HIV AMONG MEN WHO HAVE SEX WITH MEN (MSM) IN NEW YORK CITY, 2021

HIV Epidemiology Program
New York City Department of Health and Mental Hygiene

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HIV AMONG MSM[1] IN NYC, 2021
BASIC STATISTICS

- **1,255 new HIV diagnoses among men**

- **769 new HIV diagnoses among MSM**
  - 48% of all new diagnoses
  - 61% of new diagnoses among men
  - Includes 118 HIV diagnoses concurrent with an AIDS diagnosis (15% of diagnoses among MSM)

- **424 new AIDS diagnoses among MSM**

- **673 deaths among MSM with HIV**
  - 7.8 deaths per 1,000 mid-year MSM living with HIV[2]

[1]MSM transmission category includes men who have sex with men and have a history of injection drug use (MSM-IDU) and excludes transgender men. Men include transgender men.
[2]Death rate is age-adjusted to the NYC Census 2010 population. Death data for 2021 are incomplete.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

NUMBER OF NEW HIV DIAGNOSES AMONG MEN BY RACE/ETHNICITY AND TRANSMISSION CATEGORY IN NYC, 2021
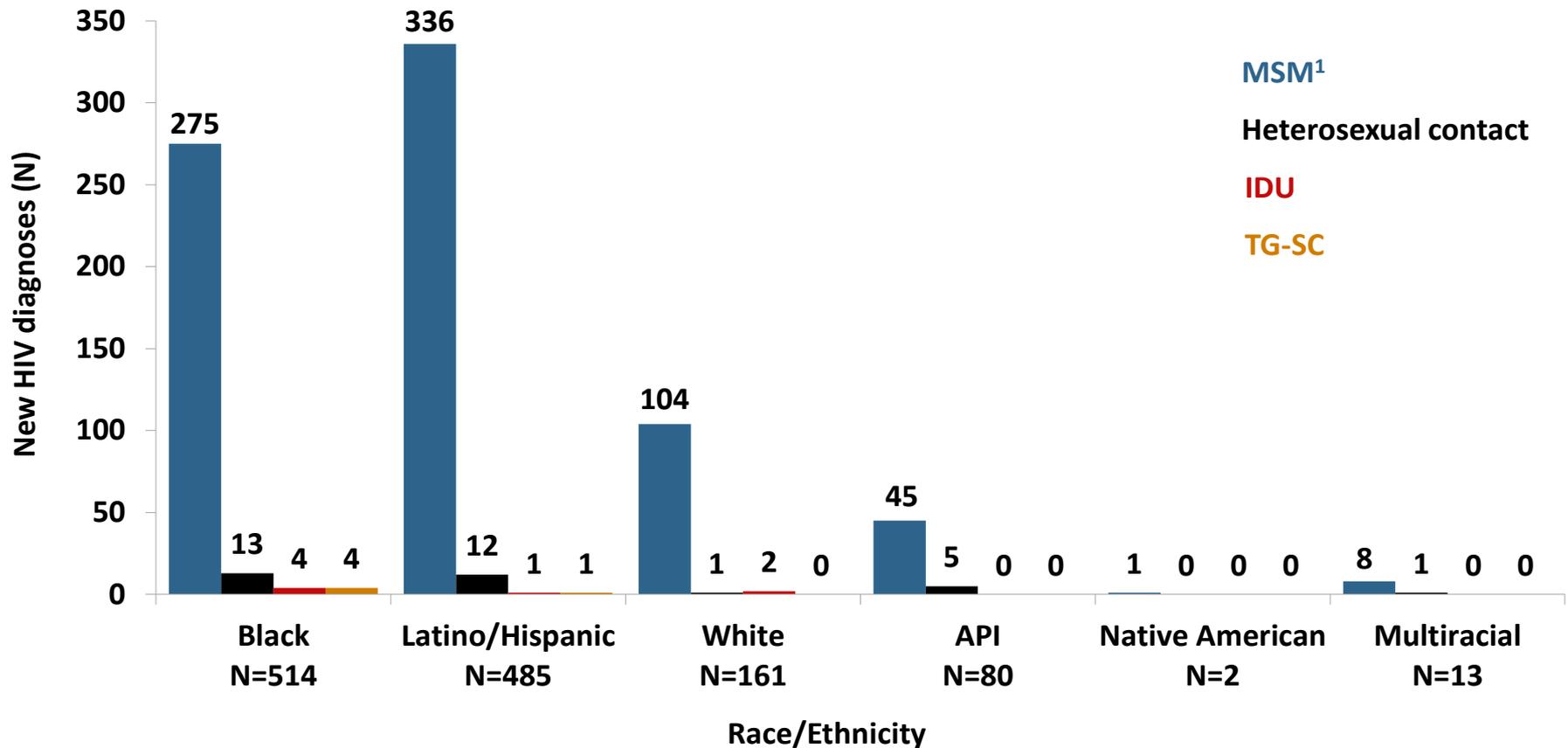
Of all men newly diagnosed with HIV in 2021, 49% were Black or Latino/Hispanic MSM. Across all groups, MSM was the most common transmission category among men.

API=Asian/Pacific Islander; TG-SC=transgender people with sexual contact; MSM=men who have sex with men; IDU=injection drug use history.
Men include transgender men.
Perinatal (N=1) and Unknown (N=441) transmission categories not shown but included in total N by race/ethnicity.
[1]Includes MSM-IDU transmission category.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

NUMBER OF NEW HIV DIAGNOSES AMONG MEN BY BOROUGH AND TRANSMISSION CATEGORY IN NYC, 2021

Bar chart legend:
- **MSM[1]**
- **Heterosexual contact**
- **IDU**

Y-axis: New HIV diagnoses (N), scale 0 to 250

Borough	MSM[1]	Heterosexual contact	IDU
Bronx (N=270)	149	10	0
Brooklyn (N=333)	207	9	1
Manhattan (N=270)	164	2	4
Queens (N=235)	150	9	1
Staten Island (N=28)	17	1	0

X-axis: Borough of Residence
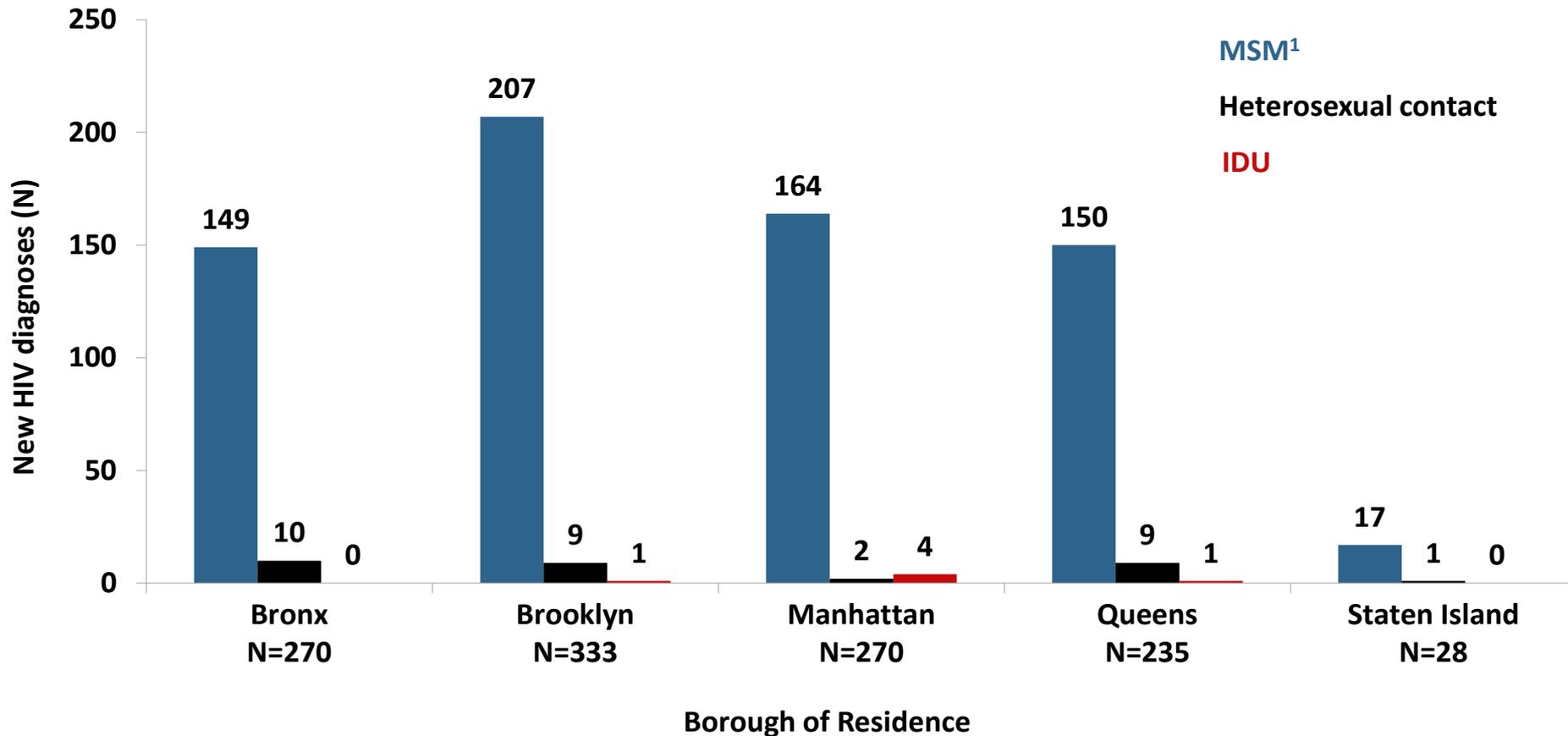
Across all NYC boroughs, most HIV diagnoses among men in 2021 were attributed to the MSM transmission category. Brooklyn had the largest number of MSM diagnoses.

Men includes transgender men.
Perinatal (N=1) and Unknown (N=441) transmission categories not shown but included in total N by borough. Men living outside NYC (N=98) or in an unknown borough (N=11) at the time of diagnosis not shown.
[1]Includes MSM-IDU transmission category.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

NUMBER OF NEW HIV DIAGNOSES AMONG MSM[1] BY AGE GROUP IN NYC, 2017-2021
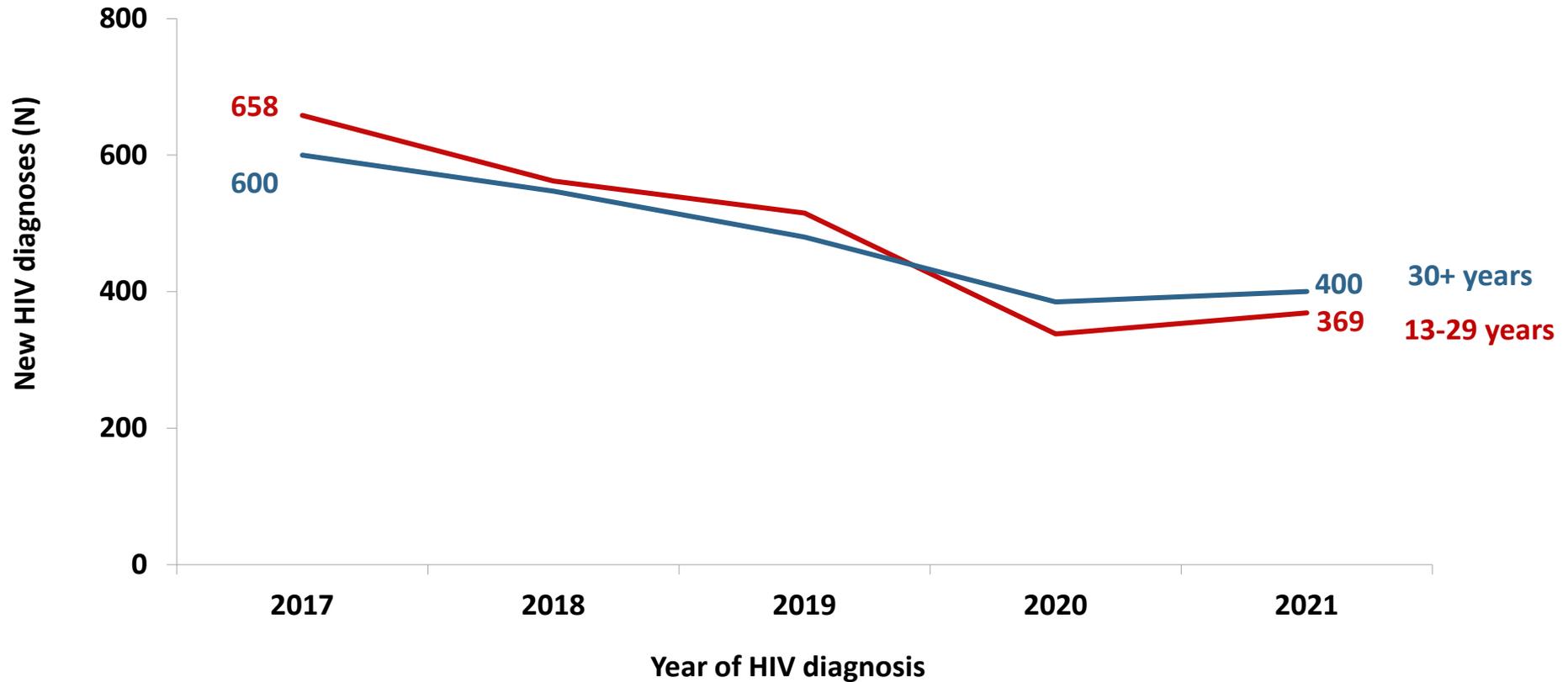
Numbers of new diagnoses decreased among MSM of both age groups from 2017 to 2021. In 2021, the number of new diagnoses among MSM aged 30 years and older was higher than new diagnoses among MSM aged 13-29 years.

