

HIV AMONG PEOPLE BORN OUTSIDE OF THE US IN NEW YORK CITY, 2018



HIV Epidemiology Program

New York City Department of Health and Mental Hygiene



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TABLE OF CONTENTS

SLIDE NUMBER:

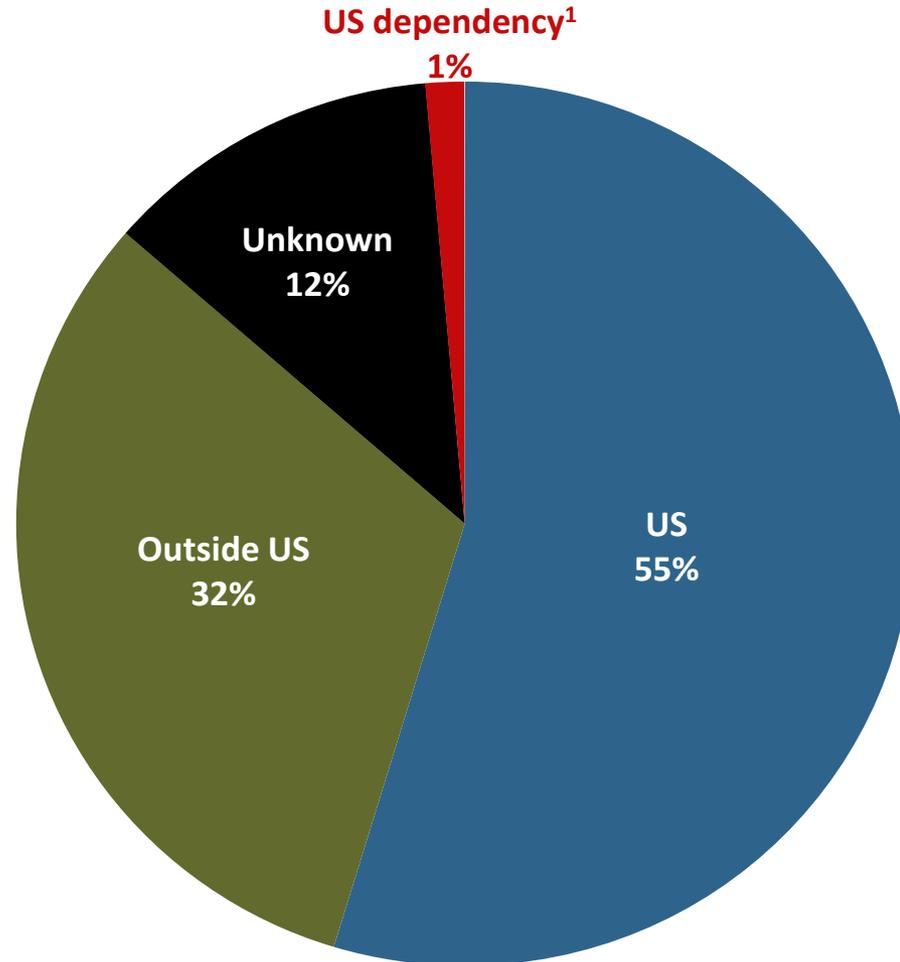
3. PEOPLE BORN OUTSIDE OF THE US IN NYC: BASIC STATISTICS
4. NEW HIV DIAGNOSES BY AREA OF BIRTH, NYC 2018
5. COMPARING NEW YORKERS WITH NEW HIV DIAGNOSES BY AREA OF BIRTH, 2018
6. NUMBER OF NEW HIV DIAGNOSES BY AREA OF BIRTH, NYC 2014-2018
7. PERCENTAGE OF NEW HIV DIAGNOSES AMONG PEOPLE BORN OUTSIDE THE US BY REGION OF BIRTH, NYC 2018
8. MOST FREQUENTLY REPORTED COUNTRIES OF BIRTH AMONG PEOPLE BORN OUTSIDE OF THE US AND NEWLY DIAGNOSED WITH HIV, NYC 2018
9. RATES OF NEW HIV DIAGNOSES AMONG PEOPLE BORN OUTSIDE OF THE US BY REGION OF BIRTH, NYC 2014-2018
10. NEW HIV DIAGNOSES AMONG PEOPLE BORN IN THE CARIBBEAN BY UHF NEIGHBORHOOD, NYC 2018
11. NEW HIV DIAGNOSES AMONG PEOPLE BORN IN MEXICO AND CENTRAL AND SOUTH AMERICA BY UHF NEIGHBORHOOD, NYC 2018
12. NEW HIV DIAGNOSES BY GENDER AND AREA OF BIRTH, NYC 2018
13. NEW HIV DIAGNOSES AMONG MEN BY AREA OF BIRTH AND TRANSMISSION RISK, NYC 2018
14. NEW HIV DIAGNOSES AMONG WOMEN BY AREA OF BIRTH AND TRANSMISSION RISK, NYC 2018
15. CONCURRENT DIAGNOSIS OF HIV/AIDS BY REGION OF BIRTH, NYC 2018
16. PROPORTION OF PLWH PEOPLE BORN OUTSIDE OF THE US ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM IN NYC, 2018
17. AGE-ADJUSTED DEATH RATES AMONG PEOPLE WITH HIV BY REGION OF BIRTH, NYC 2018
18. CAUSE OF DEATH AMONG PEOPLE BORN OUTSIDE THE US, NYC 2017
19. HOW TO FIND OUR DATA
20. APPENDIX 1: DEFINITIONS AND STATISTICAL NOTES
21. APPENDIX 1, CONTINUED: DEFINITIONS AND STATISTICAL NOTES
22. APPENDIX 2: TECHNICAL NOTES: NYC CONTINUUM OF CARE

PEOPLE BORN OUTSIDE OF THE US IN NYC

BASIC STATISTICS

- People born outside of the US refers to people known to have been born outside of the US and US dependencies¹
- **37% of NYC population are people born outside of the US**
 - 3.2 million of 8.6 million residents were born outside the US in 2017
- **People born outside of the US in NYC and US (overall)**
 - National proportion of people born outside of the US is generally lower than NYC; in 2017, 14% of the US population was born outside of the US
- **People born outside of the US who live in NYC come from many countries**
 - Most-represented regions are Caribbean, Asia, Mexico, Central America, South America, and Europe

