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**Publication schedule:** This report reflects events occurring through March 31, 2004, and reported by December 31, 2004. It reflects diagnoses made through 9 months prior to the publication date because the majority of cases have been reported by that time. Cases continue to be reported for many months later, hence the continuously changing numbers.

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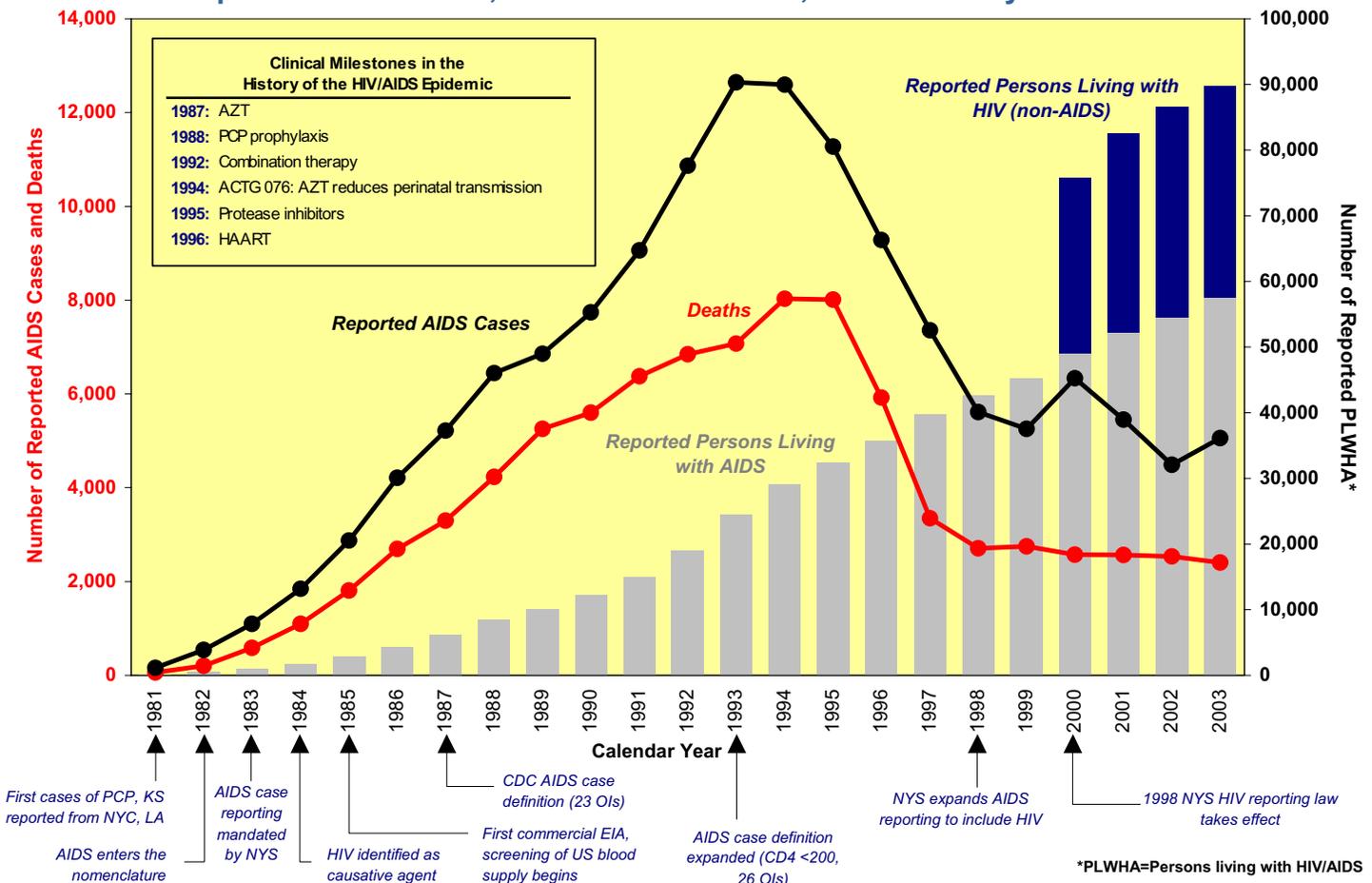
### HIV Epidemiology Program