[1]Includes MSM-IDU transmission category.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

NUMBER OF NEW HIV DIAGNOSES AMONG MSM[1] BY AGE IN NYC, 2017-2021
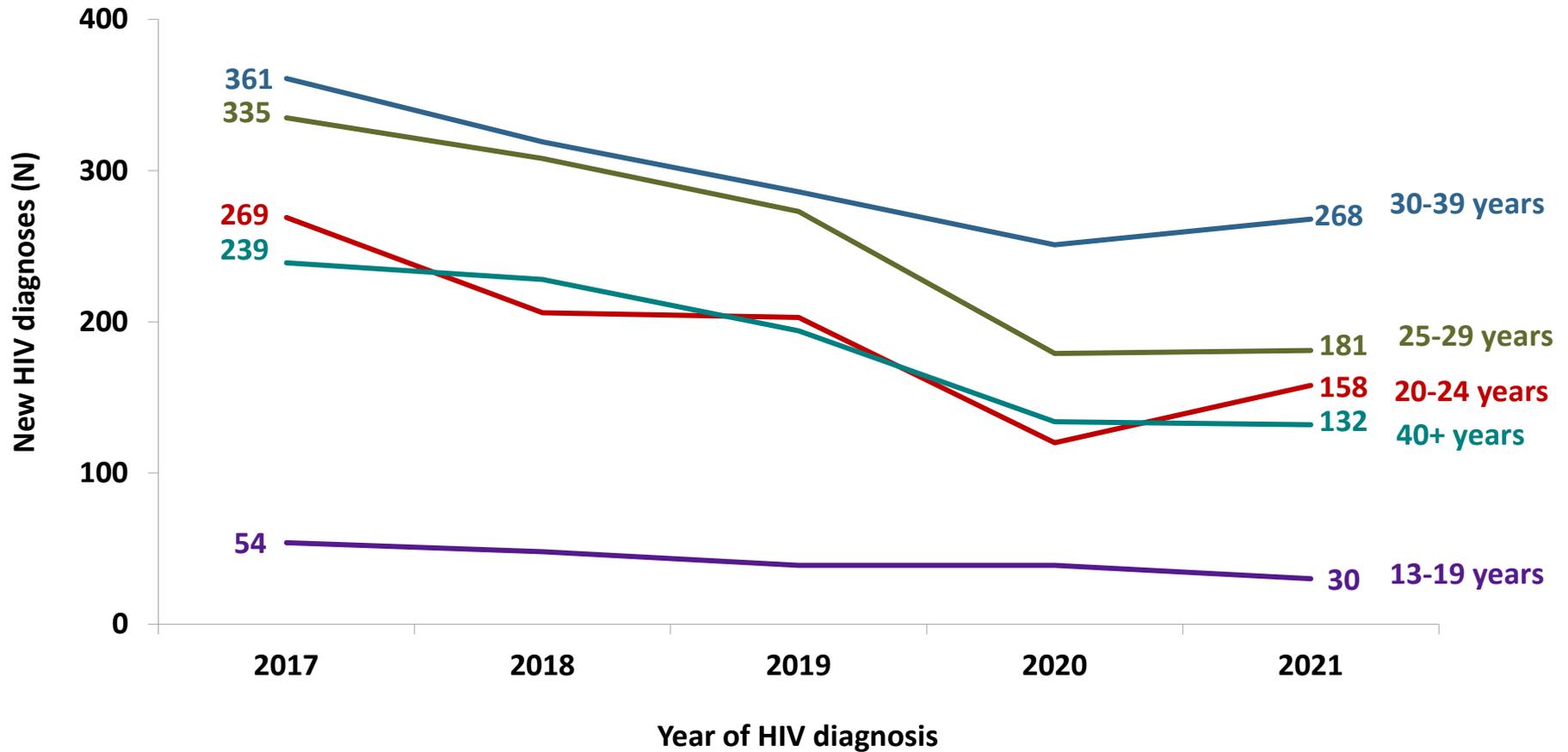
From 2017 to 2021, numbers of new HIV diagnoses among MSM decreased among all age groups. MSM aged 30-39 years had the highest number of new diagnoses in 2021.

NUMBER OF NEW HIV DIAGNOSES AMONG MSM[1] BY RACE/ETHNICITY IN NYC, 2017-2021
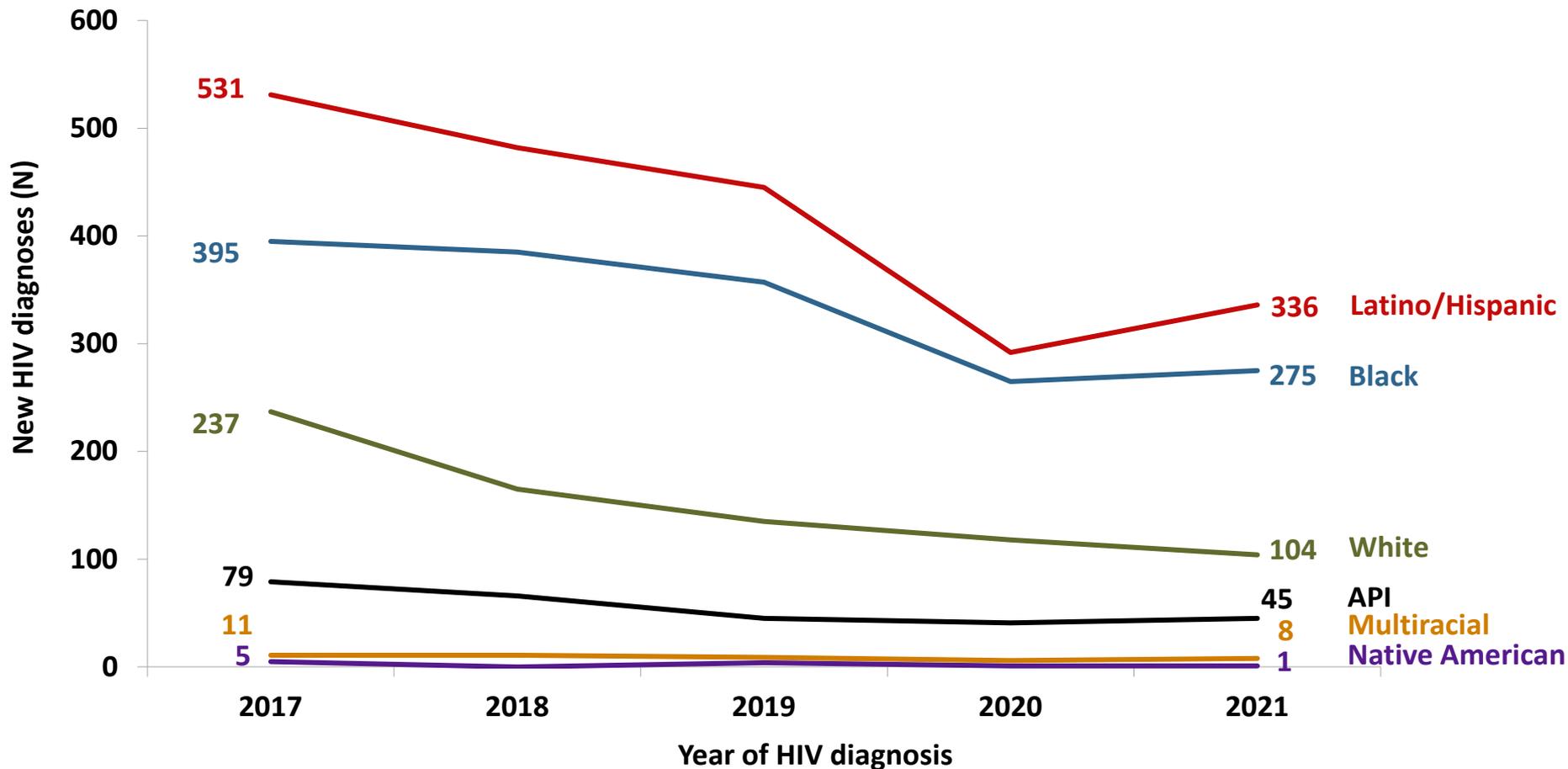
From 2017 to 2021, the number of HIV diagnoses decreased among MSM of all races/ethnicities.

API=Asian/Pacific Islander.
[1]Includes MSM-IDU transmission category.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

NUMBER OF NEW HIV DIAGNOSES AMONG MSM[1] AGES 13-29 BY RACE/ETHNICITY IN NYC, 2017-2021
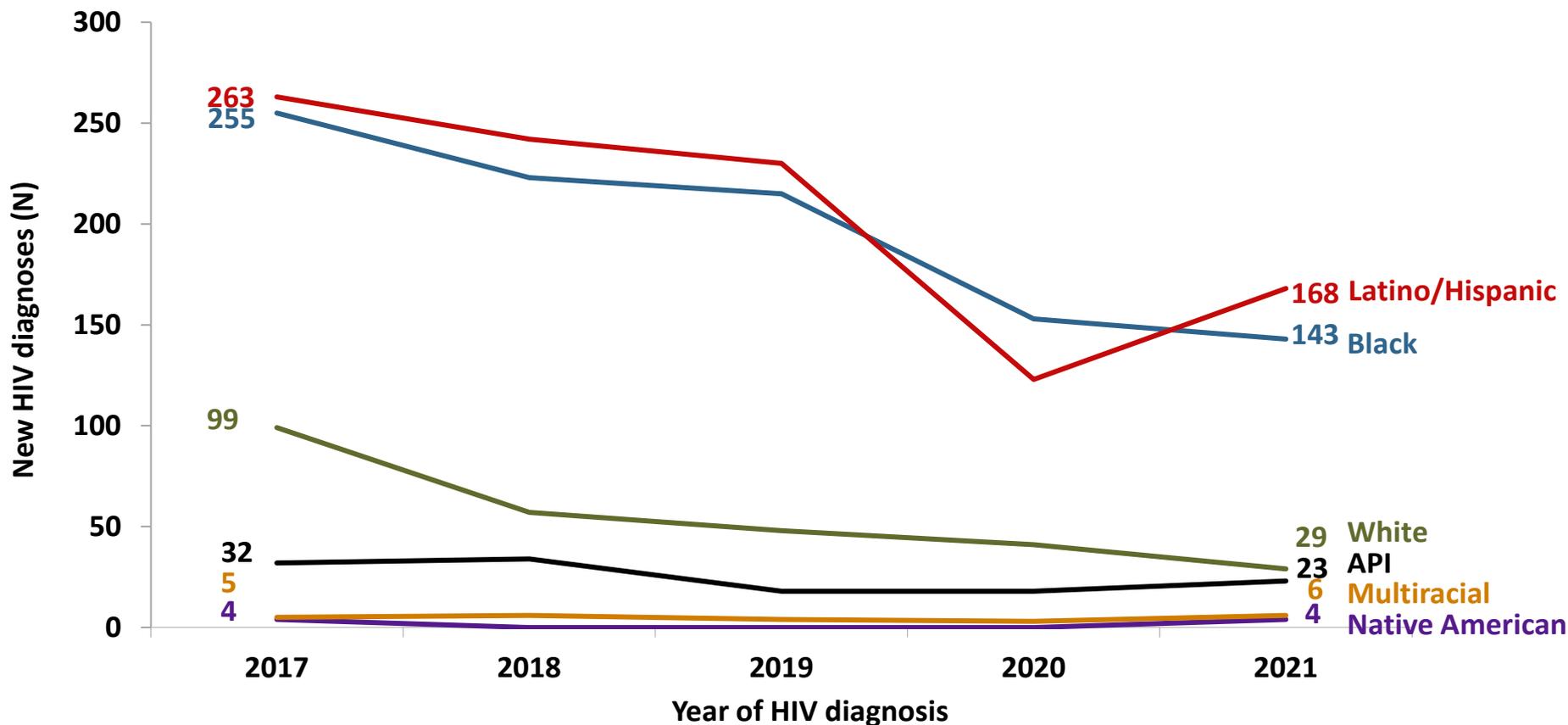
From 2017 to 2021, the number of HIV diagnoses decreased among young MSM of all races/ethnicities.