NEW HIV DIAGNOSES BY AREA OF BIRTH, NYC 2018



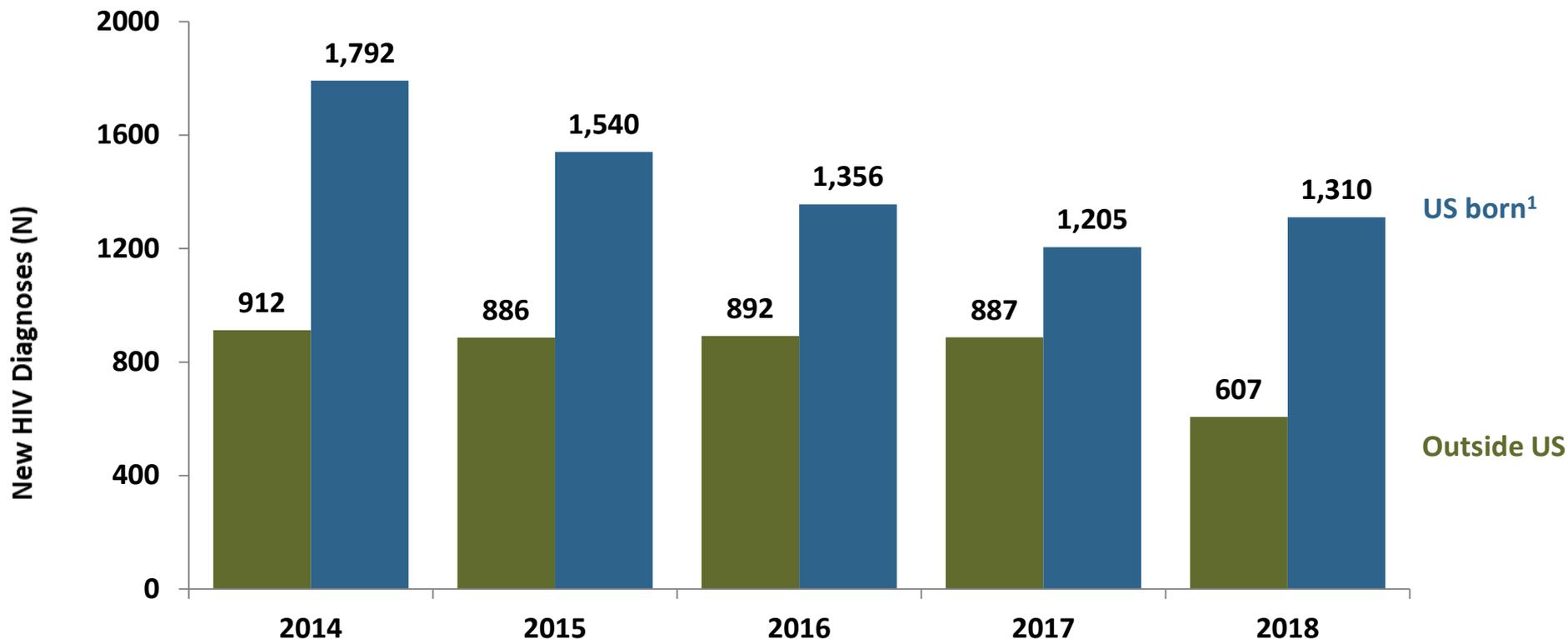
In 2018, 1,917 people were newly diagnosed with HIV in NYC. Of these, 607 (32%) were born outside of the US.

COMPARING NEW YORKERS WITH NEW HIV DIAGNOSES BY AREA OF BIRTH, 2018

All New Yorkers	37% were born outside of the US¹
New Yorkers newly diagnosed with HIV	32% were born outside of the US

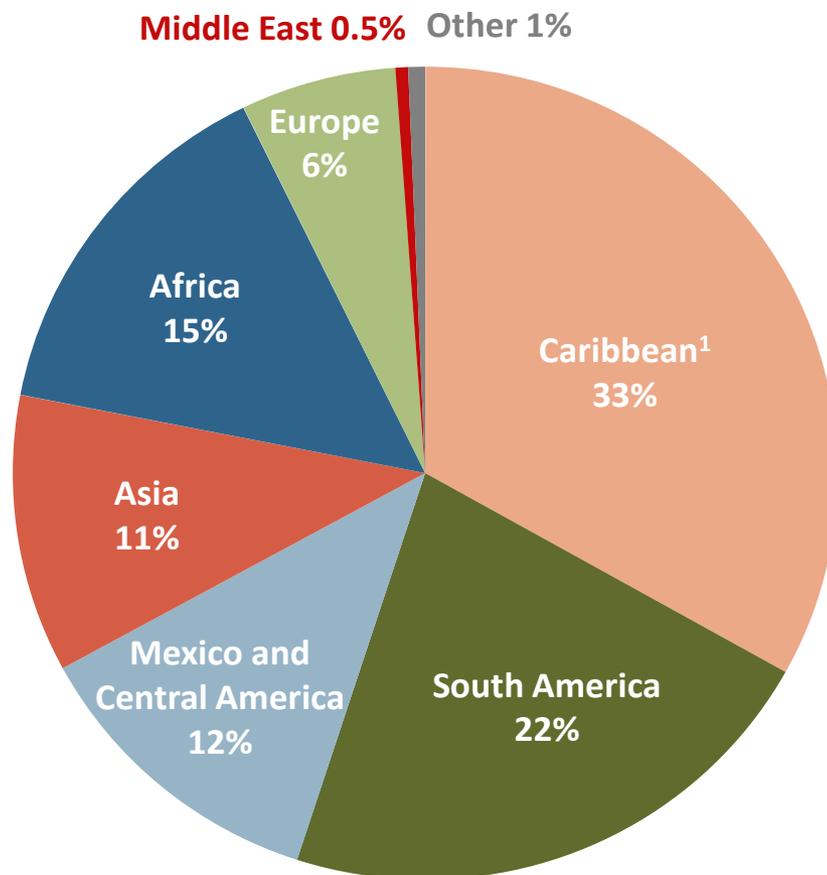
In 2018, people born outside of the US represented 37% of all New Yorkers, and they represented 32% of New Yorkers newly diagnosed with HIV.

NUMBER OF NEW HIV DIAGNOSES BY AREA OF BIRTH, NYC 2014-2018



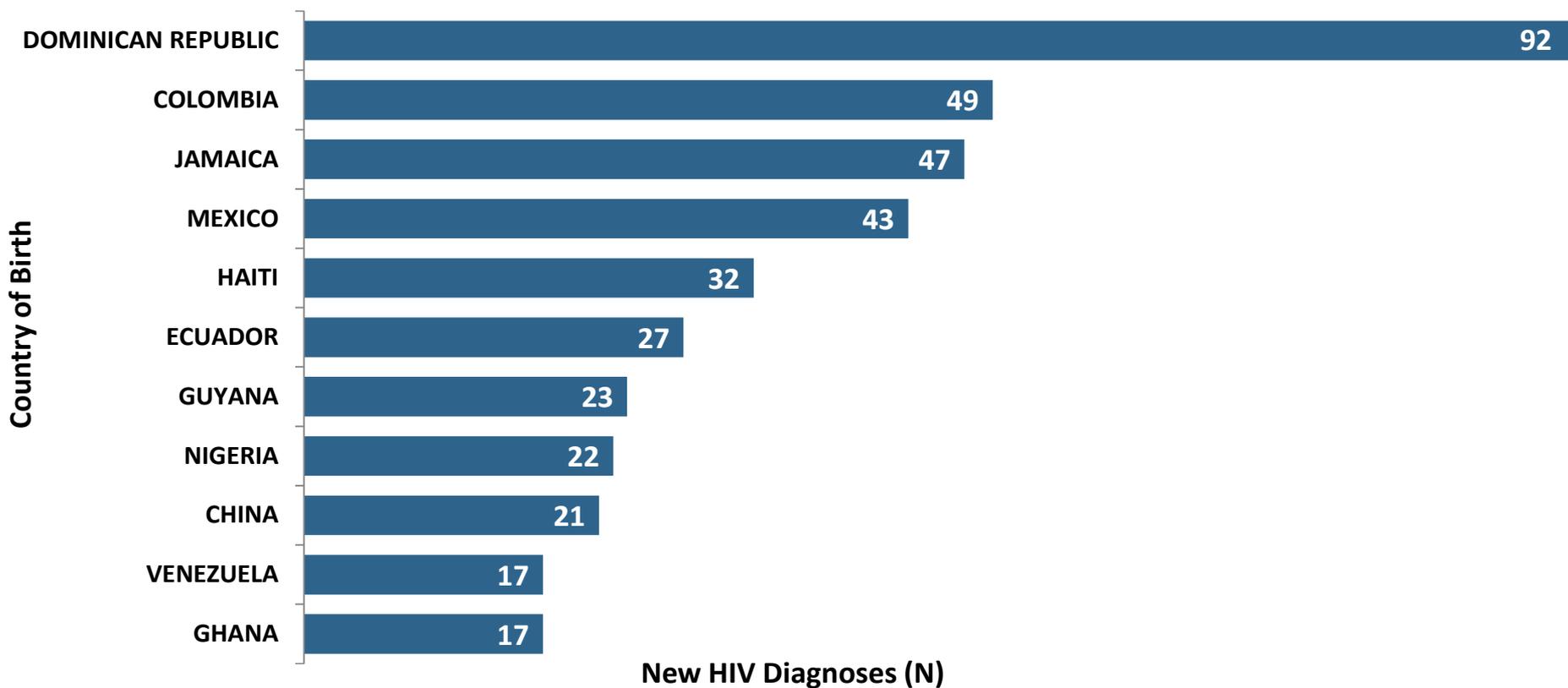
Between 2014 and 2017, new HIV diagnoses declined among both New Yorkers born in the US¹ and outside the US. However, in 2018, although new HIV diagnoses continued to decline among New Yorkers born outside of the US, new HIV diagnoses increased among those born in the US.

