute Hepatitis B	8
Chronic Hepatitis B	12
Acute Hepatitis C	16
Chronic Hepatitis C	17
Boxes	
New Hepatitis A Vaccine Guidelines	4
Tables	
Hepatitis A in NYC Residents, July 5, 2005, through July 4, 2006	5
Hepatitis A in NYC Residents, by UHF Neighborhood, July 5, 2005, through July 4, 2006	6–7
Acute Hepatitis B in NYC Residents, 2005	9
Acute Hepatitis B in NYC Residents, by UHF Neighborhood, 2005	10–11
People Newly Reported with Chronic Hepatitis B in NYC, 2005	13
People Newly Reported with Chronic Hepatitis B in NYC, by UHF Neighborhood, 2005	14–15
People Newly Reported with Chronic Hepatitis C in NYC, 2005	19
People Newly Reported with Chronic Hepatitis C in NYC, by UHF Neighborhood, 2005	20–21
Maps	
Hepatitis A in NYC Residents, by UHF Neighborhood, July 5, 2005, through July 4, 2006	7
Acute Hepatitis B in NYC Residents, by UHF Neighborhood, 2005	11
People Newly Reported with Chronic Hepatitis B in NYC, by Zip Code, 2005	15
People Newly Reported with Chronic Hepatitis C in NYC, by Zip Code, 2005	21
UHF Neighborhoods	23
Appendix	
United Hospital Fund (UHF) Neighborhoods	22–23

Hepatitis A

When interpreting New York City's hepatitis A surveillance data, keep the following in mind:

- Health care providers and laboratories are required to report hepatitis A cases to the Health Department, including positive results for hepatitis A IgM antibody.
- The data represent patients meeting the Centers for Disease Control and Prevention (CDC)/ Council of State and Territorial Epidemiologists (CSTE) case definition, which includes symptoms consistent with hepatitis A. For more information, visit http://www.cdc.gov/epo/dphsi/casedef/case_definitions.htm#h.
- Many people with hepatitis A have no symptoms or only mild symptoms. As a result, some hepatitis A patients may not be diagnosed and not reported to the Health Department. Therefore, the data may under-represent the true incidence of hepatitis A in New York City.
- Investigations of all hepatitis A reports began in July 2005. Prior to that, the Health Department only investigated reports received early enough to provide post-exposure prophylaxis to close contacts. The proportion investigated had increased since 2000, when electronic reporting systems made faster reporting possible.
- The data reported are from July 5, 2005, through July 4, 2006.
- The overall hepatitis A rate in New York City from July 5, 2005, through July 4, 2006 was 2.3 cases for every 100,000 people. For comparison, the national rate for 2005 was 1.5 cases for every 100,000 people.

New Hepatitis A Vaccine Guidelines

In May 2006, the Center for Disease Control (CDC) Advisory Committee on Immunization Practices published new hepatitis A vaccine guidelines to help prevent the spread of hepatitis A. The recommendations include:

- Routine hepatitis A vaccination for children 12 to 13 months of age.
- Catch-up vaccination for children two to five years of age in neighborhoods with high rates of hepatitis A.

In May 2006, the Health Department began notifying providers and schools citywide about the new guidelines.

For more information, visit <http://www.cdc.gov/hepatitis/HAV/HAVfaq.htm#vaccine>.

Hepatitis A in New York City Residents, July 5, 2005, through July 4, 2006

Group	Number	Percentage (%) within each group	Rate per 100,000 people
Overall	185		2.3
Sex			
Male	90	49	2.4
Female	95	51	2.3
Age (in years)			
0–Four	16	9	3.0
Five–Nine	25	13	4.5
10–19	38	21	3.6
20–29	39	21	3.2
30–39	25	13	1.9
40–49	19	10	1.6
50–59	9	5	1.1
60 +	14	8	1.0
Borough of Residence			
Manhattan	36	19	2.4
Bronx	56	30	4.2
Brooklyn	28	15	1.1
Queens	62	34	2.7
Staten Island	3	2	0.7
Risk Factors (mutually exclusive)*			
International travel	103	55	
Contact with a case	13	7	
Men who have sex with men	5	3	
Intravenous drug use	1	0.5	
Unknown	63	35	

* There were 17 patients who had two risk factors for hepatitis A: contact with a hepatitis A patient *and* international travel. Since it was not possible to determine which risk factor caused their hepatitis A infection, these patients were counted once, for their international travel exposure.