API=Asian/Pacific Islander.
[1]MSM includes MSM-IDU transmission category.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

NUMBER OF NEW HIV DIAGNOSES AMONG BLACK MSM[1] BY AGE IN NYC, 2017-2021
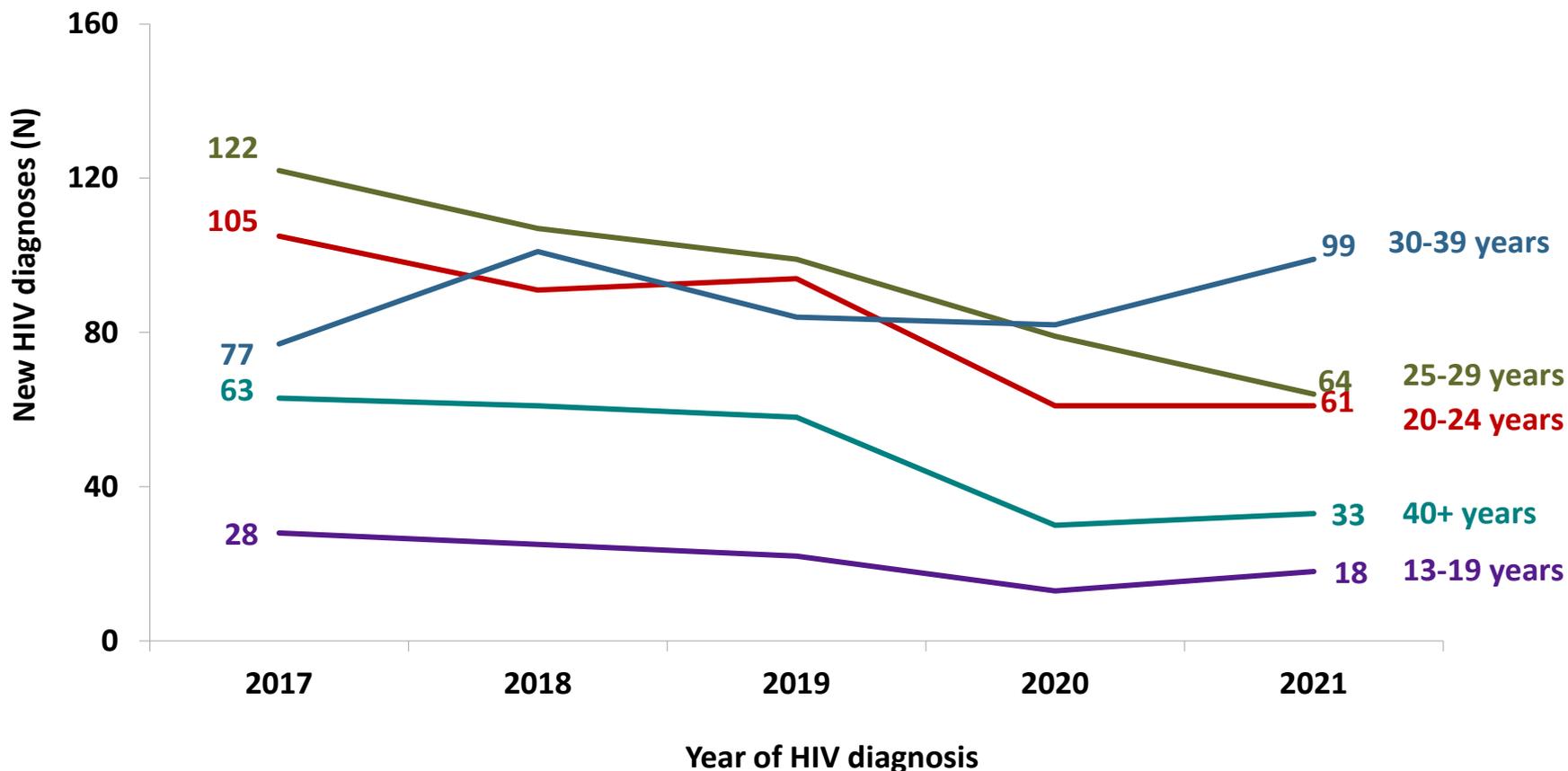
From 2017 to 2021, new HIV diagnoses among Black MSM decreased across almost all age groups, with the largest decreases among those aged 25-29 and 40+.

[1]Includes MSM-IDU transmission category.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

NUMBER OF NEW HIV DIAGNOSES AMONG LATINO/HISPANIC MSM[1] BY AGE IN NYC, 2017-2021
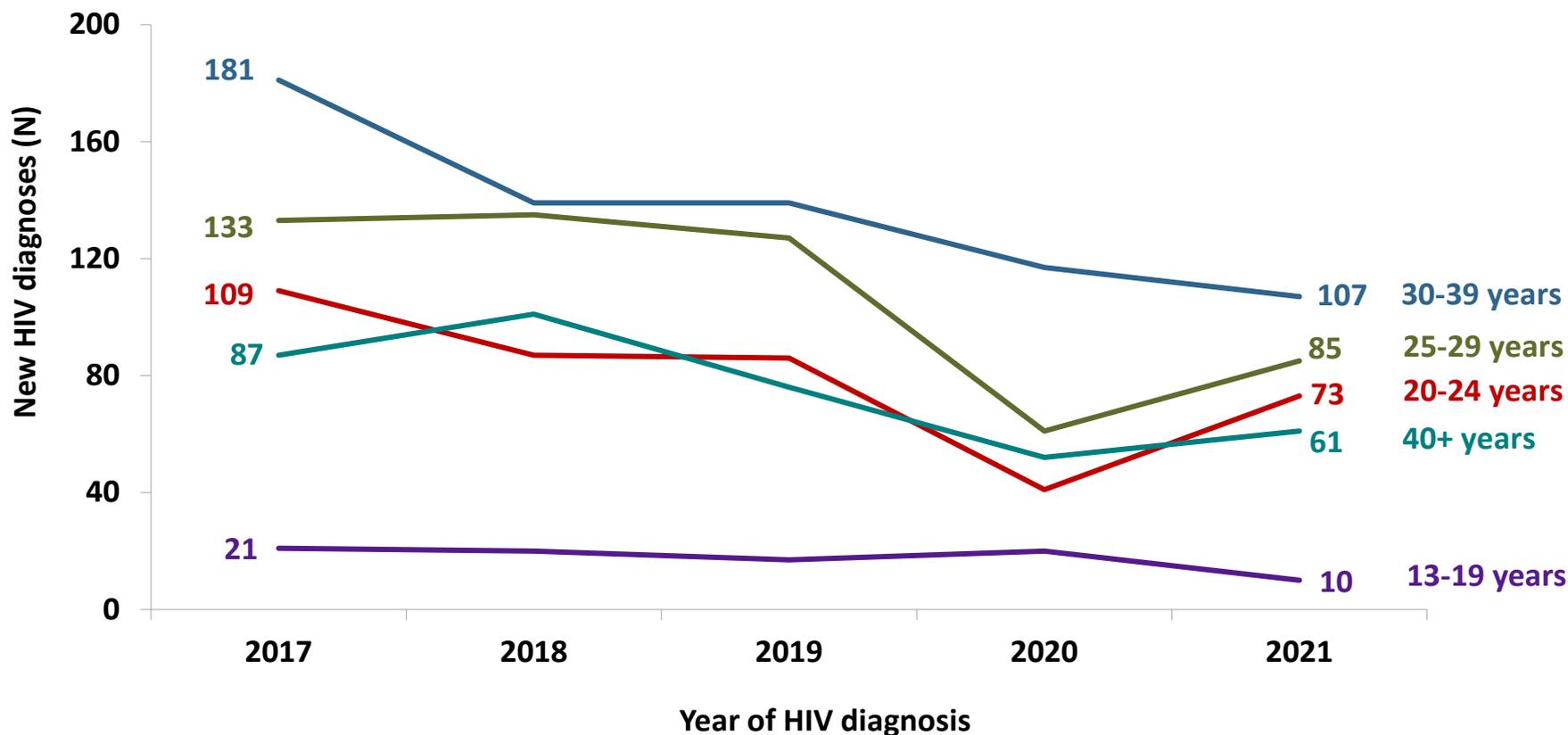
From 2017 to 2021, new HIV diagnoses among Latino/Hispanic MSM decreased. The number of diagnoses was consistently highest among those aged 30-39 years.

[1]Includes MSM-IDU transmission category.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

NUMBER OF NEW HIV DIAGNOSES AMONG WHITE MSM[1] BY AGE IN NYC, 2017-2021

New HIV diagnoses (N) (y-axis)

Year of HIV diagnosis (x-axis: 2017, 2018, 2019, 2020, 2021)

- 75 ... 42 — 30-39 years
- 63 ... 33 — 40+ years
- 60 ... 20 — 25-29 years
- 37 ... 8 — 20-24 years
- 2 ... 1 — 13-19 years
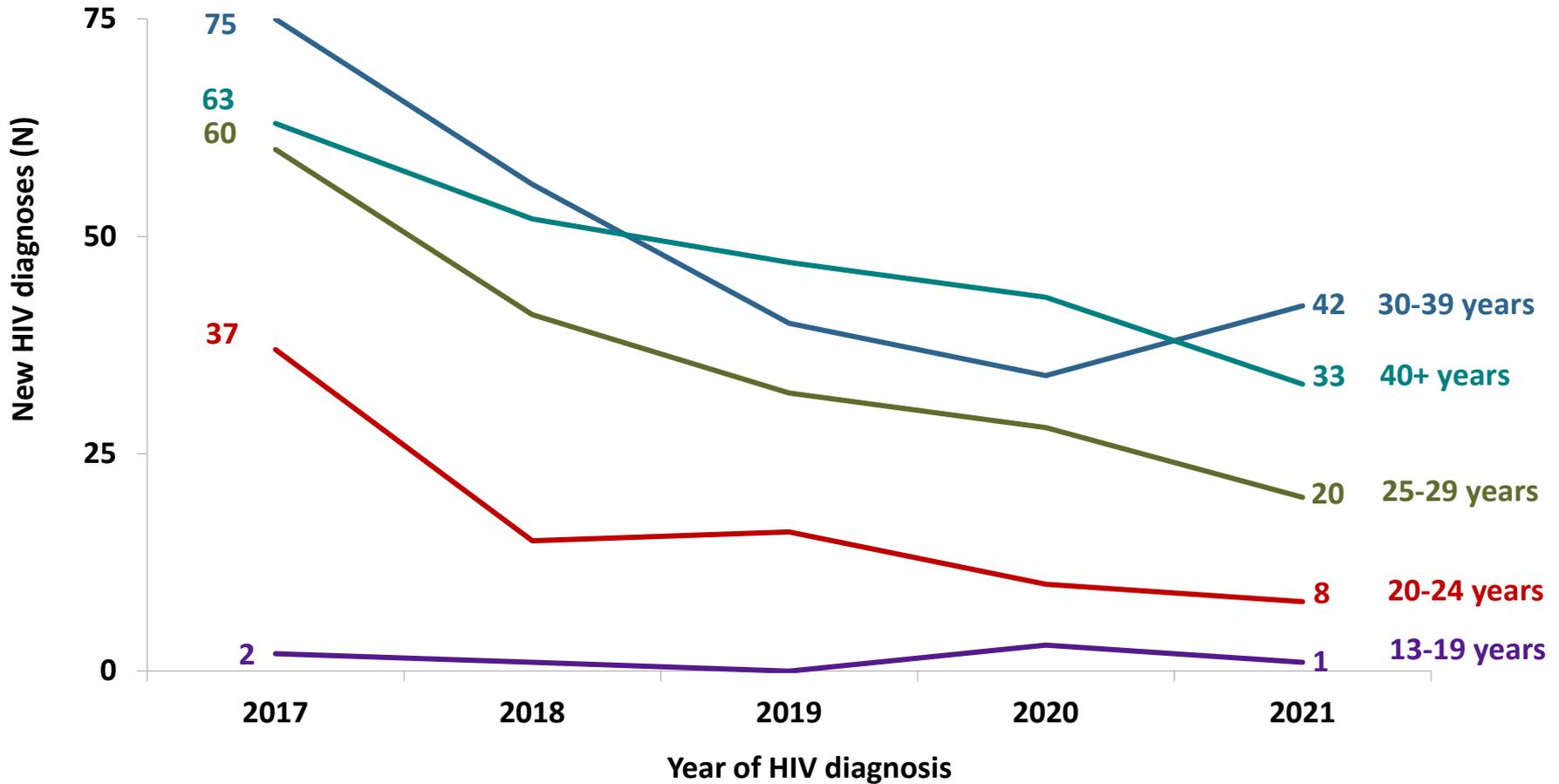
From 2017 to 2021, new HIV diagnoses among White MSM decreased. In 2021, the highest number of new diagnoses was among those aged 30 to 39.