PERCENTAGE OF NEW HIV DIAGNOSES AMONG PEOPLE BORN OUTSIDE THE US BY REGION OF BIRTH, NYC 2018



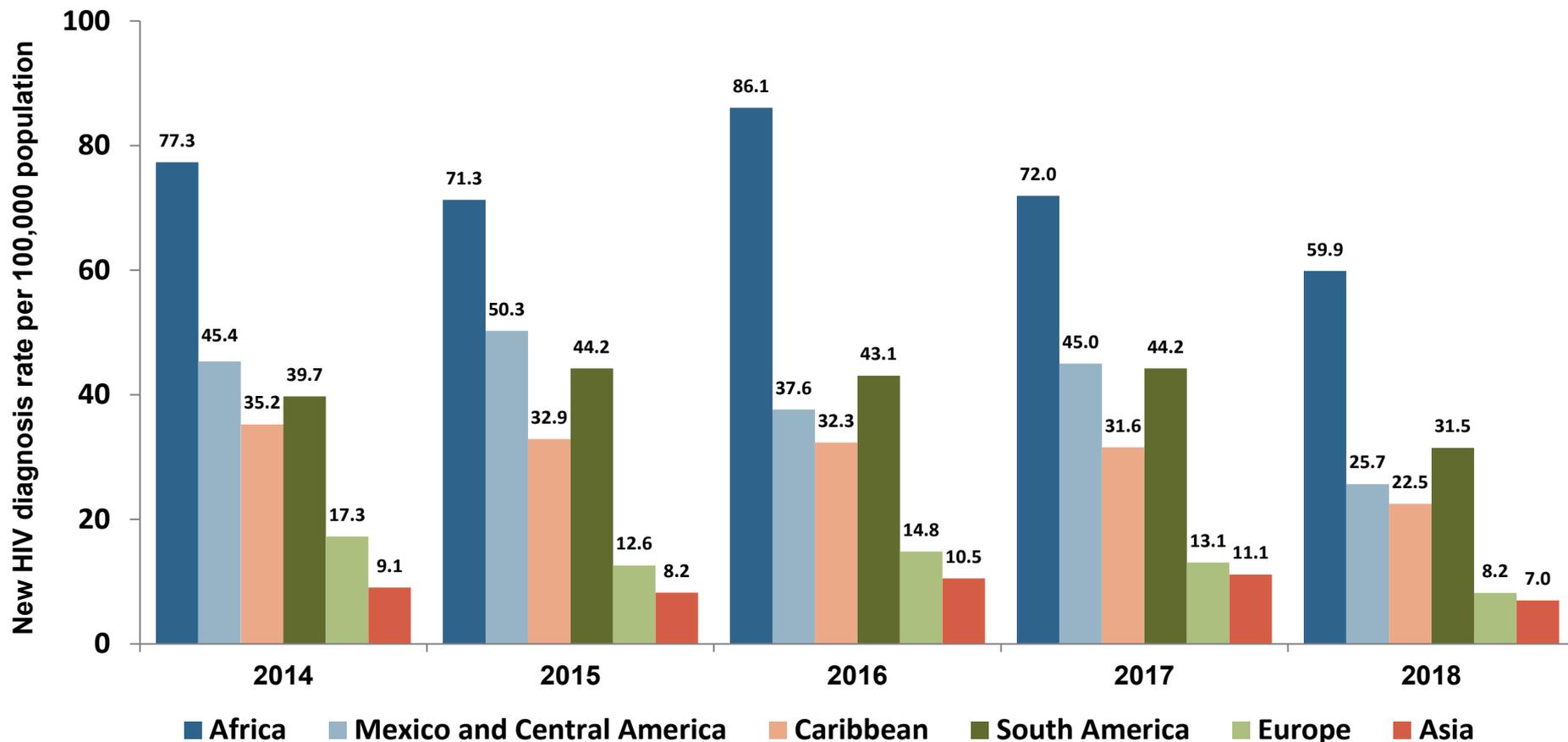
New Yorkers born outside the US and newly diagnosed with HIV in 2018 were born in many different regions. One-third were born in the Caribbean.

MOST FREQUENTLY REPORTED COUNTRIES OF BIRTH AMONG PEOPLE BORN OUTSIDE OF THE US AND NEWLY DIAGNOSED WITH HIV, NYC 2018



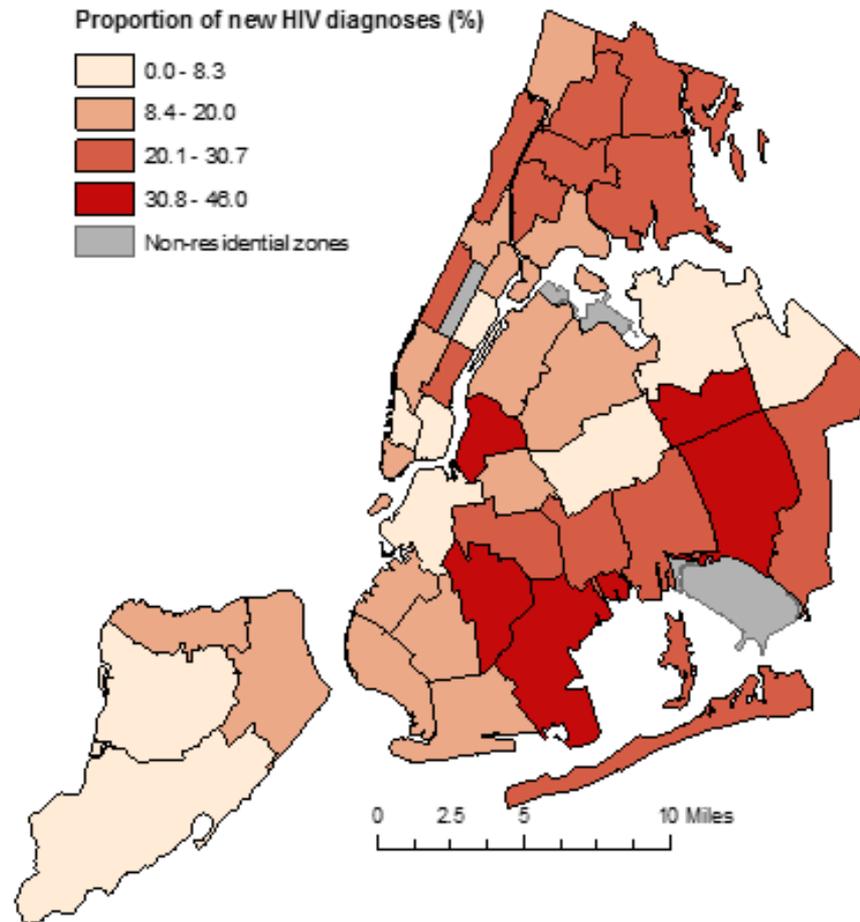
Among New Yorkers born outside of the US and newly diagnosed with HIV in 2018, the three most frequently reported countries of birth were the Dominican Republic, Colombia, and Jamaica.