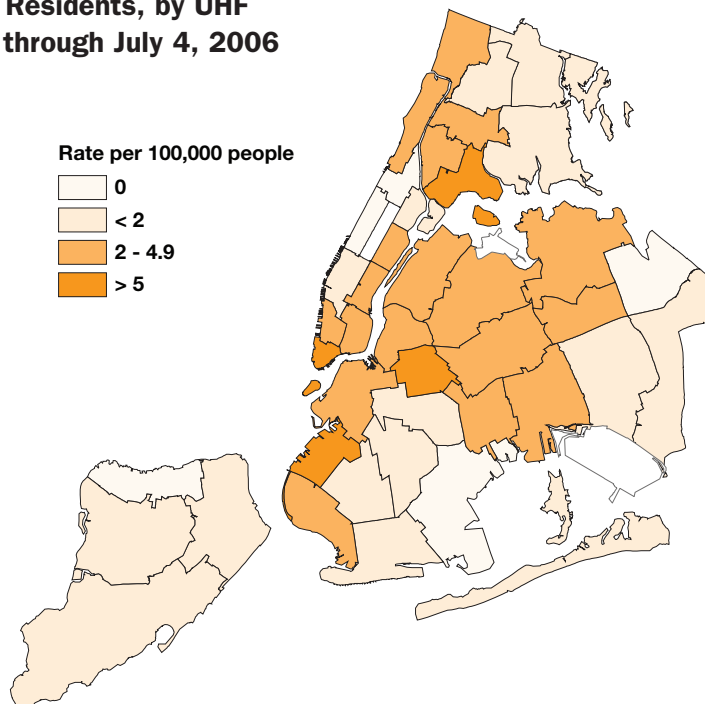
Hepatitis A in New York City Residents, by United Hospital Fund (UHF) Neighborhood, July 5, 2005, through July 4, 2006

Borough/UHF Neighborhood	Number	Rate per 100,000 people
Manhattan		
Washington Heights-Inwood	9	3.3
Central Harlem-Morningside Heights	0	0
East Harlem	2	1.9
Upper West Side	0	0
Upper East Side	5	2.3
Chelsea-Clinton	1	0.8
Gramercy Park-Murray Hill	3	2.4
Greenwich Village-Soho	2	2.4
Union Square-Lower East Side	4	2.0
Lower Manhattan	2	6.5
Bronx		
Kingsbridge-Riverdale	2	2.2
Northeast Bronx	2	1.1
Fordham-Bronx Park	4	1.6
Pelham-Throgs Neck	5	1.7
Crotona-Tremont	7	3.5
High Bridge-Morrisania	8	4.2
Hunts Point-Mott Haven	8	6.5
Brooklyn		
Greenpoint	5	4.0
Williamsburg-Bushwick	12	6.2
Downtown-Heights-Slope	8	3.7
Bedford Stuyvesant-Crown Heights	4	1.3
East New York	5	2.9
Sunset Park	6	5.0
Borough Park	6	1.8
East Flatbush-Flatbush	1	0.3
Canarsie-Flatlands	0	0
Bensonhurst-Bay Ridge	6	3.1
Coney Island-Sheepshead Bay	3	1.0

Hepatitis A in New York City Residents, by United Hospital Fund (UHF) Neighborhood, July 5, 2005, through July 4, 2006 (continued)

Borough/UHF Neighborhood	Number	Rate per 100,000 people
Queens		
Long Island City-Astoria	7	3.2
West Queens	23	4.8
Flushing-Clearview	5	2.0
Bayside-Littleneck	0	0
Ridgewood-Forest Hills	10	4.2
Fresh Meadows	3	3.2
Southwest Queens	5	1.9
Jamaica Queens	5	1.8
Southeast Queens	3	1.5
Rockaway	1	0.9
Staten Island		
Port Richmond	0	0
Stapleton-St. George	1	0.9
Willowbrook	1	1.3
South Beach-Tottenville	1	0.6

Hepatitis A in New York City Residents, by UHF Neighborhood, July 5, 2005, through July 4, 2006



Acute Hepatitis B

When interpreting New York City's acute hepatitis B surveillance data, keep the following in mind:

- Health care providers and laboratories are required to report hepatitis B cases to the Health Department, including positive results for hepatitis B core IgM antibody.
- The Health Department investigates all positive hepatitis B core IgM antibody reports. The agency also investigates other positive hepatitis B reports with significantly elevated liver function tests.
- The data represent patients meeting the CDC/CSTE case definition, which includes symptoms consistent with acute hepatitis. For more information, visit http://www.cdc.gov/epo/dphsi/casedef/case_definitions.htm#h.
- Many people with hepatitis B have no symptoms or only mild symptoms. As a result, the infection may not be diagnosed or reported to the Health Department. If there is no hepatitis B core IgM antibody test, the Health Department will not generally investigate the report, even if it showed a positive hepatitis B surface antigen test. (This is due to the high number of hepatitis B surface antigen test reports.) Therefore, the data may under-represent the true incidence of acute hepatitis B in New York City.
- Acute hepatitis B rates are very low among youths because of high vaccination levels.
 - Since 1992, infants have been routinely vaccinated.
 - Since 2000, children must be vaccinated to start middle school in New York City.
- Consider the following when interpreting risk factor data:
 - Patients are interviewed about risk factors by telephone. They may be reluctant to discuss sensitive risk factors, such as sexual behavior or drug use.
 - In some cases, risk factor information is also obtained from clinical records.
 - It can be difficult to determine how a new hepatitis B infection occurred. Because of the long exposure period, patients may report more than one risk behavior or may not reveal all risk behaviors.
- In this report, risk factor information is presented in two ways:
 - “Mutually exclusive” means that each patient is represented by the risk factor that poses the highest risk of hepatitis B infection, among risks reported. The table on the next page shows risk factors from highest to lowest risk.
 - “Not mutually exclusive” means that all reported risk factors are shown, bringing the total to more than 100%. For example, a person reporting intravenous drug use (IVDU) and a dental cleaning during the exposure period will be represented in both the “Dental care” and “Intravenous drug use” rows.
- The acute hepatitis B rate in New York City residents for 2005 was 1.6 cases for every 100,000 people. For comparison, the national rate for 2005 was 1.8 cases for every 100,000 people.

Acute Hepatitis B in New York City Residents, 2005

Group	Number	Percentage (%) within each group	Rate per 100,000 people
Overall	127		1.6
Sex			
Male	90	70.9	2.4
Female	37	29.1	0.9
Age (in years)			
0–19	1	0.8	0
20–29	29	22.8	2.3
30–39	36	28.3	2.7
40–49	41	32.3	3.6
50–59	12	9.4	1.4
60 +	8	6.3	0.6
Borough of Residence			
Manhattan	40	31.5	2.6
Bronx	20	15.8	1.5
Brooklyn	40	31.5	1.6
Queens	26	20.5	1.2
Staten Island	1	0.8	0.2
Risk Factors (mutually exclusive)			
Intravenous drug use	6	4.7	
Men who have sex with men	27	21.3	
Heterosexual contact (multiple partners)	16	12.6	
Heterosexual contact (one partner)	39	30.7	
Health care-related exposure	9	7.1	
Other	1	0.8	
Unknown	29	22.8	
Risk Factors (not mutually exclusive)			
Intravenous drug use	6	4.7	
Men who have sex with men	27	21.3	
Heterosexual contact (multiple partners)	20	15.8	
Heterosexual contact (one partner)	67	52.8	
Health care-related exposure	51	40.2	
Dental care	21	16.5	
Occupational risk	1	0.8	
Other	21	16.5	
Unknown	29	22.8	

Acute Hepatitis B in New York City Residents, by United Hospital Fund (UHF) Neighborhood, 2005

Borough/UHF Neighborhood	Number	Rate per 100,000 people
Manhattan		
Washington Heights-Inwood	5	1.8
Central Harlem-Morningside Heights	3	2.0
East Harlem	5	4.6
Upper West Side	5	2.3
Upper East Side	4	1.8
Chelsea-Clinton	9	7.3
Gramercy Park-Murray Hill	3	2.4
Greenwich Village-Soho	2	2.4
Union Square-Lower East Side	4	2.0
Lower Manhattan	0	0
Bronx		
Kingsbridge-Riverdale	0	0
Northeast Bronx	1	0.5
Fordham-Bronx Park	4	1.6
Pelham-Throgs Neck	7	2.4
Crotona-Tremont	1	0.5
High Bridge-Morrisania	6	3.2
Hunts Point-Mott Haven	1	0.8
Brooklyn		
Greenpoint	1	0.8
Williamsburg-Bushwick	4	2.1
Downtown-Heights-Slope	3	1.4
Bedford Stuyvesant-Crown Heights	2	0.6
East New York	6	3.5
Sunset Park	3	2.5
Borough Park	4	1.2
East Flatbush-Flatbush	12	3.8
Canarsie-Flatlands	2	1.0
Bensonhurst-Bay Ridge	2	1.0
Coney Island-Sheepshead Bay	1	0.3