[1]Includes MSM-IDU transmission category.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

NUMBER OF NEW HIV DIAGNOSES AMONG ASIAN/PACIFIC ISLANDER MSM[1] BY AGE IN NYC, 2017-2021
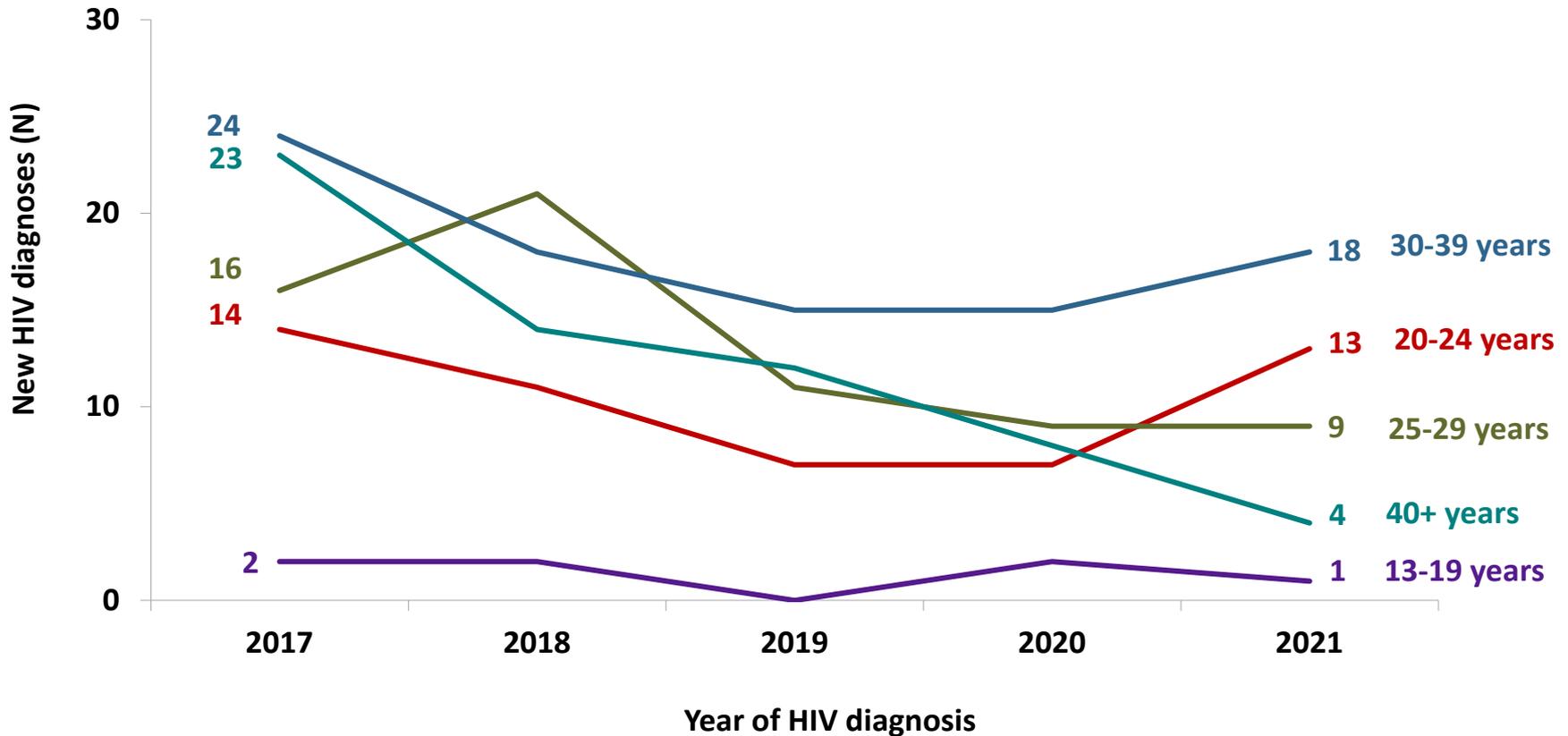
From 2017 to 2021, new HIV diagnoses among Asian/Pacific Islander MSM decreased. In 2021, the highest number of new diagnoses was among those aged 30-39 years.

[1]Includes MSM-IDU transmission category.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022

NUMBER OF NEW HIV DIAGNOSES AMONG MSM[1] BY RACE/ETHNICITY AND AGE IN NYC, 2021

Bar chart: New HIV diagnoses (N) by Race/Ethnicity and age group.

Legend:
- 13-19 years
- 20-24 years
- 25-29 years
- 30+ years

Race/Ethnicity	13-19 years	20-24 years	25-29 years	30+ years
Black N=274	18	61	64	132
Latino/Hispanic N=336	10	73	85	168
White N=104	1	8	20	75
API N=45	1	13	9	22
Native American N=1	0	0	0	1
Multiracial N=8	0	3	3	2
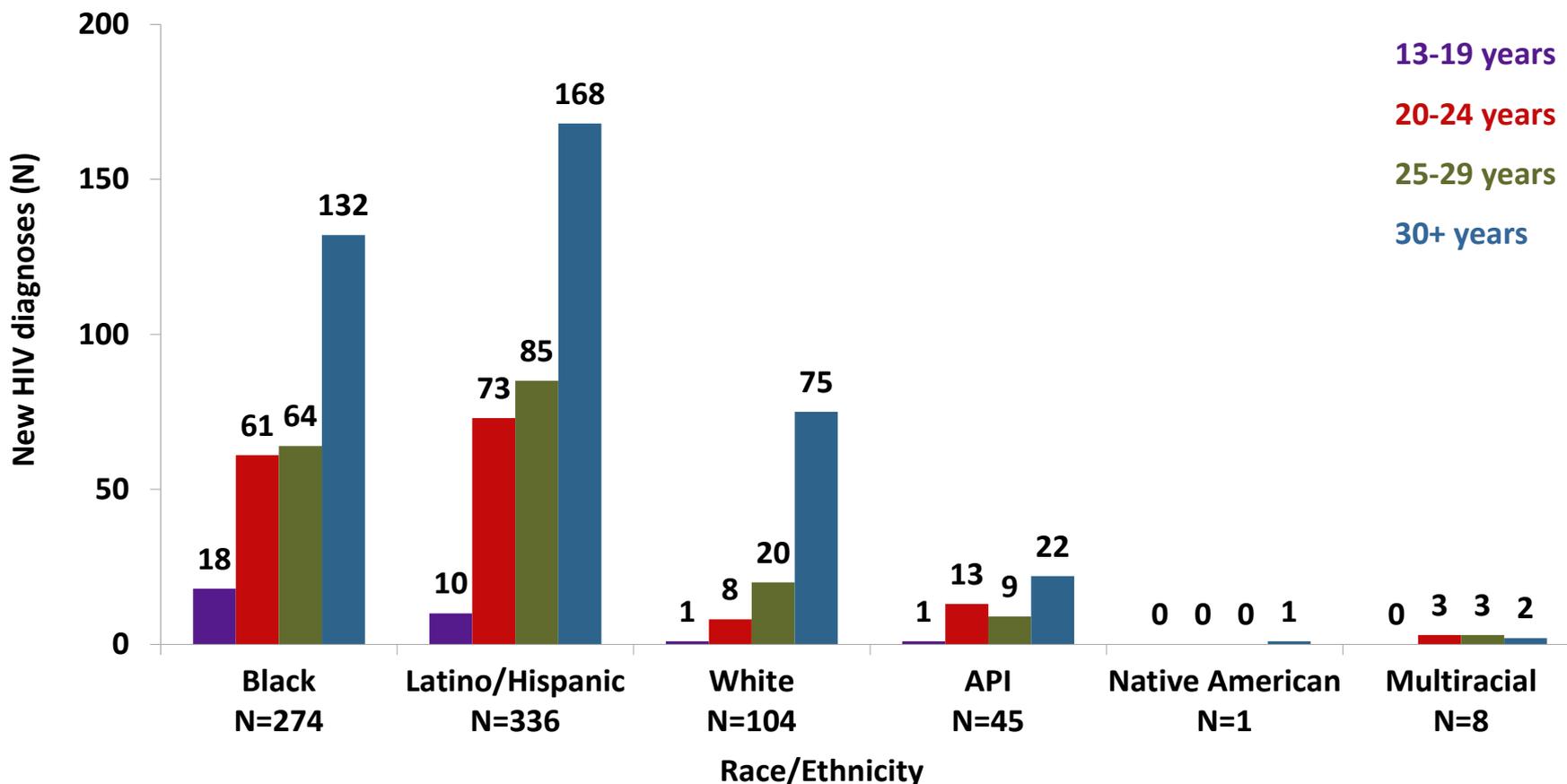
In 2021, MSM aged 30 years and older were the largest proportion of new HIV diagnoses across almost all racial/ethnic groups.

NUMBER OF NEW HIV DIAGNOSES AMONG MSM[1] BY BOROUGH AND RACE/ETHNICITY IN NYC, 2021

New HIV diagnoses (N) by **Borough of Residence**

Legend:
- Black
- Latino/Hispanic
- White
- Asian/Pacific Islander
- Native American
- Multiracial

Bronx (N=149): Black 49, Latino/Hispanic 87, White 10, Asian/Pacific Islander 2, Native American 0, Multiracial 1

Brooklyn (N=207): Black 114, Latino/Hispanic 55, White 26, Asian/Pacific Islander 10, Native American 0, Multiracial 2

Manhattan (N=164): Black 53, Latino/Hispanic 58, White 42, Asian/Pacific Islander 9, Native American 0, Multiracial 2

Queens (N=150): Black 26, Latino/Hispanic 95, White 10, Asian/Pacific Islander 17, Native American 0, Multiracial 2

Staten Island (N=17): Black 6, Latino/Hispanic 7, White 3, Asian/Pacific Islander 1, Native American 0, Multiracial 0

In the Bronx and Queens, the largest numbers of MSM diagnoses were among Latino/Hispanic MSM. In Brooklyn, the largest numbers were among Black MSM, and in Manhattan, the largest numbers were among both Black and Latino/Hispanic MSM.

[1]Includes MSM-IDU transmission category.
MSM living outside NYC (N=72) or in an unknown borough (N=10) at the time of diagnosis not shown.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022
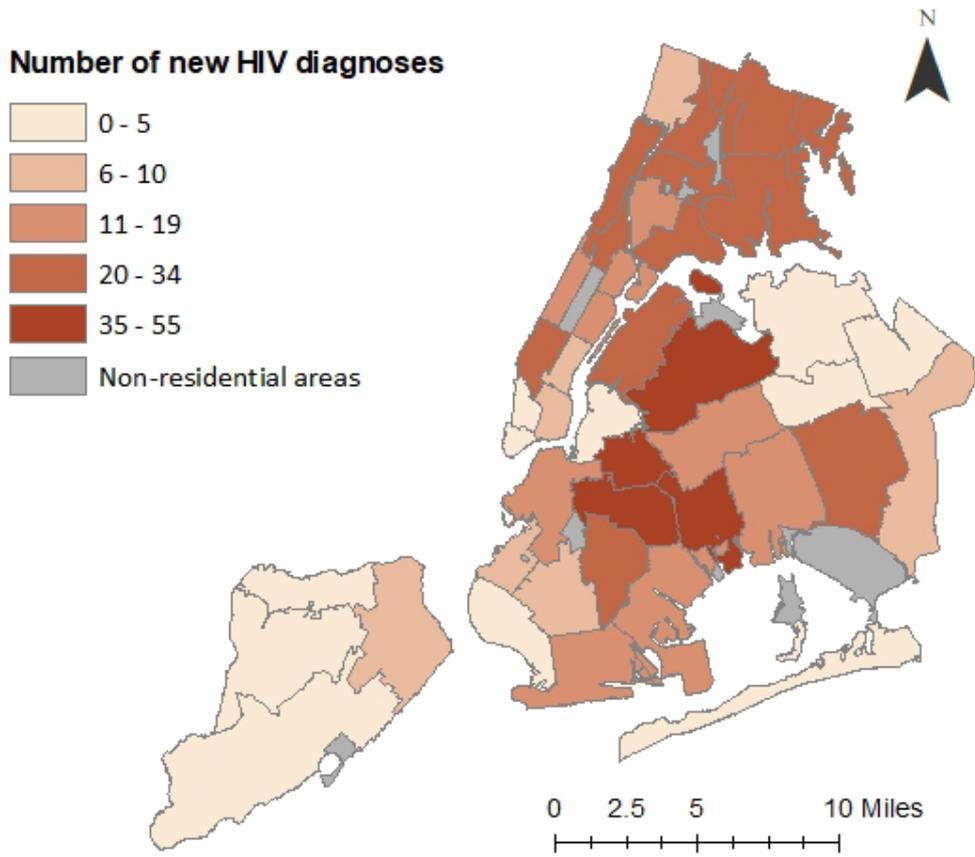
The UHF neighborhoods with the highest numbers of new HIV diagnoses among MSM were Central Harlem – Morningside Heights, West Queens[2], Williamsburg – Bushwick, Bedford Stuyvesant – Crown Heights, and East New York.

[1]Includes MSM-IDU transmission category.
[2]Rikers 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, 2022.