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### HIV and AIDS in New York City: An Overview

- £ As of March 31, 2004, **90,298** New Yorkers had been diagnosed and were known to be living with HIV/AIDS. **32,201** persons were known to be living with HIV (non-AIDS), and **58,097** were known to be living with AIDS.
  - €# The true number of persons living with HIV/AIDS (PLWHA) in NYC is higher. It is estimated that **25%** of persons living with HIV have never been tested and thus do not know they are infected.
- £ In 2003, the most recent year for which data are complete:
  - €# **2.0%** of blacks, **1.3%** of Hispanics, and **0.7%** of whites had been diagnosed and were living with HIV/AIDS.
  - €# Blacks comprised **44.2%** of PLWHA; Hispanics, **31.9%**; whites, **21.5%**; and persons of other or unknown race/ethnicities, **2.4%**.
- £ **143,354** New Yorkers have been diagnosed with AIDS since 1981. As of December 31, 2003, **15.3%** of AIDS cases nationwide had been diagnosed in NYC.
  - €# NYC AIDS incidence peaked in 1993 at **12,646** cases.
  - €# **5,056** AIDS cases were diagnosed in 2003.
- £ In 2003, **4,205** New Yorkers were diagnosed with HIV. **1,050 (25.0%)** of them first learned they were HIV-positive at the time they had already progressed to AIDS.
- £ Since 1981, the cumulative number of known deaths among reported AIDS cases is **85,292 (59.5%** of all reported AIDS cases). This total represents deaths from all causes among persons with AIDS (data reported by Vital Statistics represent deaths *due to* HIV or AIDS). As of December 31, 2003, **16.4%** of the nation's AIDS deaths had occurred in NYC.
  - €# Mortality peaked in 1994 at **8,027** deaths.
  - €# In 2003, there were **2,408** deaths from all causes in persons with HIV/AIDS, and approximately **1,656** deaths due to HIV/AIDS. In 2003, HIV/AIDS was the leading cause of death in New Yorkers aged 35-44 and the seventh leading cause of death overall.

### Reported AIDS Cases, PLWHA\* and Deaths, New York City 1981 – 2003



## Reported HIV/AIDS diagnoses and deaths occurring January 1, 2004, through March 31, 2004, and reported persons living with HIV/AIDS as of March 31, 2004<sup>1</sup>, in NYC