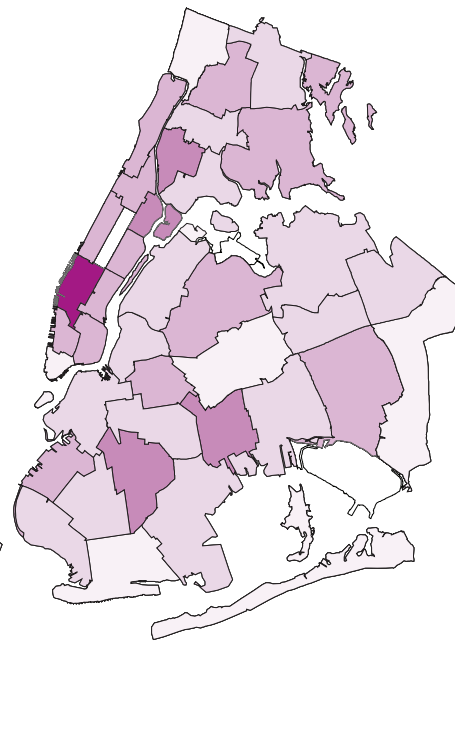
Acute Hepatitis B in New York City Residents, by United Hospital Fund (UHF) Neighborhood, 2005 (continued)

Borough/UHF Neighborhood	Number	Rate per 100,000 people
Queens		
Long Island City-Astoria	2	0.9
West Queens	12	2.5
Flushing-Clearview	2	0.8
Bayside-Little Neck	1	1.1
Ridgewood-Forest Hills	1	0.4
Fresh Meadows	1	1.1
Southwest Queens	2	0.7
Jamaica	5	1.8
Southeast Queens	0	0
Rockaway	0	0
Staten Island		
Port Richmond	0	0
Stapleton-St. George	0	0
Willowbrook	0	0
South Beach-Tottenville	1	0.6

Acute Hepatitis B in NYC Residents, by UHF Neighborhood, 2005

Rate per 100,000 people

- 0.0
- 0.1 - 1.4
- 1.5 - 2.5
- 2.6 - 4.6
- 4.7 - 7.3



Chronic Hepatitis B

When interpreting New York City's chronic hepatitis B surveillance data, keep the following in mind:

- Health care providers and laboratories are required to report hepatitis B cases to the Health Department, including positive results for:
 - Hepatitis B surface antigen or e antigen.
 - Hepatitis B Nucleic Acid Test (NAT).
- This report includes chronic hepatitis B patients newly reported to the Health Department in 2005. Most have chronic hepatitis B. However, a small percentage may have had acute hepatitis B and are no longer infected.
- Some people with chronic hepatitis B have not been tested or diagnosed. Therefore, these people have not been reported to the Health Department and are not included in this report.
- The Health Department often receives more than one report for each person with chronic hepatitis B. The agency uses automatic deduplication methods to identify repeat reports, based on name, date of birth and other information. Only the first report is counted in the data presented.
- The agency's deduplication methods may be imperfect. As a result, some people inadvertently may be counted more than once (e.g., if there is a name or birth date discrepancy). This would result in an overestimation of the number of people with chronic hepatitis B.
- The rates presented are not prevalence rates. To estimate prevalence, the Health Department would need to know, of all those reported with hepatitis B, how many are still alive and residing in New York City.
- The data include patients diagnosed with hepatitis B (or who had a specimen collection) for the first time in 2005.
- The Health Department does not routinely investigate hepatitis B reports because of the large volume. Therefore:
 - It is difficult to determine when people with hepatitis B were first infected. Most were probably infected a while ago.
 - Risk factor information is not available.
 - Address information is not known for 22% of reported patients. However, most probably reside in New York City
- The Health Department's educational booklet, Hepatitis B: The Facts, is sent to people newly reported with hepatitis B. The booklet was designed to help those infected learn more about hepatitis B so they can stay healthy and avoid passing the virus to other people. It is available at <http://www.nyc.gov/html/doh/downloads/pdf/cd/cd-hepb-bro.pdf>.