MAP OF NEW HIV DIAGNOSES AMONG BLACK AND LATINO/HISPANIC MSM[1] BY UHF NEIGHBORHOOD, 2021

Black MSM

Number of new HIV diagnoses
- 0 - 2
- 3 - 6
- 7 - 14
- 15 - 23
- 24 - 36
- Non-residential areas
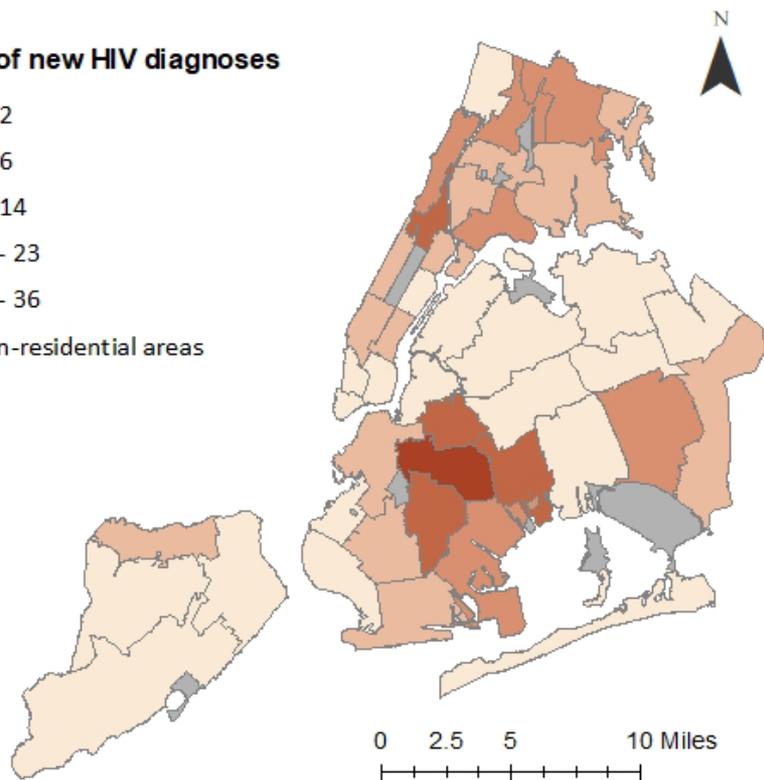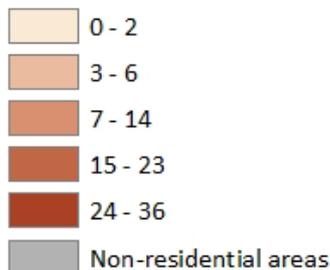
Latino/Hispanic MSM

Number of new HIV diagnoses
- 0 - 2
- 3 - 7
- 8 - 13
- 14 - 21
- 22 - 45
- Non-residential areas
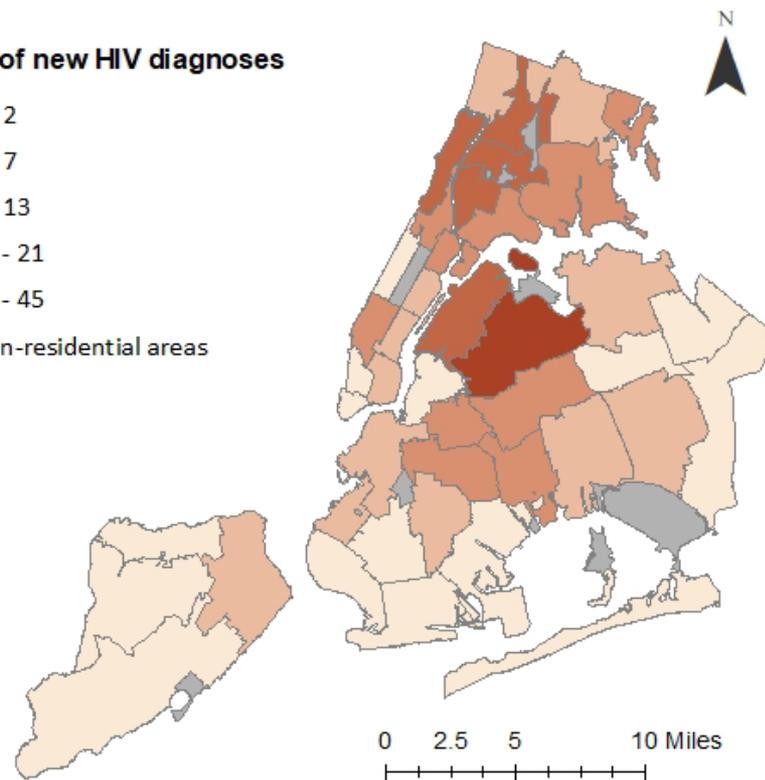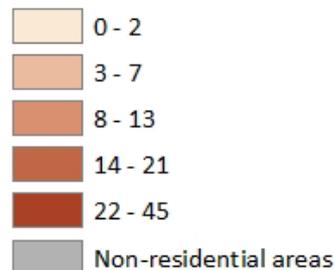
The neighborhoods with the highest numbers of new HIV diagnoses among Black MSM were Central Harlem – Morningside Heights, East Flatbush, Bedford Stuyvesant – Crown Heights, Williamsburg – Bushwick, and East New York, while among Latino/Hispanic MSM, neighborhoods with the highest numbers of new HIV diagnoses were West Queens[2], Long Island City – Astoria, and Washington Heights Inwood.

[1]Includes MSM-IDU transmission category. [2]Rikers Island is classified with the UHF neighborhood of West Queens.
Maps for Native American and multiracial MSM are not shown due to small numbers. There were N=1 Native American MSM and N=8 multiracial MSM diagnosed in 2021.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

MAP OF NEW HIV DIAGNOSES AMONG WHITE AND ASIAN/PACIFIC ISLANDER MSM[1] BY UHF NEIGHBORHOOD, 2021

White MSM

Number of new HIV diagnoses
- 0
- 1
- 2
- 3 - 4
- 5 - 14
- Non-residential areas

N

0   2.5   5   10 Miles
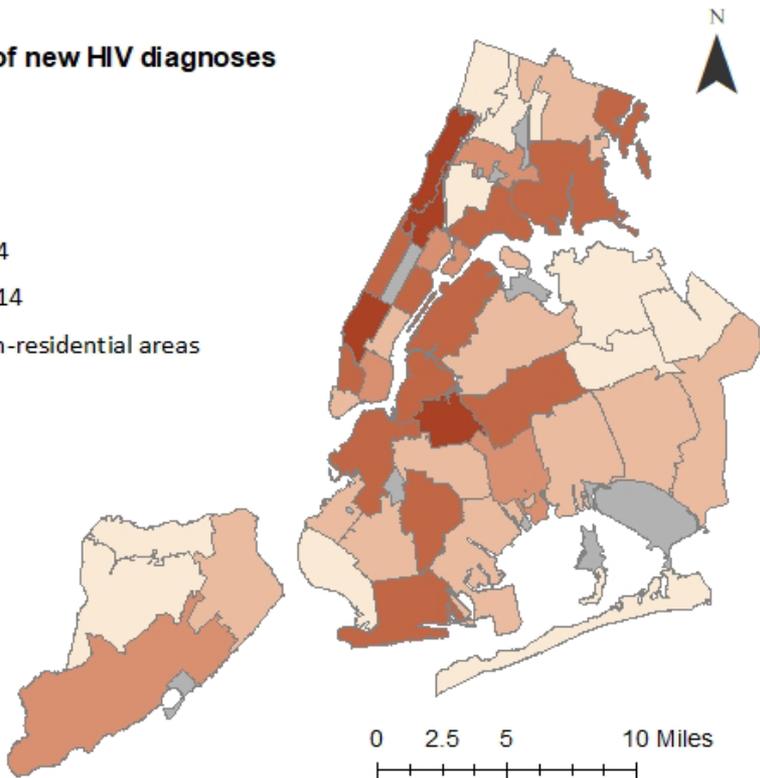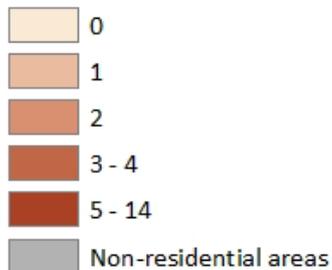
Asian/Pacific Islander MSM

Number of new HIV diagnoses
- 0
- 1
- 2
- 3 - 4
- 5 - 9
- Non-residential areas

N

0   2.5   5   10 Miles
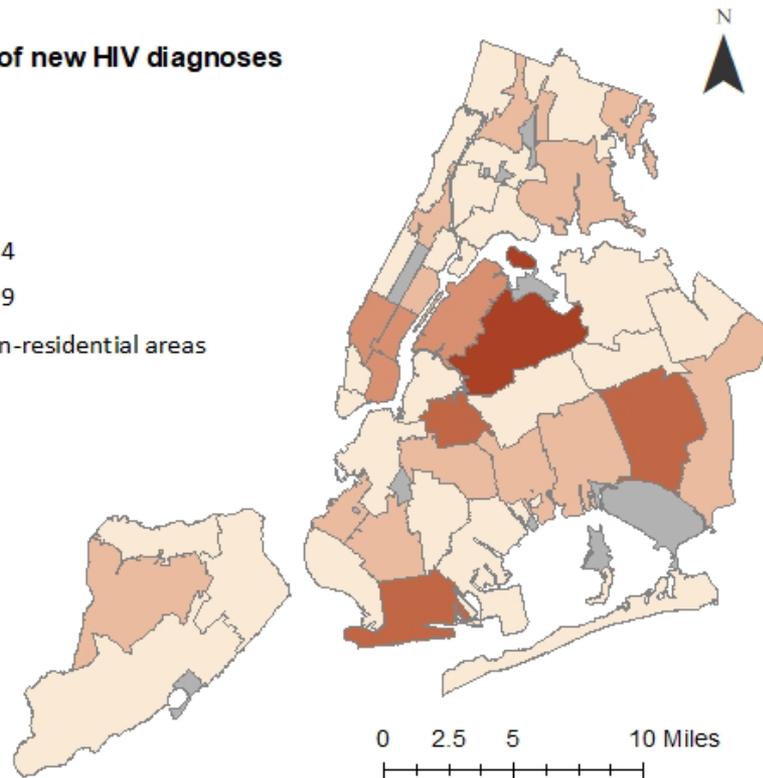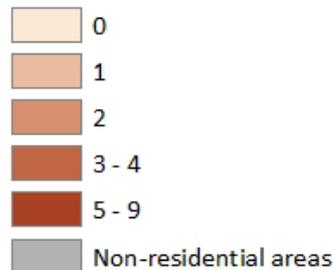
The UHF neighborhoods with the highest numbers of new HIV diagnoses among White MSM were Washington Heights – Inwood, Chelsea – Clinton, and Williamsburg – Bushwick. Among API MSM, UHF neighborhoods with the highest numbers of new HIV diagnoses were West Queens, Jamaica, and Coney Island – Sheepshead Bay.

[1]Includes MSM-IDU transmission category. [2]Rikers Island is classified with the UHF neighborhood of West Queens.
Maps for Native American and multiracial MSM are not shown due to small numbers. There were N=1 Native American MSM and N=8 multiracial MSM diagnosed in 2021.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.
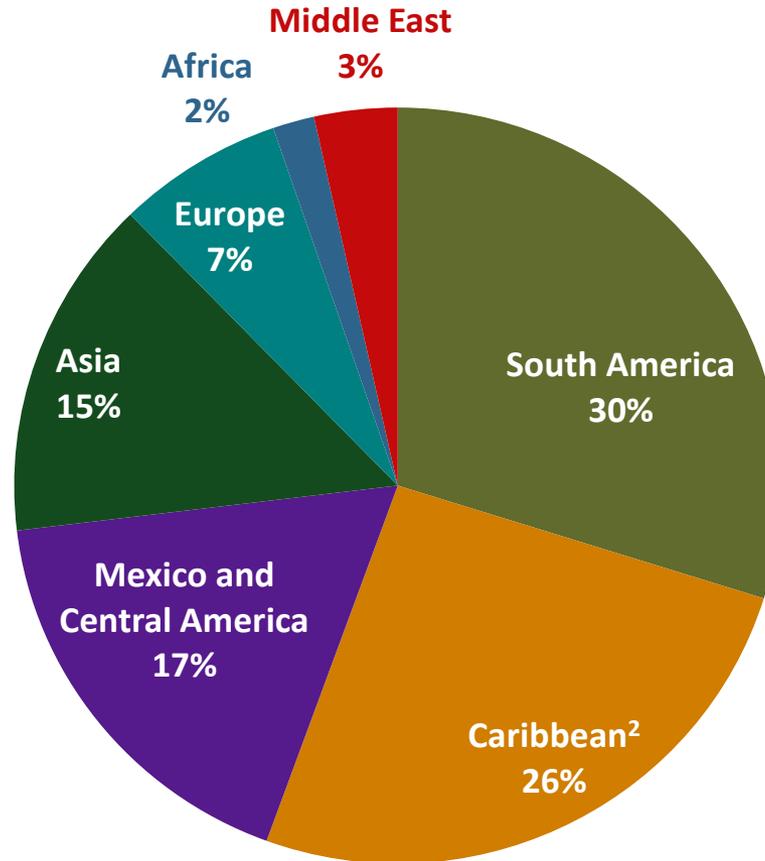
People born outside the US accounted for 20% of new HIV diagnoses overall and 22% among new MSM diagnoses. South America, the Caribbean[2], and Mexico and Central America accounted for 43% of new HIV diagnoses among MSM born outside of the US in 2021.