	HIV diagnoses 1/1/2004–3/31/2004 <sup>1</sup>						AIDS diagnoses 1/1/2004–3/31/2004 <sup>3</sup>		PLWHA as of 3/31/2004		Deaths 1/1/2004–3/31/2004	
	Total		Without AIDS		Concurrent with AIDS diagnosis <sup>2</sup>		N	%	N	%	N	%
	N	%	N	%	N	%						
<b>Total</b>	<b>908</b>	<b>100.0</b>	<b>654</b>	<b>72.0</b>	<b>254</b>	<b>28.0</b>	<b>1,096</b>	<b>100.0</b>	<b>90,298</b>	<b>100.0</b>	<b>566</b>	<b>100.0</b>
<b>Sex</b>												
Male	605	66.6	437	66.8	168	66.1	760	69.3	62,588	69.3	391	69.1
Female	303	33.4	217	33.2	86	33.9	336	30.7	27,520	30.5	175	30.9
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	190	0.2	0	0.0
<b>Race/Ethnicity</b>												
Black	474	52.2	328	50.2	146	57.5	535	48.8	39,976	44.3	291	51.4
Hispanic	257	28.3	182	27.8	75	29.5	356	32.5	28,725	31.8	194	34.3
White	152	16.7	123	18.8	29	11.4	184	16.8	19,385	21.5	76	13.4
Asian/Pacific Islander	17	1.9	13	2.0	*	*	11	1.0	962	1.1	*	*
Native American	*	*	*	*	0	0.0	*	*	64	0.1	*	*
Other/unknown	7	0.8	7	1.1	0	0.0	9	0.8	1,186	1.3	*	*
<b>Age group (years)<sup>4</sup></b>												
0-12	*	*	*	*	*	*	*	*	1,250	1.4	*	*
13-19	27	3.0	24	3.7	*	*	8	0.7	1,327	1.5	*	*
20-29	160	17.6	137	20.9	23	9.1	88	8.0	5,080	5.6	*	*
30-39	295	32.5	228	34.9	67	26.4	342	31.2	22,035	24.4	88	15.5
40-49	272	30.0	171	26.1	101	39.8	422	38.5	35,800	39.6	227	40.1
50-59	109	12.0	72	11.0	37	14.6	180	16.4	18,903	20.9	182	32.2
60+	40	4.4	19	2.9	21	8.3	54	4.9	5,903	6.5	60	10.6
<b>Borough of residence</b>												
Manhattan	249	27.4	197	30.1	52	20.5	306	27.9	28,269	31.3	159	28.1
Brooklyn	236	26.0	162	24.8	74	29.1	277	25.3	22,311	24.7	171	30.2
Bronx	236	26.0	161	24.6	75	29.5	290	26.5	19,873	22.0	151	26.7
Queens	132	14.5	90	13.8	42	16.5	154	14.1	12,143	13.4	52	9.2
Staten Island	15	1.7	10	1.5	*	*	24	2.2	1,643	1.8	12	2.1
Unknown/outside NYC	40	4.4	34	5.2	6	2.4	45	4.1	6,059	6.7	21	3.7
<b>Transmission risk</b>												
Men who have sex with men	277	30.5	228	34.9	49	19.3	268	24.5	24,392	27.0	63	11.1
Injection drug use history	88	9.7	63	9.6	25	9.8	204	18.6	21,666	24.0	254	44.9
Heterosexual <sup>5</sup>	201	22.1	137	20.9	64	25.2	204	18.6	16,399	18.2	89	15.7
Perinatal	*	*	*	*	*	*	*	*	2,424	2.7	*	*
Other	9	1.0	*	*	*	*	7	0.6	533	0.6	*	*
Unknown/under investigation <sup>6</sup>	328	36.1	218	33.3	110	43.3	410	37.4	24,884	27.6	151	26.7
<b>Clinical status as of 03/31/2004<sup>7</sup></b>												
HIV (non-AIDS)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	32,201	35.7	67	11.8
AIDS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	58,097	64.3	499	88.2

PLWHA=Persons living with HIV/AIDS. Cells representing 1-5 person(s) are marked with an asterisk (\*).

<sup>1</sup> For events occurring January through March 2004 and reported by December 31, 2004. Surveillance relies on laboratories and providers to report cases (see box below). Case reporting is 85% complete within 9 months.

<sup>2</sup> HIV diagnosed concurrently with AIDS (within 31 days of HIV diagnosis).

<sup>3</sup> AIDS was diagnosed in 2004 and includes concurrent HIV/AIDS diagnosis.

<sup>4</sup> For HIV and AIDS diagnoses, age at diagnosis; for PLWHA, age as of March 31, 2004; and for deaths, age at death.

<sup>5</sup> Includes persons with CDC-defined heterosexual risk in addition to persons with probable heterosexual transmission defined as persons with a history of: a) sexual intercourse with an HIV+ person of the opposite sex, an injection drug user, a bisexual male, or a person with hemophilial/coagulation disorder, b) heterosexual prostitution (sex work or exchange of sex for drugs), c) sexual contact with a prostitute of the opposite sex, d) multiple sex partners of the opposite sex, e) sexually transmitted disease, f) crack/cocaine use, or g) immigration from a country where heterosexual transmission of HIV predominates.

<sup>6</sup> Includes individuals with no risk information reported by the provider and for whom an expanded investigation has not been completed.

<sup>7</sup> Clinical status is determined as of March 31, 2004 for PLWHA and at date of death for deaths.