People Newly Reported with Chronic Hepatitis B in New York City, 2005

Group	Number	Percentage (%) within each group	Rate per 100,000 people
Total	13,383		167.2
Sex			
Male	7,442	55.6	196.1
Female	5,438	40.6	129.0
Unknown	503	3.8	
Age (in years)			
0–19	634	4.7	29.4
20–29	2,698	20.2	212.4
30–39	3,071	23.0	227.8
40–49	2,883	21.5	254.3
50–59	1,889	14.1	222.1
60 +	1,150	8.6	91.8
Unknown	1,058	7.9	
Borough of Residence			
Manhattan	2,511	18.8	164.2
Bronx	1,116	8.3	84.1
Brooklyn	3,544	26.5	143.8
Queens	3,051	22.8	136.4
Staten Island	270	2.0	60.8
Unknown	2,891	21.6	

People Newly Reported with Chronic Hepatitis B in New York City, by United Hospital Fund (UHF) Neighborhood, 2005

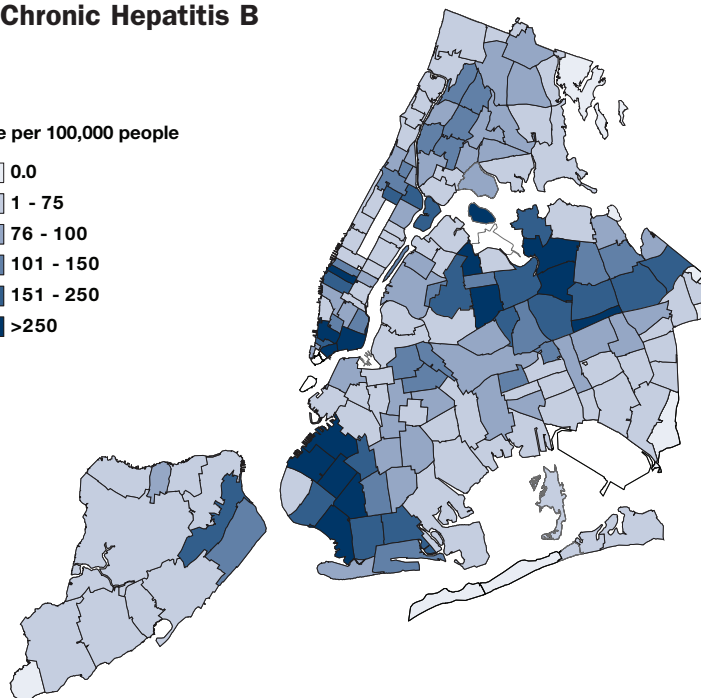
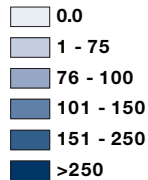
Borough/UHF Neighborhood	Number	Rate per 100,000 people
Manhattan		
Washington Heights-Inwood	164	60.6
Central Harlem-Morningside Heights	167	110.5
East Harlem	124	114.7
Upper West Side	120	54.0
Upper East Side	107	49.0
Chelsea-Clinton	141	114.6
Gramercy Park-Murray Hill	70	56.2
Greenwich Village-Soho	243	290.3
Union Square-Lower East Side	1,238	628.0
Lower Manhattan	98	317.8
Bronx		
Kingsbridge-Riverdale	46	51.7
Northeast Bronx	134	72.0
Fordham-Bronx Park	254	101.4
Pelham-Throgs Neck	209	72.1
Crotona-Tremont	193	96.7
High Bridge-Morrisania	208	109.6
Hunts Point-Mott Haven	89	72.4
Brooklyn		
Greenpoint	62	49.8
Williamsburg-Bushwick	221	113.7
Downtown-Heights-Slope	120	55.9
Bedford Stuyvesant-Crown Heights	217	68.4
East New York	142	81.7
Sunset Park	922	765.5
Borough Park	724	223.2
East Flatbush-Flatbush	272	85.9
Canarsie-Flatlands	122	61.7
Bensonhurst-Bay Ridge	344	176.8
Coney Island-Sheepshead Bay	436	152.0

People Newly Reported with Chronic Hepatitis B in New York City, by United Hospital Fund (UHF) Neighborhood, 2005 (continued)