[1]Includes MSM-IDU transmission category.
[2]Excludes Puerto Rico and the US Virgin Islands.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

TOP COUNTRIES OF BIRTH AMONG NEWLY DIAGNOSED MSM[1] BY RACE/ETHNICITY IN NYC, 2017-2021

Black MSM (N=1501)

Country	Value
United States	1276
Jamaica	75
Trinidad and Tobago	23
Guyana	22
Haiti	22

Latino/Hispanic MSM (N=1864)

Country	Value
United States	935
Dominican Republic	210
Colombia	175
Mexico	156
Ecuador	67

White MSM (N=687)

| Country	Value
United States	547
Russia	30
Turkey	10
Georgia	8
Italy	7

API MSM (N=240)

Country	Value
United States	67
China	51
Philippines	27
Thailand	17
Guyana	16

From 2017 to 2021, Jamaica, the Dominican Republic, Russia, and China were the second-leading countries of birth for newly diagnosed Black, Latino/Hispanic, White, and Asian/Pacific Islander MSM, respectively. The majority of MSM across all groups was born in the US.

[1]Includes MSM-IDU transmission category.
API=Asian/Pacific Islander. Native American and multiracial groups not shown. In NYC between 2017 and 2021, there were N=8 Native American and N=40 multiracial MSM newly diagnosed with HIV.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

PROPORTION OF MSM[1] LIVING WITH HIV IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2021

Bar chart:
- People living with HIV: 100%
- HIV-diagnosed: 93%
- Received care: 86%
- Prescribed ART: 86%
- Virally suppressed: 79%
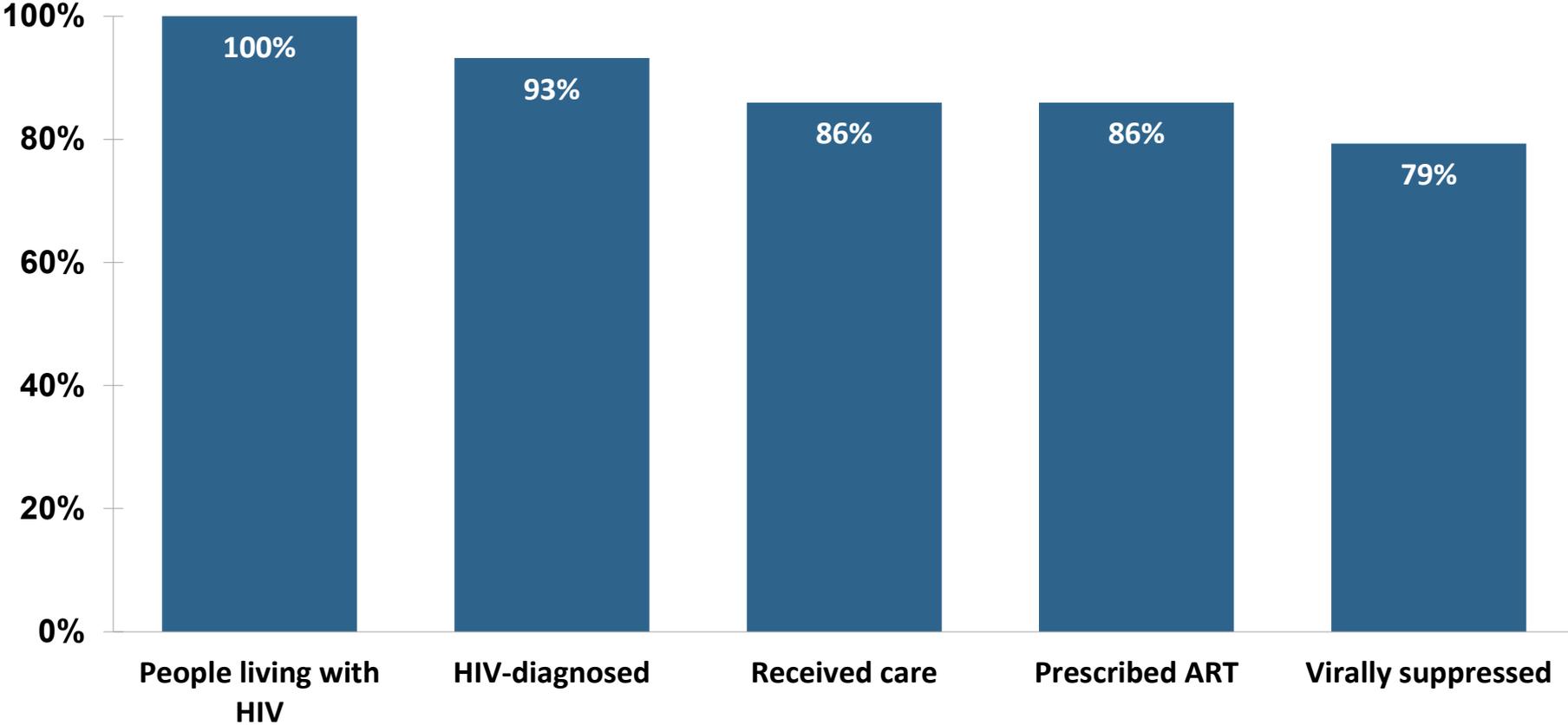
Of the approximately 40,900 MSM[1] living with HIV in NYC in 2021, 79% had a suppressed viral load.

[1]Includes MSM-IDU transmission category.
For definitions of the stages of the continuum of care, see Appendix 2.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

PROPORTION OF BLACK MSM[1] LIVING WITH HIV IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2021

Bar chart showing:
- People living with HIV: 100%
- HIV-diagnosed: 93%
- Received care: 85%
- Prescribed ART: 85%
- Virally suppressed: 74%
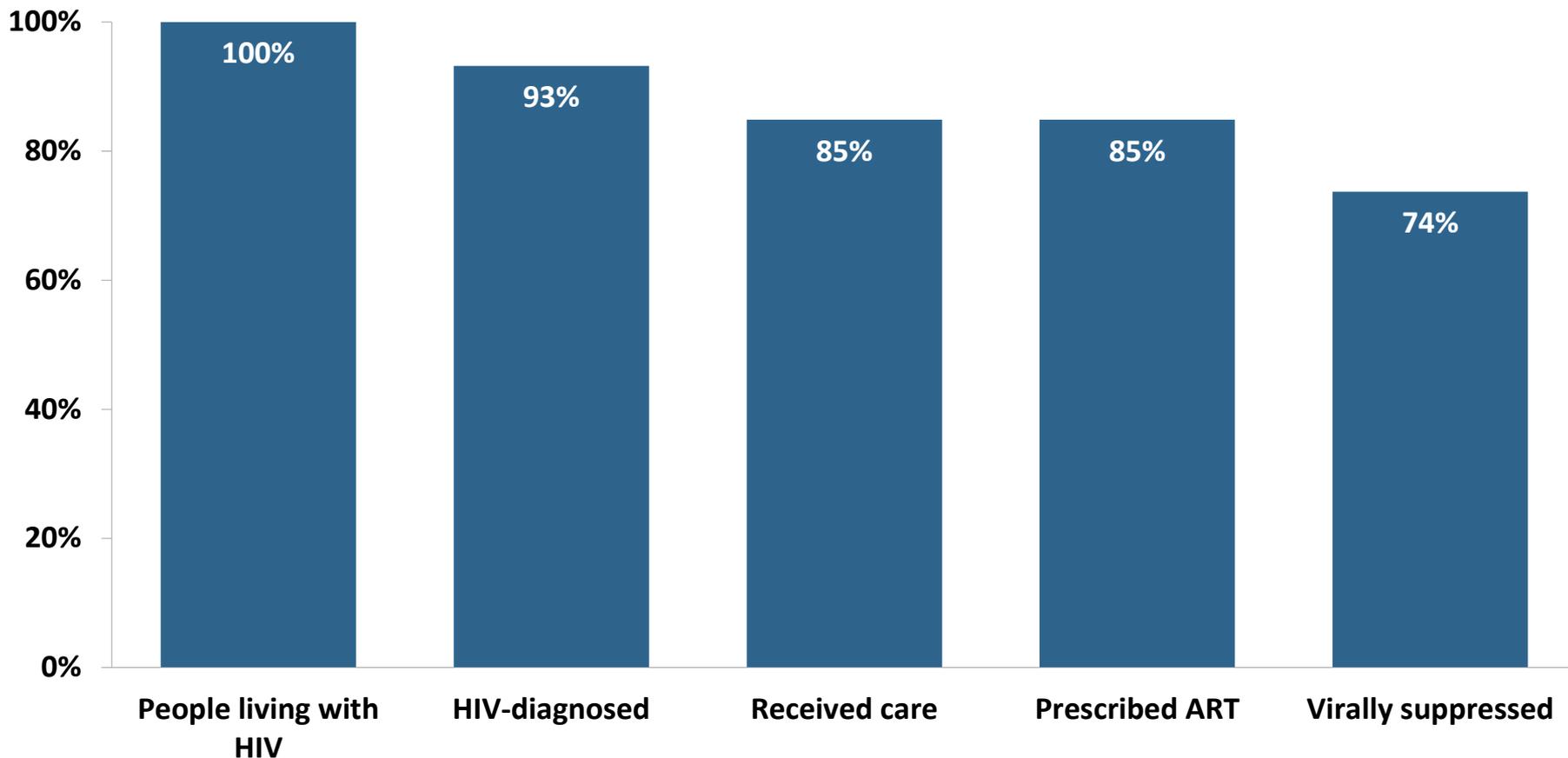
Of the approximately 14,000 Black MSM living with HIV in NYC in 2021, 74% had a suppressed viral load.

[1]Includes MSM-IDU transmission category.
For definitions of the stages of the continuum of care, see Appendix 2.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022

PROPORTION OF LATINO/HISPANIC MSM[1] LIVING WITH HIV IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2021

Bar chart showing:
- People living with HIV: 100%
- HIV-diagnosed: 94%
- Received care: 87%
- Prescribed ART: 87%
- Virally suppressed: 80%
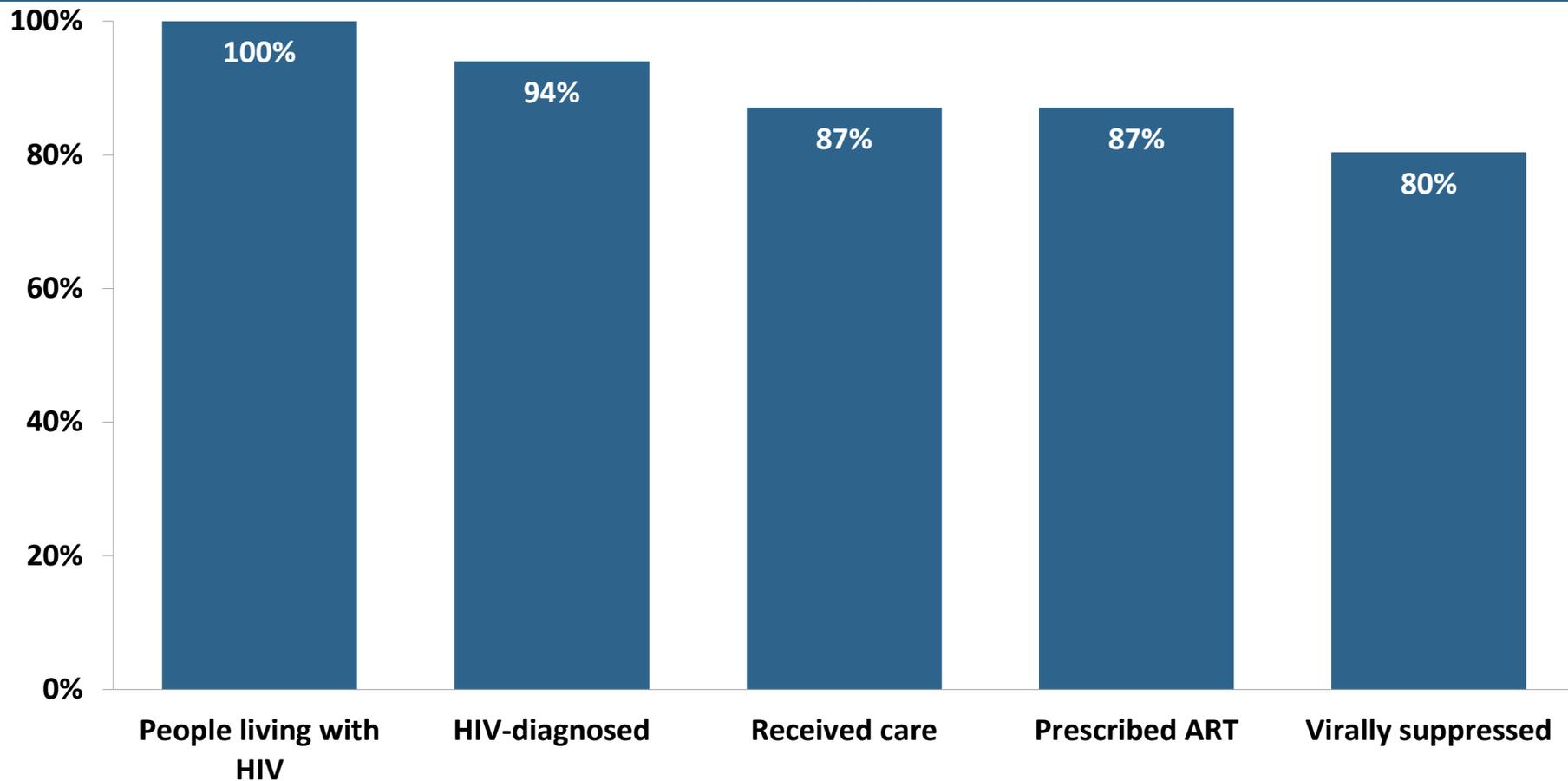
Of the approximately 14,000 Latino/Hispanic MSM living with HIV in NYC in 2021, 80% had a suppressed viral load.