### Which HIV-related events are reportable in New York State, and who is required to report?

In 1998, New York State expanded AIDS case reporting to include HIV (Chapter 163 of the Laws of 1998, PHL Article 21). The law took effect on **June 1, 2000**. All diagnostic and clinical providers (doctors, nurses, physician assistants, and all others diagnosing HIV or providing care to HIV+ persons) and laboratories are required by law to report the following events:

#### Events reportable by providers on the required New York State Provider Report Form (PRF)

- # Diagnoses of HIV infection
- # Diagnoses of HIV illness in a previously unreported individual (i.e., HIV illness not meeting the AIDS case definition, report of <500 CD4 cells/μL, or detectable viral load)
- # Diagnoses of AIDS-defining conditions

#### Events reportable by laboratories

- # All positive Western blot test results
- # All detectable viral load test results
- # All CD4 test results <500 cells/μL

**For assistance in reporting a case of HIV/AIDS, to receive Provider Report Forms, or to obtain more information, please call (212) 442-3388**



**TALK TO US  
CNAP  
(212) 693-1419**

New York State law also requires that PRFs contain names of sexual or needle-sharing partners of the infected person known to medical providers or those whom the infected person wishes to have notified of their possible exposures. Providers can utilize and/or refer HIV+ persons to the NYC DOHMH Contact Notification Assistance Program (CNAP) at (212) 693-1419 for assistance in carrying out partner notification. **For more information about the New York State HIV reporting and partner notification law and CNAP, visit: [www.health.state.ny.us/nysdoh/hiv/aids/hivpartner/intro.htm](http://www.health.state.ny.us/nysdoh/hiv/aids/hivpartner/intro.htm)**

## Reported HIV/AIDS diagnoses and deaths occurring January 1, 2003, through December 31, 2003, and reported persons living with HIV/AIDS as of December 31, 2003<sup>1</sup>, in NYC

	HIV diagnoses 1/1/2003–12/31/2003 <sup>1</sup>						AIDS diagnoses 1/1/2003–12/31/2003 <sup>3</sup>		PLWHA as of 12/31/2003		Deaths 1/1/2003–12/31/2003	
	Total		Without AIDS		Concurrent with AIDS diagnosis <sup>2</sup>		N	%	N	%	N	%
	N	%	N	%	N	%						
<b>Total</b>	<b>4,205</b>	<b>100.0</b>	<b>3,155</b>	<b>75.0</b>	<b>1,050</b>	<b>25.0</b>	<b>5,056</b>	<b>100.0</b>	<b>89,726</b>	<b>100.0</b>	<b>2,408</b>	<b>100.0</b>
<b>Sex</b>												
Male	2,851	67.8	2,126	67.4	725	69.0	3,428	67.8	62,197	69.3	1,659	68.9
Female	1,354	32.2	1,029	32.6	325	31.0	1,628	32.2	27,339	30.5	749	31.1
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	190	0.2	0	0.0
<b>Race/Ethnicity</b>												
Black	2,184	51.9	1,593	50.5	591	56.3	2,516	49.8	39,699	44.2	1,228	51.0
Hispanic	1,274	30.3	949	30.1	325	31.0	1,554	30.7	28,592	31.9	810	33.6
White	647	15.4	537	17.0	110	10.5	867	17.1	19,252	21.5	352	14.6
Asian/Pacific Islander	74	1.8	53	1.7	21	2.0	67	1.3	941	1.0	8	0.3
Native American	8	0.2	6	0.2	*	*	7	0.1	63	0.1	*	*
Other/unknown	18	0.4	17	0.5	*	*	45	0.9	1,179	1.3	9	0.4
<b>Age group (years)<sup>4</sup></b>												
0-12	24	0.6	20	0.6	*	*	*	*	1,312	1.5	9	0.4
13-19	118	2.8	107	3.4	11	1.0	37	0.7	1,289	1.4	6	0.2
20-29	799	19.0	691	21.9	108	10.3	444	8.8	5,086	5.7	65	2.7
30-39	1,405	33.4	1,080	34.2	325	31.0	1,640	32.4	22,415	25.0	401	16.7
40-49	1,201	28.6	855	27.1	346	33.0	1,857	36.7	35,503	39.6	988	41.0
50-59	495	11.8	316	10.0	179	17.0	798	15.8	18,431	20.5	674	28.0
60+	163	3.9	86	2.7	77	7.3	275	5.4	5,690	6.3	265	11.0
<b>Borough of residence</b>												
Manhattan	1,172	27.9	912	28.9	260	24.8	1,547	30.6	28,109	31.3	647	26.9
Brooklyn	1,133	26.9	788	25.0	345	32.9	1,342	26.5	22,193	24.7	724	30.1
Bronx	1,038	24.7	799	25.3	239	22.8	1,224	24.2	19,734	22.0	620	25.7
Queens	608	14.5	441	14.0	167	15.9	651	12.9	12,031	13.4	276	11.5
Staten Island	73	1.7	58	1.8	15	1.4	81	1.6	1,636	1.8	47	2.0
Unknown/outside NYC	181	4.3	157	5.0	24	2.3	211	4.2	6,023	6.7	94	3.9
<b>Transmission risk</b>												
Men who have sex with men	1,214	28.9	996	31.6	218	20.8	1,182	23.4	24,111	26.9	318	13.2
Injection drug use history	384	9.1	296	9.4	88	8.4	788	15.6	21,809	24.3	1,010	41.9
Heterosexual <sup>5</sup>	700	16.6	489	15.5	211	20.1	886	17.5	16,260	18.1	372	15.4
Perinatal	24	0.6	20	0.6	*	*	8	0.2	2,424	2.7	19	0.8
Other	19	0.5	9	0.3	10	1.0	26	0.5	528	0.6	17	0.7
Unknown/under investigation <sup>6</sup>	1,864	44.3	1,345	42.6	519	49.4	2,166	42.8	24,594	27.4	672	27.9
<b>Clinical status as of 12/31/2003<sup>7</sup></b>												
HIV (non-AIDS)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	32,225	35.9	301	12.5
AIDS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	57,501	64.1	2,107	87.5