Borough/UHF Neighborhood	Number	Rate per 100,000 people
Queens		
Long Island City-Astoria	170	76.9
West Queens	885	185.3
Flushing-Clearview	837	327.5
Bayside-Littleneck	145	164.5
Ridgewood-Forest Hills	288	119.6
Fresh Meadows	182	195.4
Southwest Queens	194	71.9
Jamaica	192	67.2
Southeast Queens	87	43.8
Rockaway	37	34.7
Staten Island		
Port Richmond	39	62.1
Stapleton-St. George	125	107.5
Willowbrook	54	63.7
South Beach-Tottenville	60	33.4
Unknown	2,901	

People Newly Reported with Chronic Hepatitis B in NYC, by ZIP Code, 2005

Rate per 100,000 people



Acute Hepatitis C

Since acute hepatitis C infection is difficult to identify, New York City acute hepatitis C surveillance data are not included in this report. It is difficult to identify because:

- There are no symptoms with most acute hepatitis C infections. As a result, hepatitis C may not be diagnosed at the time of infection.
- There is no laboratory test for acute hepatitis C. Therefore, when a patient is diagnosed with hepatitis C, it is difficult to determine when they were infected.

Data on new hepatitis C infections are essential for planning effective prevention programs. The Health Department is asking clinicians to report new hepatitis C cases using the Universal Reporting Form (URF) or by calling the Health Department's Bureau of Communicable Diseases at (212) 788-9830. The form can be filled out online at nyc.gov/health/nycmed. To download a paper copy, visit <http://nyc.gov/html/doh/html/hcp/hcp-urf.shtml>.

Chronic Hepatitis C

When interpreting New York City's chronic hepatitis C surveillance data, keep the following in mind:

- Health care providers and laboratories are required to report hepatitis C cases to the Health Department, including positive results for:
 - Recombinant Immunoblot Assay (RIBA), an accurate test for antibodies to hepatitis C virus.
 - Enzyme-linked Immunosorbent Assay (EIA) antibody test with a high signal-to-cutoff value.
 - Nucleic Acid Test (NAT) (e.g., polymerase chain reaction (PCR) test).
- Many chronic hepatitis C patients are asymptomatic. As a result, many people with chronic hepatitis C have not been diagnosed and are not reported. Therefore, the data may not represent the true level of chronic hepatitis C in New York City.
- In addition, some people included in the data may no longer have hepatitis C. They may have a positive antibody test but no longer have the virus. Based on published literature, less than 15% are in this category.
- The Health Department often receives more than one laboratory report for each person with chronic hepatitis C. Therefore, the Health Department uses automatic deduplication methods to identify repeat reports, based on name, date of birth and other information. Only the first report is counted in the data presented.
- The agency's deduplication methods may be imperfect. As a result, some people inadvertently may be counted more than once (e.g., if there is a discrepancy in the person's name or date of birth). This would result in overestimating the number of people with chronic hepatitis C.
- The rates presented are not prevalence rates. To estimate prevalence, the Health Department would need to know, of all those reported with chronic hepatitis C, how many are still alive and residing in New York City.
- The data include positive hepatitis C results reported to the Health Department for the first time in 2005. These patients were diagnosed with hepatitis C (or had a specimen collection) in 2005.
- There were 14,297 patients in NYC with a hepatitis C diagnosis (or specimen collection) in 2005. Twenty-four percent (24%) did not have address information. Those with unknown addresses most likely live in the city.
- The Health Department does not routinely investigate Hepatitis C reports because of the large volume. Therefore:
 - Data on race or ethnicity are not available.
 - It is difficult to determine when people with chronic hepatitis C were first infected. Most were probably infected a while ago.
 - Risk factor information is not available. Most were probably infected through intravenous drug use or a blood transfusion before 1992 (when an accurate blood test became available and blood donor screening started).

- The Health Department's educational booklet, Hepatitis C: The Facts, is sent to people newly reported with hepatitis C. The booklet was designed to help those infected learn more about hepatitis C so they can stay healthy and avoid passing the virus to other people. It is available at <http://www.nyc.gov/html/doh/downloads/pdf/cd/cd-hepc-bro.pdf>.

People Newly Reported with Chronic Hepatitis C in New York City, 2005

Group	Number	Percentage (%) within each group	Rate per 100,000 people
Total	14,297		178.5
Sex			
Male	8,705	60.9	229.4
Female	5,172	36.2	122.7
Unknown	420		
Age (in years)			
0–19	142	1.0	6.6
20–29	671	4.7	52.8
30–39	1,483	10.3	110.0
40–49	4,088	28.6	360.7
50–59	5,006	35.0	588.7
60 +	2,327	16.3	185.8
Unknown	580	4.1	
Borough of Residence*			
Manhattan	2,404	16.8	156.4
Bronx	2,918	20.4	219.0
Brooklyn	3,092	21.6	125.4
Queens	1,965	13.7	88.1
Staten Island	512	3.6	115.4
Unknown	3,406	23.8	

* Due to the large number of hepatitis C reports with missing address information, borough numbers and rates are underestimates.