RATES OF NEW HIV DIAGNOSES AMONG PEOPLE BORN OUTSIDE OF THE US BY REGION OF BIRTH, NYC 2014-2018



Between 2014 and 2018, new HIV diagnosis rates declined among people born in all regions outside of the US except for those born in South America.

NEW HIV DIAGNOSES AMONG PEOPLE BORN IN THE CARIBBEAN BY UHF NEIGHBORHOOD, NYC 2018

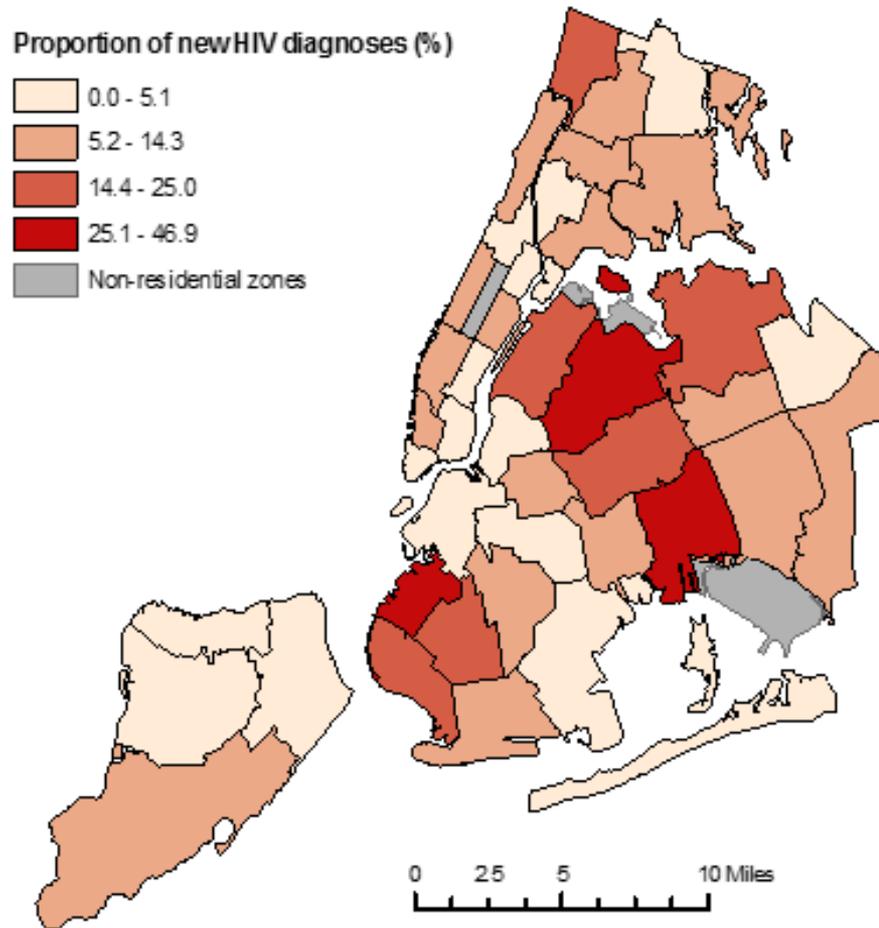


The Brooklyn UHF neighborhood of Bedford Stuyvesant-Canarsie-Flatlands had the highest percent of its new HIV diagnoses (46%) born in the Caribbean.

There were 435 new HIV diagnoses among people born in the Caribbean; due to missing address and people living outside NYC, data for 397 people are displayed on map. Riker's Island is classified with the UHF neighborhood of West Queens.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

NEW HIV DIAGNOSES AMONG PEOPLE BORN IN MEXICO, CENTRAL AMERICA, AND SOUTH AMERICA BY UHF, NYC 2018



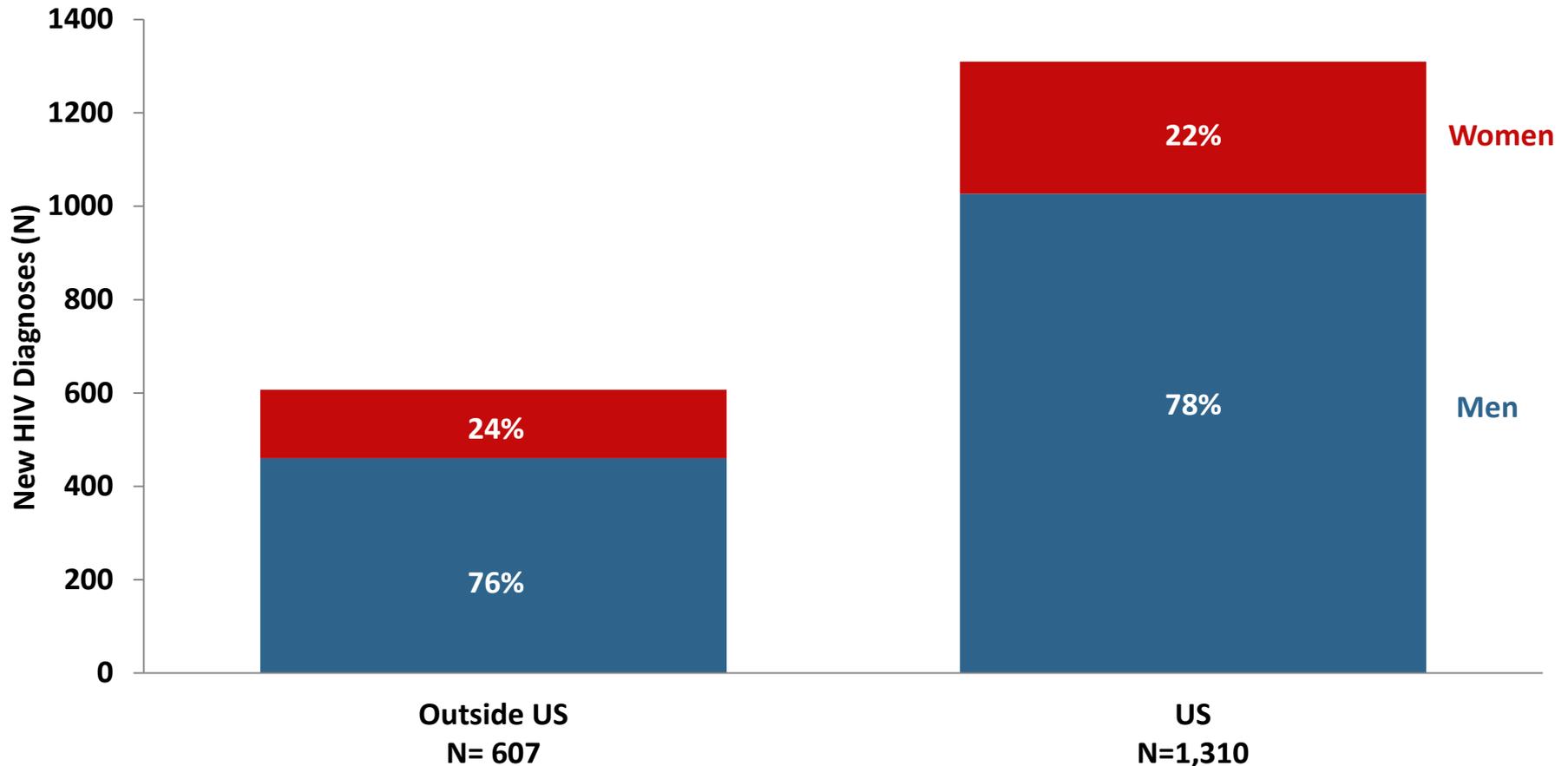
The Queens UHF neighborhood of West Queens¹ had the highest percent (47%) of its new HIV diagnoses born in Mexico, Central America, or South America.