[1]Includes MSM-IDU transmission category.
For definitions of the stages of the continuum of care, see Appendix 2.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

PROPORTION OF WHITE MSM[1] LIVING WITH HIV IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2021
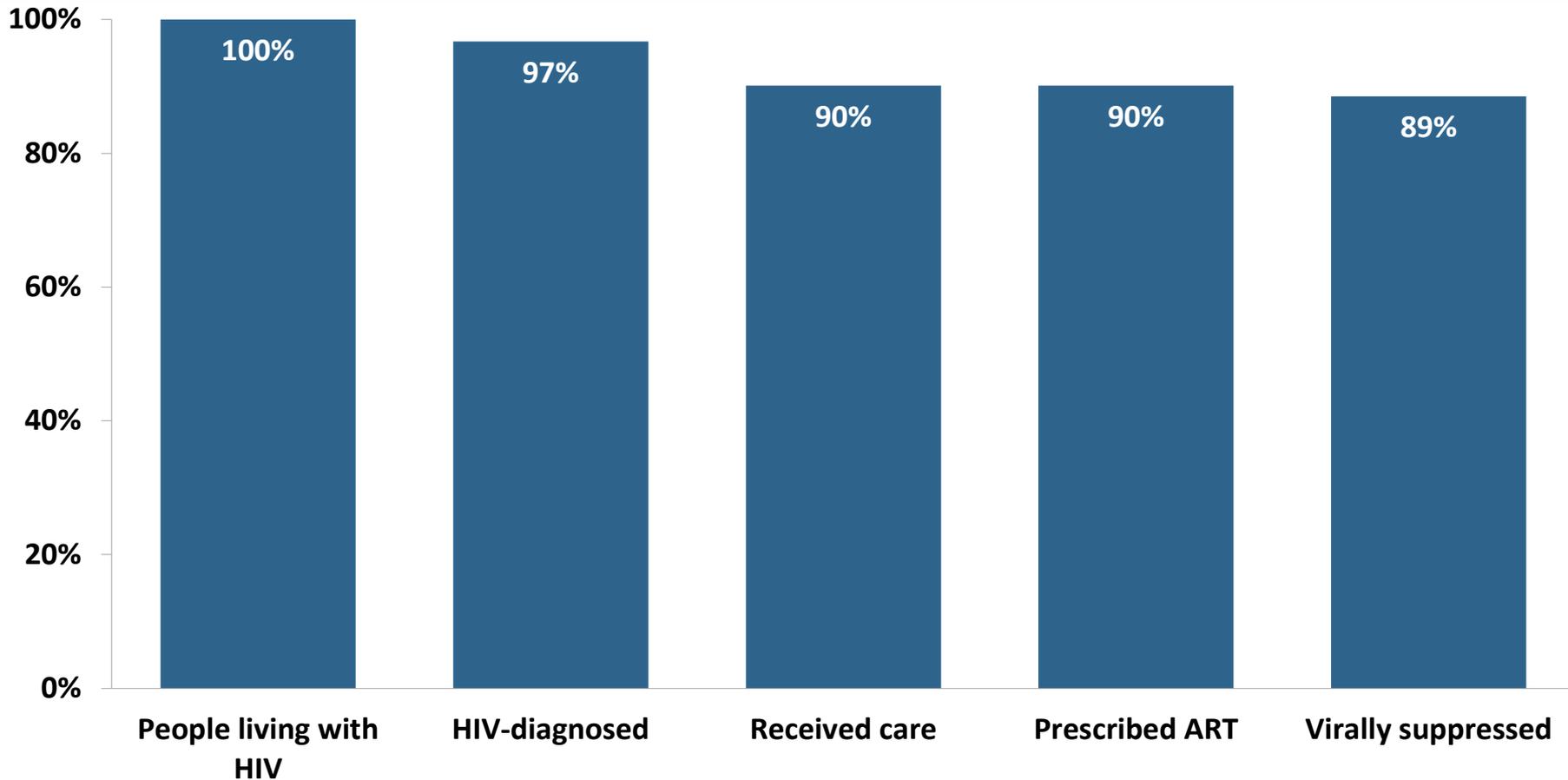
Of the approximately 10,500 White MSM living with HIV in NYC in 2021, 89% had a suppressed viral load.

[1]Includes MSM-IDU transmission category.
For definitions of the stages of the continuum of care, see Appendix 2.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

PROPORTION OF ASIAN/PACIFIC ISLANDER MSM[1] LIVING WITH HIV IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2021
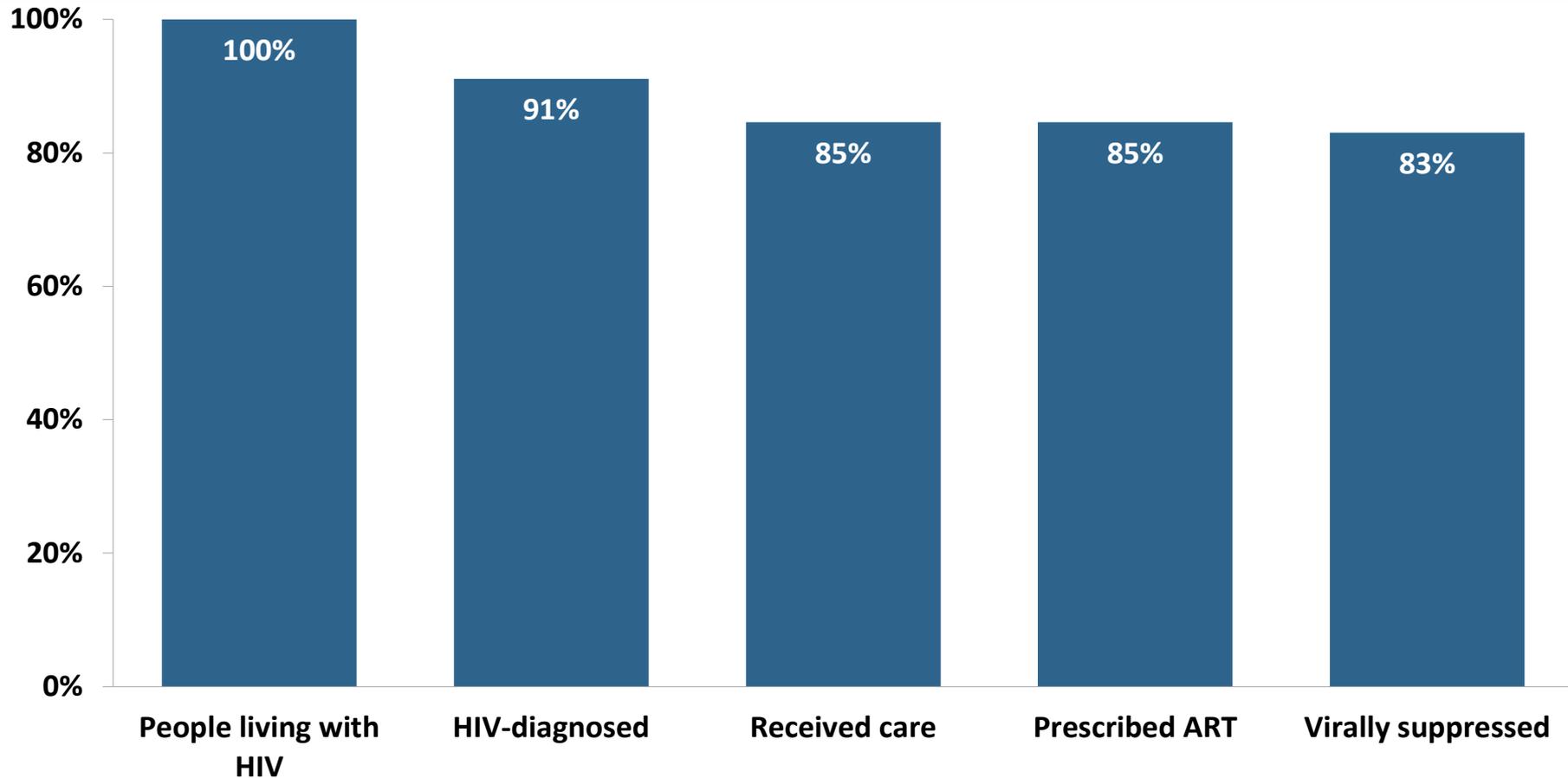
Of the approximately 1,500 Asian/Pacific Islander MSM living with HIV in NYC in 2021, 83% had a suppressed viral load.

[1]Includes MSM-IDU transmission category.
For definitions of the stages of the continuum of care, see Appendix 2.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

PROPORTION OF NATIVE AMERICAN MSM[1] LIVING WITH HIV IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2021

Bar chart showing:
- People living with HIV: 100%
- HIV-diagnosed: 93%
- Received care: 84%
- Prescribed ART: 84%
- Virally suppressed: 71%
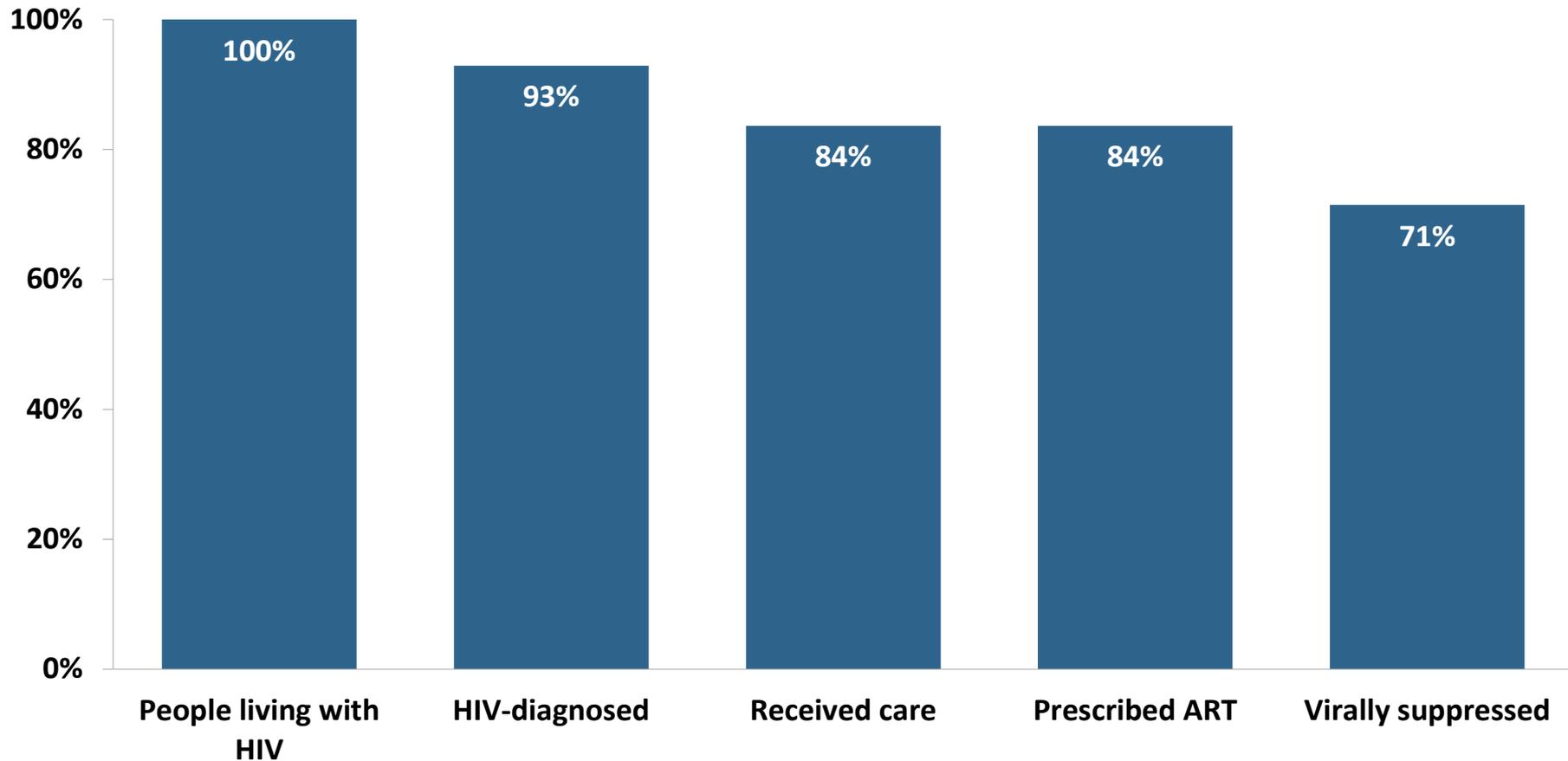
Of the approximately 100 Native American MSM living with HIV in NYC in 2021, 71% had a suppressed viral load.