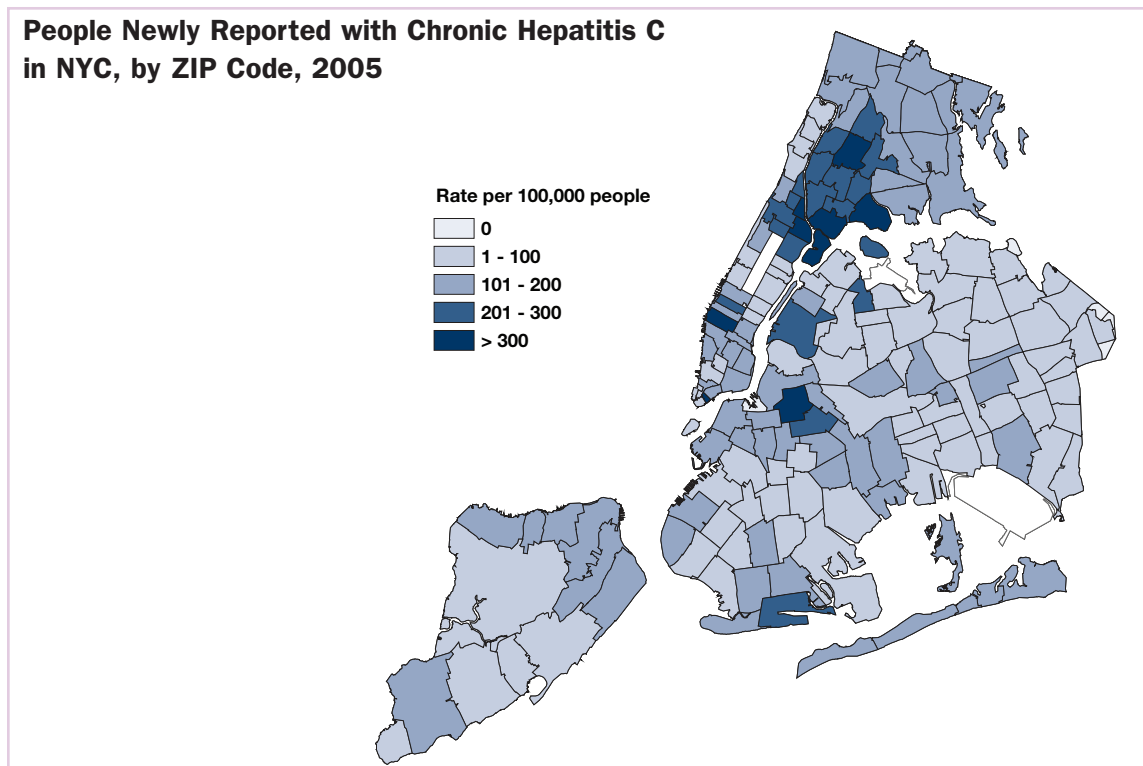
People Newly Reported with Chronic Hepatitis C in New York City, by United Hospital Fund (UHF) Neighborhood, 2005

Borough/UHF Neighborhood	Number	Rate per 100,000 people
Manhattan		
Washington Heights-Inwood	228	84.2
Central Harlem-Morningside Heights	388	256.8
East Harlem	443	409.8
Upper West Side	246	111.5
Upper East Side	170	78.5
Chelsea-Clinton	225	182.9
Gramercy Park-Murray Hill	158	126.9
Greenwich Village-SoHo	76	90.8
Union Square-Lower East Side	305	154.7
Lower Manhattan	36	123.0
Bronx		
Kingsbridge-Riverdale	97	109.0
Northeast Bronx	247	132.8
Fordham-Bronx Park	554	221.2
Pelham-Throgs Neck	502	173.1
Crotona-Tremont	516	258.6
High Bridge-Morrisania	456	240.3
Hunts Point-Mott Haven	358	291.4
Brooklyn		
Greenpoint	141	113.3
Williamsburg-Bushwick	468	240.9
Downtown-Heights-Slope	292	136.0
Bedford Stuyvesant-Crown Heights	409	128.9
East New York	201	115.7
Sunset Park	115	95.5
Borough Park	288	88.8
East Flatbush-Flatbush	214	67.6
Canarsie-Flatlands	125	63.2
Bensonhurst-Bay Ridge	180	92.5
Coney Island-Sheepshead Bay	426	148.5