¹Rikers Island is classified with the UHF neighborhood of West Queens.

There were 206 new HIV diagnoses among people born in Mexico, Central America, and South America; due to missing address and people living outside NYC, data for 194 people are displayed on map.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

NEW HIV DIAGNOSES BY GENDER AND AREA OF BIRTH, NYC 2018



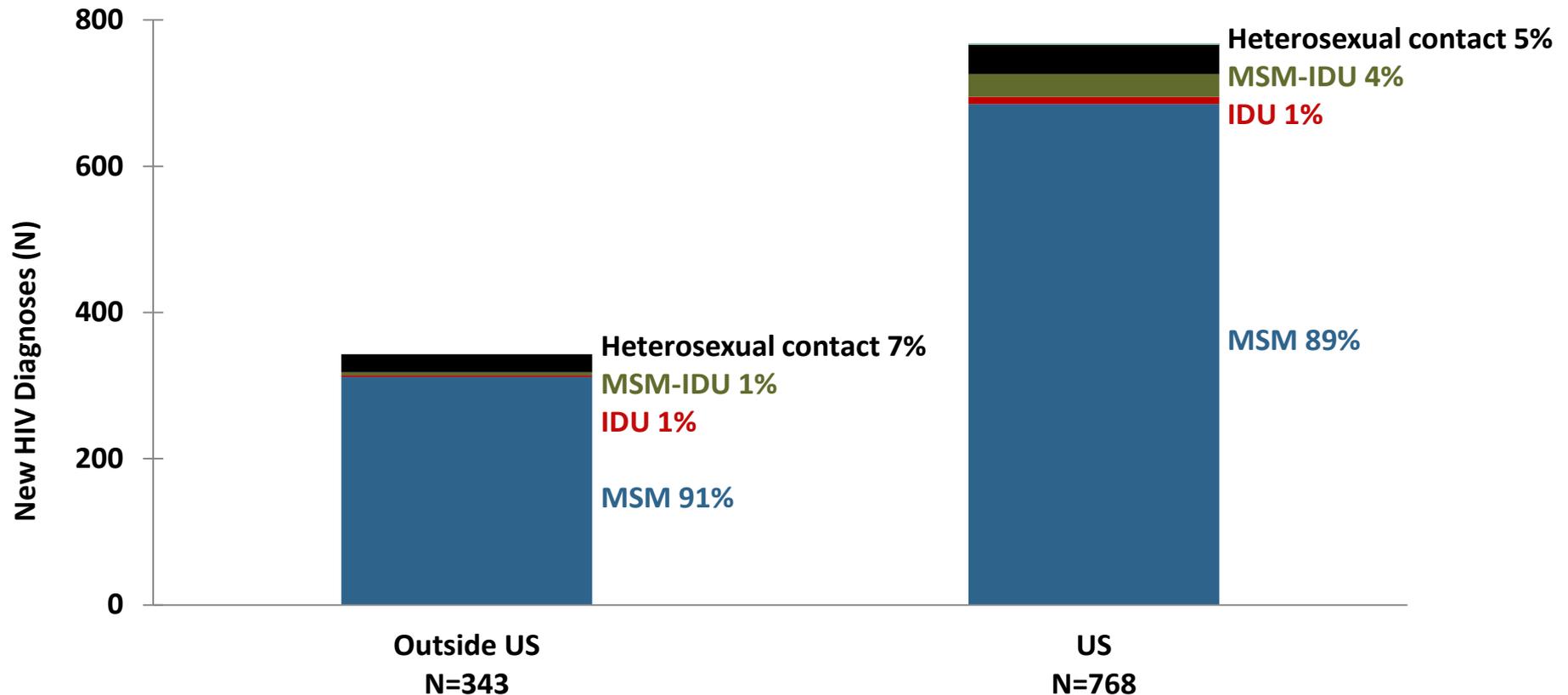
In 2018, men comprised a smaller proportion of people born outside of the US diagnosed with HIV compared with people born in the US¹ diagnosed with HIV.

¹People newly diagnosed with an unknown country of birth are included in the people born in the US category.

Women includes transgender women and men includes transgender men.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

NEW HIV DIAGNOSES AMONG MEN BY AREA OF BIRTH AND TRANSMISSION RISK, NYC 2018



Among men with new HIV diagnoses with a known transmission risk, the proportion of men with MSM transmission risk was similar in men born outside the US and in the US¹.

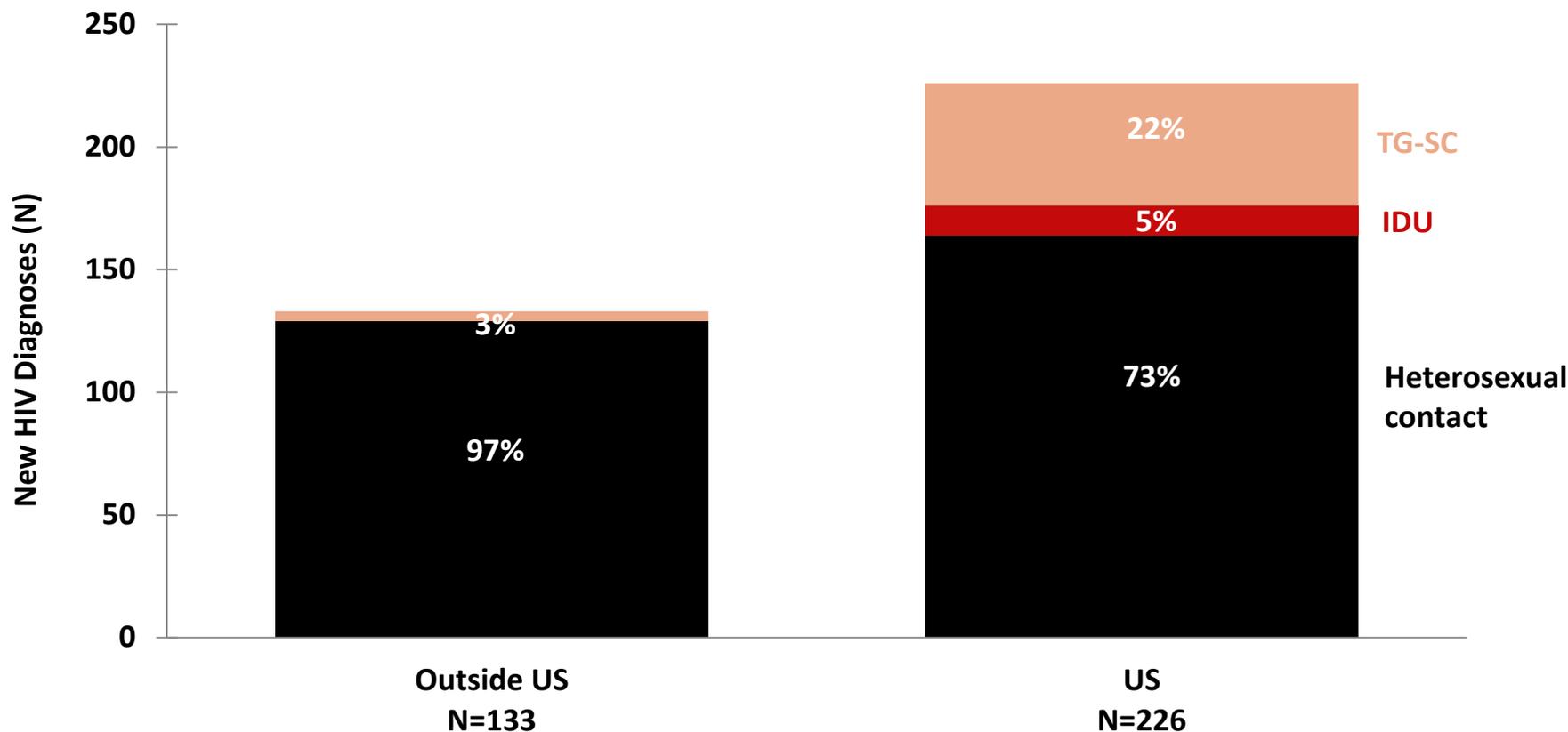
¹People newly diagnosed with an unknown country of birth are included in the people born in the US category.