PLWHA= Persons living with HIV/AIDS. Cells representing 1-5 person(s) are marked with an asterisk (\*).

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<sup>6</sup> Includes individuals with no risk information reported by the provider and for whom an expanded investigation has not been completed.

<sup>7</sup> Clinical status is determined as of December 31, 2003 for PLWHA and at date of death for deaths.

### The recommendations of "Take Care New York" for a healthier New York apply equally to persons with AIDS (PWA)



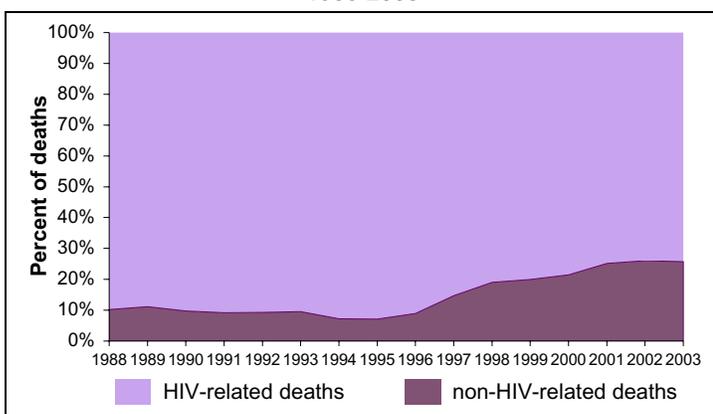
1. **Have a Regular Doctor or Other Health Care Provider.** Get regular medical care to help stay healthy. Keep all your medical appointments.
2. **Be Tobacco Free.** Quit smoking and avoid second-hand smoke to prolong your life and protect those around you.
3. **Keep Your Heart Healthy.** Keep your blood pressure, cholesterol, and weight at healthy levels to prevent heart disease, stroke, diabetes, and other diseases.
4. **Know Your HIV Status.** Reduce risky behaviors and use condoms to protect yourself and others.
5. **Get Help for Depression.** Depression can be treated. Talk to your doctor or a mental health professional.
6. **Live Free of Dependence on Alcohol and Drugs.** Get help to stop alcohol and drug abuse. Recovery is possible.
7. **Get Checked for Cancer.** Colonoscopy, mammograms, and Pap smears save lives.
8. **Get the Immunizations You Need.** Everyone needs to be vaccinated, regardless of age.
9. **Make Your Home Safe and Healthy.** Have a home that is free from violence and free of environmental hazards.
10. **Have a Healthy Baby.** Planning pregnancy helps ensure a healthy mother and a healthy baby.