People Newly Reported with Chronic Hepatitis C in New York City, by United Hospital Fund (UHF) Neighborhood, 2005 (continued)

Borough/UHF Neighborhood	Number	Rate per 100,000 people
Queens		
Long Island City-Astoria	206	93.2
West Queens	338	70.8
Flushing-Clearview	157	61.4
Bayside-Littleneck	40	45.4
Ridgewood-Forest Hills	245	101.7
Fresh Meadows	79	84.8
Southwest Queens	206	76.3
Jamaica	280	98.1
Southeast Queens	146	73.4
Rockaway	128	119.9
Staten Island		
Port Richmond	77	122.6
Stapleton-St. George	149	128.2
Willowbrook	67	79.0
South Beach-Tottenville	166	92.3
Unknown	4,149	

People Newly Reported with Chronic Hepatitis C in NYC, by ZIP Code, 2005



Appendix: United Hospital Fund (UHF) Neighborhoods

Borough/UHF Neighborhood	ZIP Codes
Manhattan	
Washington Heights-Inwood	10031, 10032, 10033, 10034, 10040
Central Harlem-Morningside Heights	10026, 10027, 10030, 10037, 10039
East Harlem	10029, 10035
Upper West Side	10023, 10024, 10025
Upper East Side	10021, 10028, 10044, 10128
Chelsea-Clinton	10001, 10011, 10018, 10019, 10020, 10036
Gramercy Park-Murray Hill	10010, 10016, 10017, 10022
Greenwich Village-SoHo	10012, 10013, 10014
Union Square-Lower East Side	10002, 10003, 10009
Lower Manhattan	10004, 10005, 10006, 10007, 10038, 10280
Bronx	
Kingsbridge-Riverdale	10463, 10471
Northeast Bronx	10466, 10469, 10470, 10475
Fordham-Bronx Park	10458, 10467, 10468
Pelham-Throgs Neck	10461, 10462, 10464, 10465, 10472, 10473
Crotona-Tremont	10453, 10457, 10460
High Bridge-Morrisania	10451, 10452, 10456
Hunts Point-Mott Haven	10454, 10455, 10459, 10474
Brooklyn	
Greenpoint	11211, 11222
Williamsburg-Bushwick	11206, 11221, 11237
Downtown, Heights, Slope	11201, 11205, 11215, 11217, 11231
Bedford Stuyvesant-Crown Heights	11212, 11213, 11216, 11233, 11238
East New York	11207, 11208
Sunset Park	11220, 11232
Borough Park	11204, 11218, 11219, 11230
East Flatbush-Flatbush	11203, 11210, 11225, 11226
Canarsie-Flatlands	11234, 11236, 11239
Bensonhurst-Bay Ridge	11209, 11214, 11228
Coney Island-Sheepshead Bay	11223, 11224, 11229, 11235

Appendix: United Hospital Fund (UHF) Neighborhoods (continued)

Borough/UHF Neighborhood

ZIP Codes

Queens

Long Island City-Astoria	11101, 11102, 11103, 11104, 11105, 11106
West Queens	11368, 11369, 11370, 11372, 11373, 11377, 11378
Flushing-Clearview	11354, 11355, 11356, 11357, 11358, 11359, 11360
Bayside-Littleneck	11361, 11362, 11363, 11364
Ridgewood-Forest Hills	11374, 11375, 11379, 11385
Fresh Meadows	11365, 11366, 11367
Southwest Queens	11414, 11415, 11416, 11417, 11418, 11419, 11420, 11421
Jamaica	11412, 11423, 11432, 11433, 11434, 11435, 11436
Southeast Queens	11004, 11005, 11411, 11413, 11422, 11426, 11427, 11428, 11429
Rockaway	11691, 11692, 11693, 11694, 11697

Staten Island

Port Richmond	10302, 10303, 10310
Stapleton-St. George	10301, 10304, 10305
Willowbrook	10314
South Beach-Tottenville	10306, 10307, 10308, 10309, 10312

UHF Neighborhoods





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