Unknown transmission risk not shown and not included in total Ns. In 2018, there were 117 men born outside the US and 259 men born in the US that were newly diagnosed with HIV who had unknown transmission risk.

Men includes transgender men. IDU=history of injection drug use; TG-SC=Transgender people with sexual contact.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

NEW HIV DIAGNOSES AMONG WOMEN BY AREA OF BIRTH AND TRANSMISSION RISK, NYC 2018



In 2018, 97% of women born outside of the US and newly diagnosed with HIV with a known transmission risk had heterosexual contact risk, compared with 73% of women born in the US¹ and newly diagnosed with HIV in NYC.

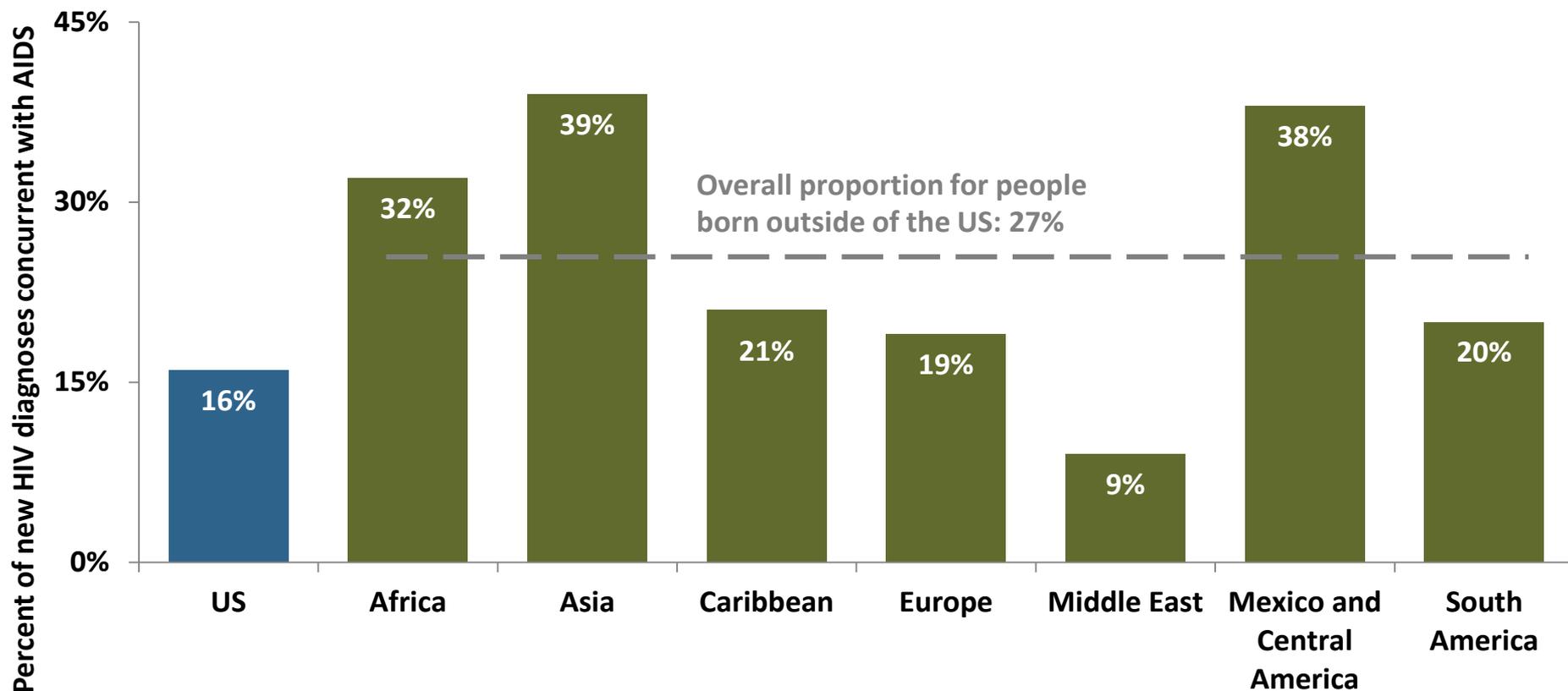
¹People newly diagnosed with an unknown country of birth are included in people born in the US category.

Unknown transmission risk not shown and not included in total Ns. In 2018, there were 14 women born outside of the US and 57 women born in the US who were newly diagnosed with HIV who had unknown transmission risk.

Women includes transgender women. IDU=history of injection drug use; TG-SC=Transgender people with sexual contact.

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CONCURRENT DIAGNOSIS¹ OF HIV/AIDS BY REGION OF BIRTH, NYC 2018



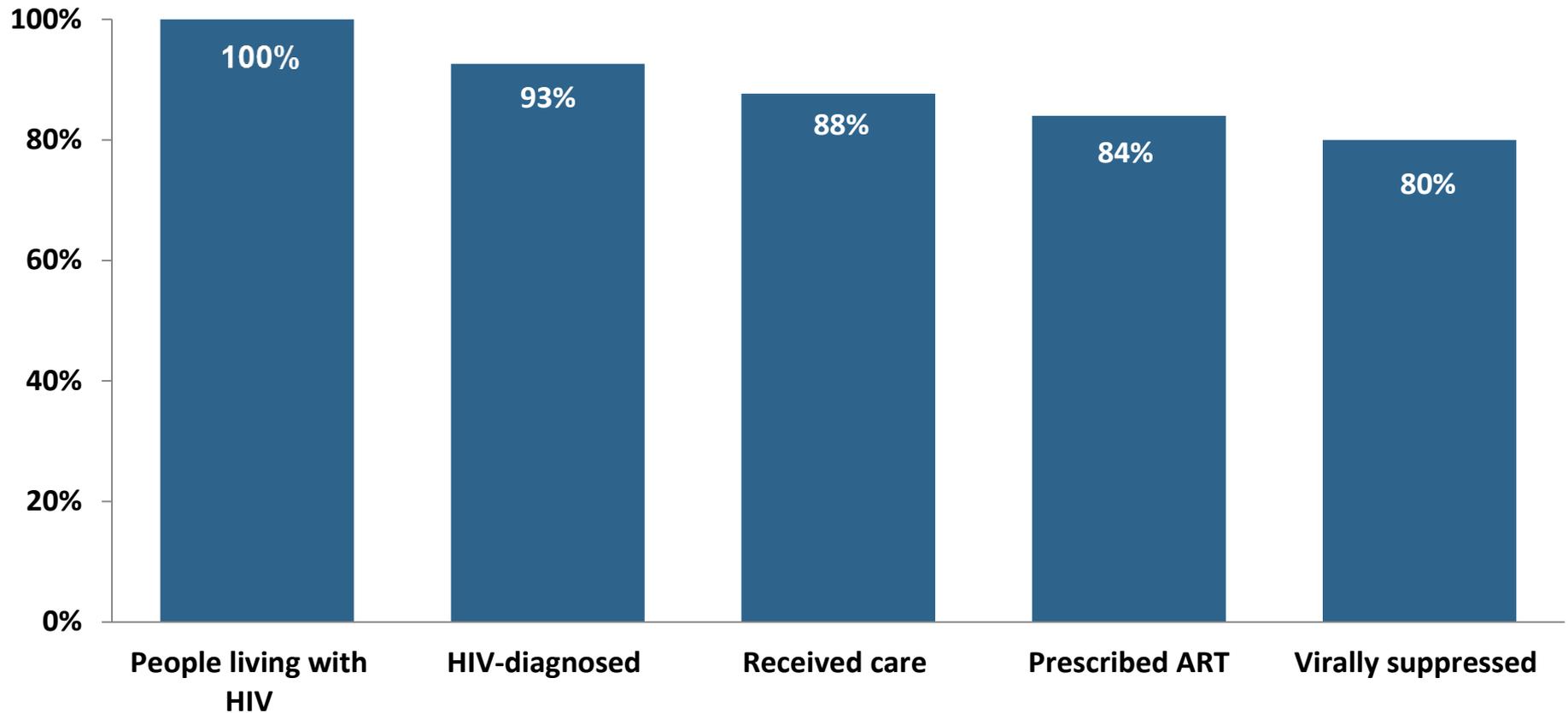
New Yorkers born outside of the US from almost all regions were more frequently diagnosed concurrently with HIV and AIDS than New Yorkers born in the US².