## Mortality in Persons with AIDS

### Non-HIV-Related Causes of Death are Growing in Importance

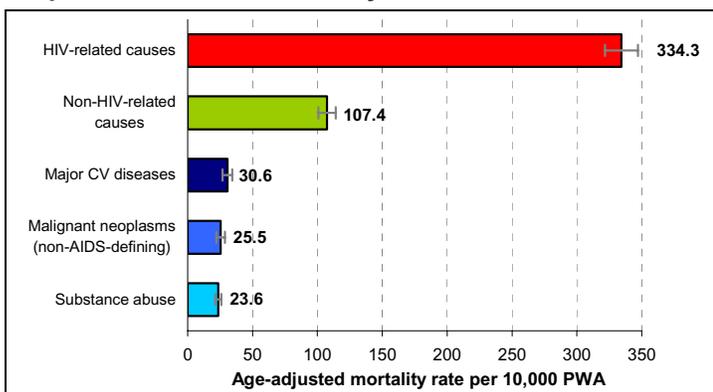
In the 20+ years since the first cases were diagnosed, AIDS has been transformed from an illness that was nearly always fatal to a chronic disease that is manageable for many people. Modest improvements in survival for persons with AIDS (PWA) were first achieved in the early 1990's through prophylaxis for opportunistic illnesses. More dramatic improvements are linked to the widespread use of protease inhibitors and highly active antiretroviral therapy. Between 1995 and 1998, the mortality rate in PWA in NYC declined 69%, from 2,012 per 10,000 PWA to 630 per 10,000 PWA. Although overall mortality has continued to decline, between 1995-2003 mortality from HIV-related causes such as opportunistic illnesses declined more (87%) than mortality from non-HIV-related causes such as cancer (53%).

**HIV-related and non-HIV-related deaths in PWA, NYC, 1988-2003**



Although HIV-related causes of death are still the primary cause of premature mortality in PWA, as people live longer with AIDS an increasing percentage of all deaths is due to non-HIV-related causes. The percentage of non-HIV-related causes increased from 7% in 1995 to 26% in 2003.

**Specific causes of mortality in PWA, NYC, 1999-2003**



#### Cardiovascular disease, cancer and substance abuse account for 74% of non-HIV-related deaths among PWA

Among **cardiovascular deaths**, the major causes are chronic ischemic heart disease, hypertension, and cerebrovascular disease. Among **cancer deaths**, lung cancer is the leading cause in both men and women, followed by breast cancer in women and liver cancer in men. Among **substance abuse deaths**, the most prevalent causes are drug abuse and dependence, alcohol abuse and dependence, and hepatitis C.

#### Non-HIV-related deaths are a cause for concern for PWA and their health-care providers

The population of PWA is getting older, and therefore is at increased risk of death from the diseases that kill other New Yorkers, such as cancer and heart disease. Between 1993 and 2003, the number of PWA age 50 and over increased almost six-fold, from 2,904 to 16,900.

PWA have high rates of smoking and substance abuse, both of which are associated with elevated death rates. More than 50% of HIV-infected persons and more than 75% of substance users are current smokers, compared with 22% of adults citywide. Among HIV+ injection drug users (IDUs), rates of recent drug use (injection and non-injection) are as high as 84%, and polysubstance abuse is common.

#### Who is at greatest risk of dying from non-HIV-related causes?

PWA with a history of IDU have a significantly higher mortality rate from non-HIV-related causes than other risk groups [2.7 times higher than men who have sex with men (MSM), 1.8 times higher than heterosexuals].

Among IDUs, mortality is highest for substance-abuse-related causes (59 per 10,000 PWA versus 8 in MSM and 11 in heterosexuals).

After controlling for transmission risk, the difference in mortality rates among blacks, hispanics, and whites is not statistically significant.

Mortality from non-HIV-related causes is five times higher for PWA age 50 and over than for 25 to 34-year-olds.

#### A New Paradigm for Health Care for PWA

##### Recommendations of the HIV Medicine Association

In 2004, the HIV Medicine Association issued new primary care guidelines for the management of HIV-infected persons. The new guidelines acknowledge the increasing importance of non-HIV-related deaths and shift the health-care paradigm for PWA from *specialized* care to prevent HIV-associated morbidity to a *primary* care model that manages all aspects of health. The new guideline can be viewed at:

<http://www.aidsctc.org/pdf/p02-et/et-02-01.pdf>

**The recommendations of "Take Care New York" for a healthier New York apply equally to PWA. See page 3 or check the link below for details.**



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