¹AIDS diagnosis within 31 days of HIV diagnosis.

²People newly diagnosed with an unknown country of birth are included in people born in the US category.

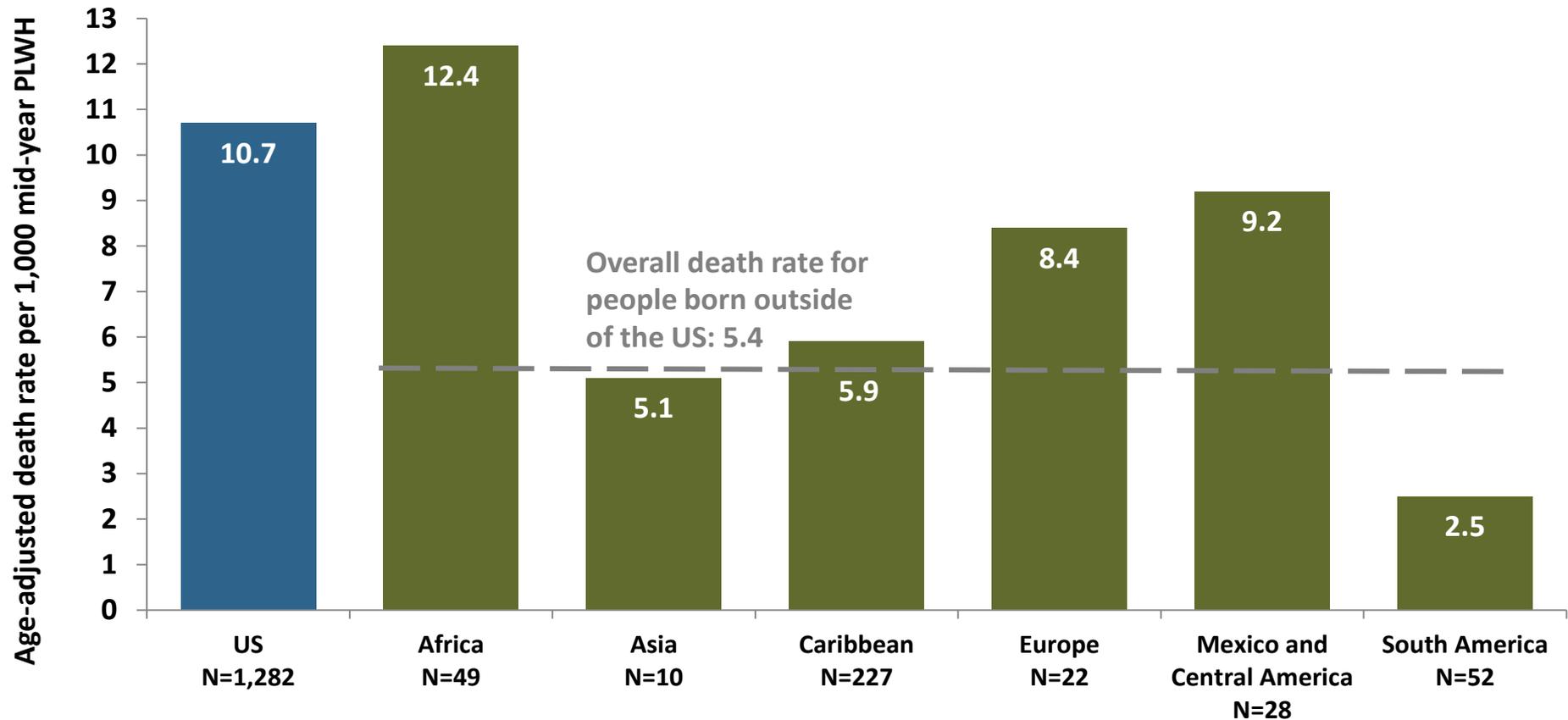
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

PROPORTION OF PLWH BORN OUTSIDE OF THE US ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM IN NYC, 2018



Of the approximately 18,000 PLWH born outside of the US and living in NYC in 2018, 80% had a suppressed viral load.

AGE-ADJUSTED DEATH RATES¹ AMONG PEOPLE BORN OUTSIDE OF THE US BY REGION OF BIRTH, NYC 2018

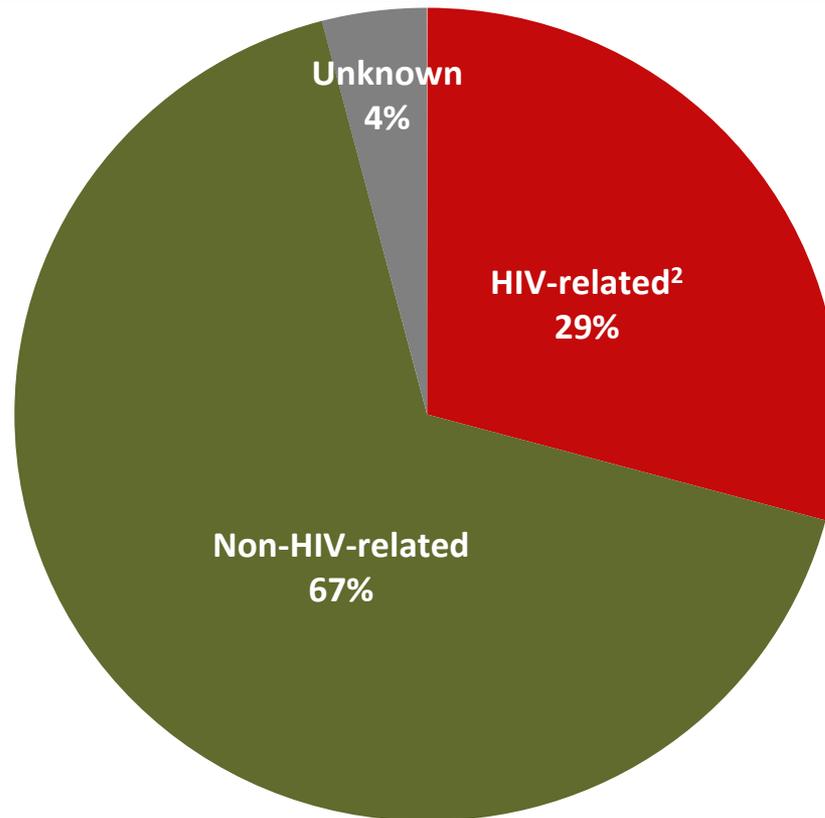


The overall death rate among people with HIV born outside of the US was lower than the rate for people with HIV born in the US². Death rates varied by region, with the lowest rates among people born in South America, Asian and the Caribbean.

¹Death rates are age-adjusted to the NYC Census 2010 population. Death data for 2018 incomplete.

²People newly diagnosed with an unknown country of birth are included in people born in the US category. Middle East not shown. There were no deaths among people with HIV/AIDS born in the Middle East in 2018. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

CAUSE OF DEATH AMONG PEOPLE WITH HIV BORN OUTSIDE OF THE US, NYC 2017¹



In 2017, over two-thirds of deaths among people with HIV born outside of the US were due to non-HIV-related causes (67%). Among these, the top causes were cardiovascular diseases (32%), non-HIV-related cancers (29%), accidents (12%) and diabetes (9%).

¹Cause of death data are not yet available for 2018.

²ICD10 codes B20-B24 were used to denote HIV-related deaths. For technical notes on cause of death by the NYC DOHMH's Office of Vital Statistics see:

<https://www1.nyc.gov/assets/doh/downloads/pdf/vs/2014sum.pdf>.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

HOW TO FIND OUR DATA

- **Our program publishes annual surveillance reports, slide sets, and statistics tables:**
 - Annual reports: <http://www1.nyc.gov/site/doh/data/data-sets/hiv-aids-surveillance-and-epidemiology-reports.page>
 - Slide sets: <http://www1.nyc.gov/site/doh/data/data-sets/epi-surveillance-slide-sets.page>
 - Statistics tables: <http://www1.nyc.gov/site/doh/data/data-sets/hiv-aids-annual-surveillance-statistics.page>
- **Other resources:**
 - HIV Care Status Reports (CSR) system: <https://www1.nyc.gov/site/doh/health/health-topics/aids-hiv-care-status-reports-system.page>
 - HIV Care Continuum Dashboards (CCDs): <http://www1.nyc.gov/site/doh/health/health-topics/care-continuum-dashboard.page>
- **For surveillance data requests, email:** HIVReport@health.nyc.gov
 - 2 weeks minimum needed for requests to be completed

APPENDIX 1:

DEFINITIONS AND STATISTICAL NOTES

Definitions:

- “HIV diagnoses” include diagnoses of HIV (non-AIDS) *and* HIV concurrent with AIDS (AIDS diagnosed within 31 days of HIV), unless otherwise specified.
- “New HIV diagnoses” include individuals diagnosed during the reporting period and reported in NYC.
- “Death rates” refer to deaths from all causes, unless otherwise specified.
- “PWH” refers to people with HIV during the reporting period (note: includes people with HIV who remained alive or died during the reporting period); “PLWH” refers to people living with HIV at the end of the reporting period.
- “Women” includes transgender women and “Men” includes transgender men. For more information on transgender surveillance in NYC, please see the “HIV among People identified as Transgender” slide set.
- Data presented by “Transmission risk” categories include only individuals with known or identified transmission risk, except when an “unknown” category is presented.
- “Heterosexual contact” includes people who had heterosexual sex with a person they know to be HIV-positive, an injection drug user, or a person who has received blood products. For women only, also includes history of sex work, multiple sex partners, sexually transmitted disease, crack/cocaine use, sex with a bisexual man, probable heterosexual transmission as noted in medical chart, or sex with a man and negative history of injection drug use. “Transgender people with sexual contact” includes people identified as transgender by self-report, diagnosing provider, or medical chart review with sexual contact reported and negative history of injection drug use. “Other” includes people who received treatment for hemophilia, people who received a transfusion or transplant, and children with a non-perinatal transmission risk.
- “People born outside of the US” refers to people known to have been born outside of the US and US dependencies.
 - This designation is regardless of immigration status, time in the US, language, etc.
 - “People born in the US” includes people born in the US or US dependencies, and people for whom documentation of their place of birth was not found in their medical record.

APPENDIX 1, CONTINUED:

DEFINITIONS AND STATISTICAL NOTES

Statistical Notes:

- UHF boundaries in maps were updated for data released in 2010 and onward. Non-residential zones are indicated, and Rikers Island is classified with West Queens.
- Caribbean is comprised of the following countries: Aruba (Netherlands), Anguilla (UK), Antigua and Barbuda, Bahamas, Barbados, Bermuda (UK), British Virgin Islands (UK), Cayman Islands (UK), Cuba, Dominica, Dominican Republic, Grenada, Guadeloupe (France), Haiti, Jamaica, Martinique (France), Montserrat (UK), Netherlands Antilles (Netherlands), St. Kitts and Nevis [St. Christopher], St. Lucia, St. Vincent and The Grenadines, Trinidad and Tobago and Turks and Caicos Islands (UK).
- Surveillance collects information about individuals' current gender identity, when available. These slides display the following gender categories: men, women, transgender (if applicable). People whose current gender identity differs from their sex assigned at birth are considered transgender. Classifying transgender people in surveillance requires accurate collection of both sex assigned at birth and current gender identity. Sex and gender information are collected from people's self-report, their diagnosing provider, or medical chart review. This information may or may not reflect the individual's self-identification. Transgender status has been collected routinely since 2005 for newly reported cases. Reported numbers of new transgender HIV diagnoses and transgender PLWH are likely to be underestimates. For more information, see the "HIV among Transgender people in New York City" surveillance slide set available at: www1.nyc.gov/assets/doh/downloads/pdf/dires/hiv-in-transgender-persons.pdf. Surveillance collects information on other gender identity categories, including "Non-binary/Gender non-conforming." In these slides, data for these individuals (N=7 at time of publication) are displayed by sex at birth.

APPENDIX 2:

TECHNICAL NOTES: NYC HIV CARE CONTINUUM

- “People living with HIV”: calculated as “HIV-diagnosed” divided by the estimated proportion of people living with HIV (PLWH) who had been diagnosed (92.8%), based on a CD4 depletion model.
 - Source: NYC HIV Surveillance Registry. Method: Song R, et al. Using CD4 Data to Estimate HIV Incidence, Prevalence, and Percent of Undiagnosed Infections in the United States. *J Acquir Immune Defic Syndr*. 2017 Jan 1;74(1):3-9.
- “HIV-diagnosed”: calculated as PLWH “received care” plus the estimated number of PLWH who were out of care, based on a statistical weighting method. This estimated number aims to account for out-migration from NYC, and therefore is different from the total number of people diagnosed and reported with HIV in NYC.
 - Source: NYC HIV Surveillance Registry. Method: Xia Q, et al. Proportions of Patients With HIV Retained in Care and Virally Suppressed in New York City and the United States. *JAIDS* 2015;68(3):351-358.
- “Received care”: PLWH with ≥ 1 VL or CD4 count or CD4 percent drawn in 2018, and reported to NYC HIV surveillance.
 - Source: NYC HIV Surveillance Registry.
- “Prescribed ART”: calculated as PLWH “received care” multiplied by the estimated proportion of PLWH born outside of the US prescribed ART in the previous 12 months (95.9%), based on the proportion of NYC Medical Monitoring Project participants whose medical record included documentation of ART prescription.
 - Source: NYC HIV Surveillance Registry and NYC Medical Monitoring Project, 2017.
- “Virally suppressed”: calculated as PLWH in care with a most recent viral load measurement in 2018 of < 200 copies/mL, plus the estimated number of out-of-care 2018 PLWH with a viral load < 200 copies/mL, based on a statistical weighting method.
 - Source: NYC HIV Surveillance Registry. Method: Xia Q, et al. Proportions of Patients With HIV Retained in Care and Virally Suppressed in New York City and the United States. *JAIDS* 2015;68(3):351-358.