[1]Includes MSM-IDU transmission category.
For definitions of the stages of the continuum of care, see Appendix 2.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

PROPORTION OF MULTIRACIAL MSM[1] LIVING WITH HIV IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2021
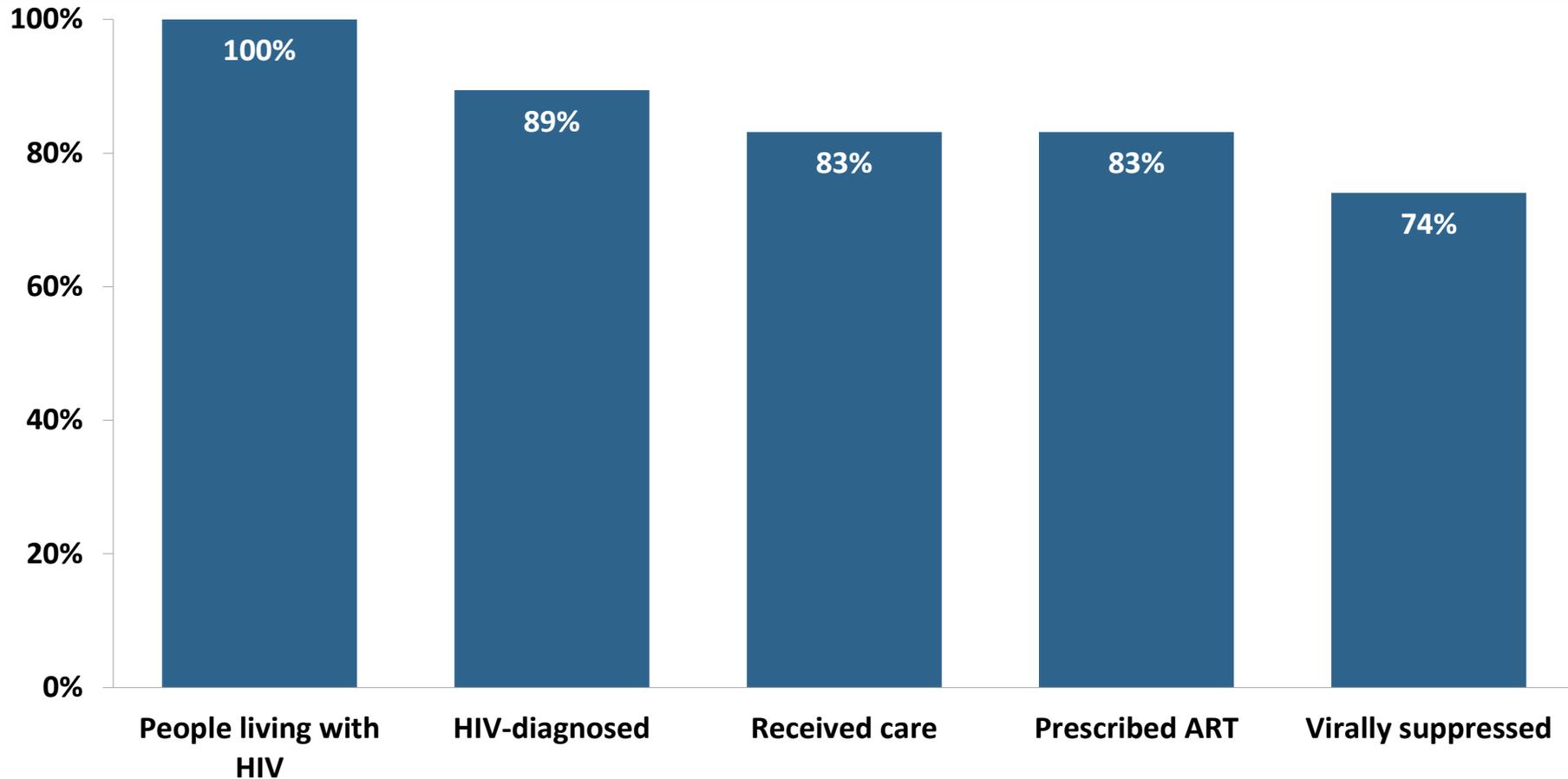
Of the approximately 240 Multiracial MSM living with HIV in NYC in 2021, 74% had a suppressed viral load.

[1]Includes MSM-IDU transmission category.
For definitions of the stages of the continuum of care, see Appendix 2.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

AGE-ADJUSTED DEATH RATES AMONG MSM[1] WITH HIV BY BOROUGH OF RESIDENCE IN NYC, 2020

All-cause death rate among MSM: 6.2

| Bronx N=114	Brooklyn N=111	Manhattan N=149	Queens N=74	Staten Island[2] N=6
10.9	7.8	4.9	6.9	4.7

Y-axis: Age-adjusted death rate per 1,000 mid-year PLWH
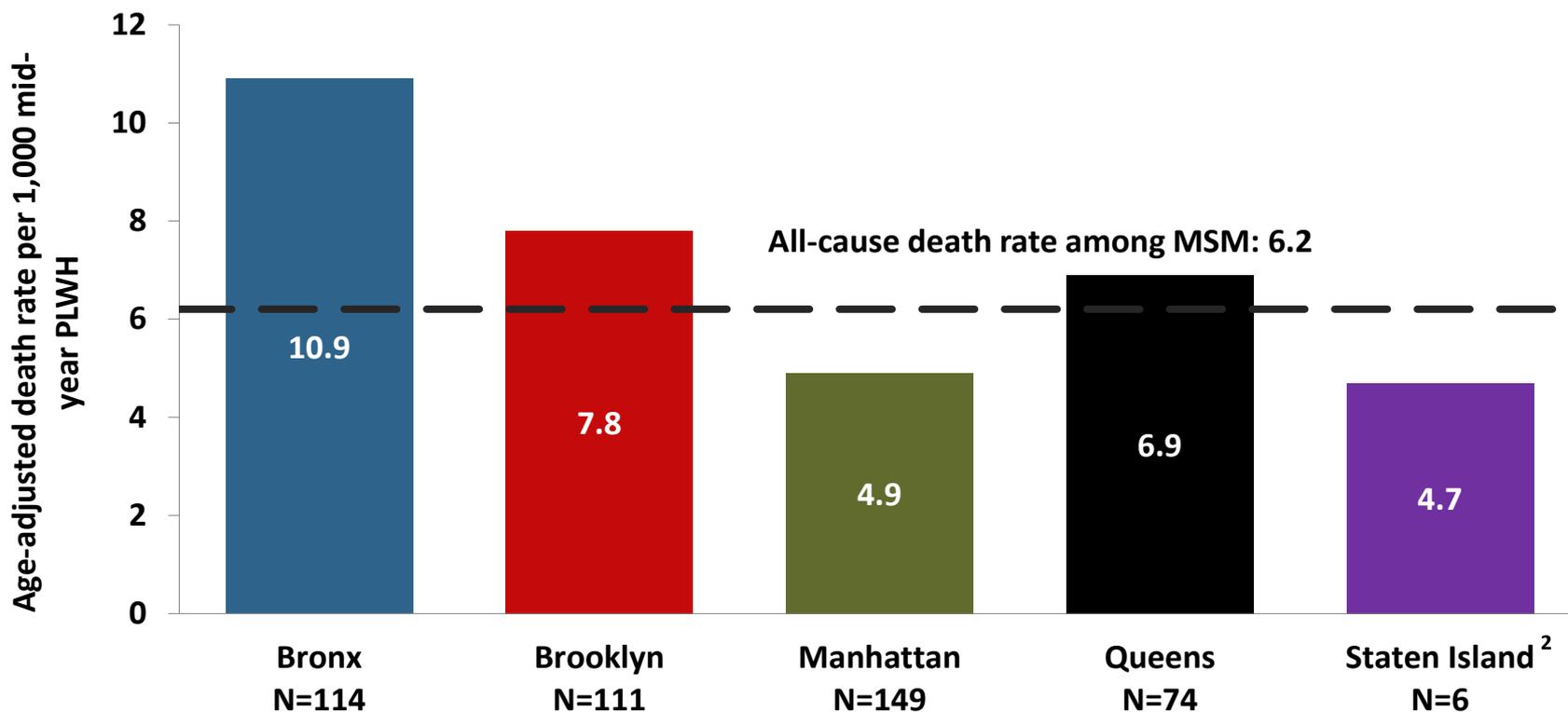
Although the highest number of deaths among MSM with HIV was among Manhattan residents, Bronx MSM with HIV had the highest death rate.

[1]Includes MSM-IDU transmission category.
[2]Rate is based on small numbers and should be interpreted with caution.
Rates are age-adjusted to the NYC Census 2010 population. Death data for 2020 are incomplete
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

CAUSE OF DEATH AMONG MSM[1] WITH HIV IN NYC, 2020[2]

Unknown
2%

HIV-related
18%
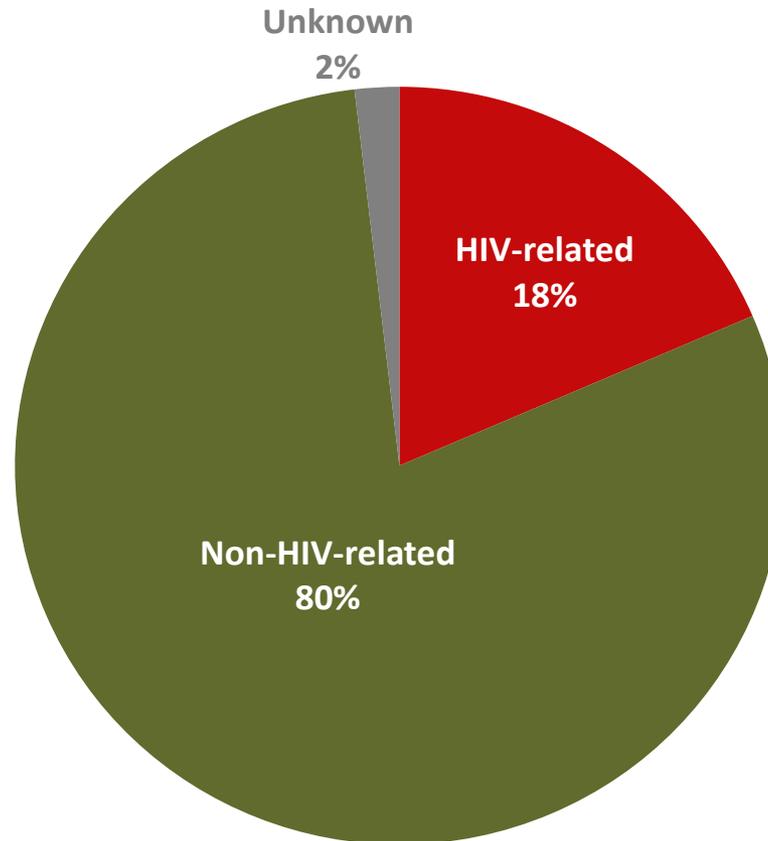
Non-HIV-related
80%

In 2020, 80% of deaths among MSM with HIV were due to non-HIV-related causes. Among these, the top causes were cardiovascular diseases (22%), COVID-19 (20%), and non-HIV-related cancers (16%).

[1]Includes MSM-IDU transmission category.
[2]Cause of death data are not yet available for 2021.
[3]ICD10 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, 2022

Age-adjusted death rate per 1,000 mid-year PLWH

All-cause
HIV-related
Non-HIV-related

All-cause death rate among all MSM: 6.2

Race/Ethnicity	All-cause	Non-HIV-related	HIV-related
Black N=204	9.2	6.8	2.4
Latino/Hispanic N=139	6.3	4.5	1.4
White N=189	5.9	4.9	1.0
Asian/Pacific Islander N=8	3.7	2.2	1.5
Native American N=1	3.7	3.7	
Multiracial N=3	24.1	13.3	10.8
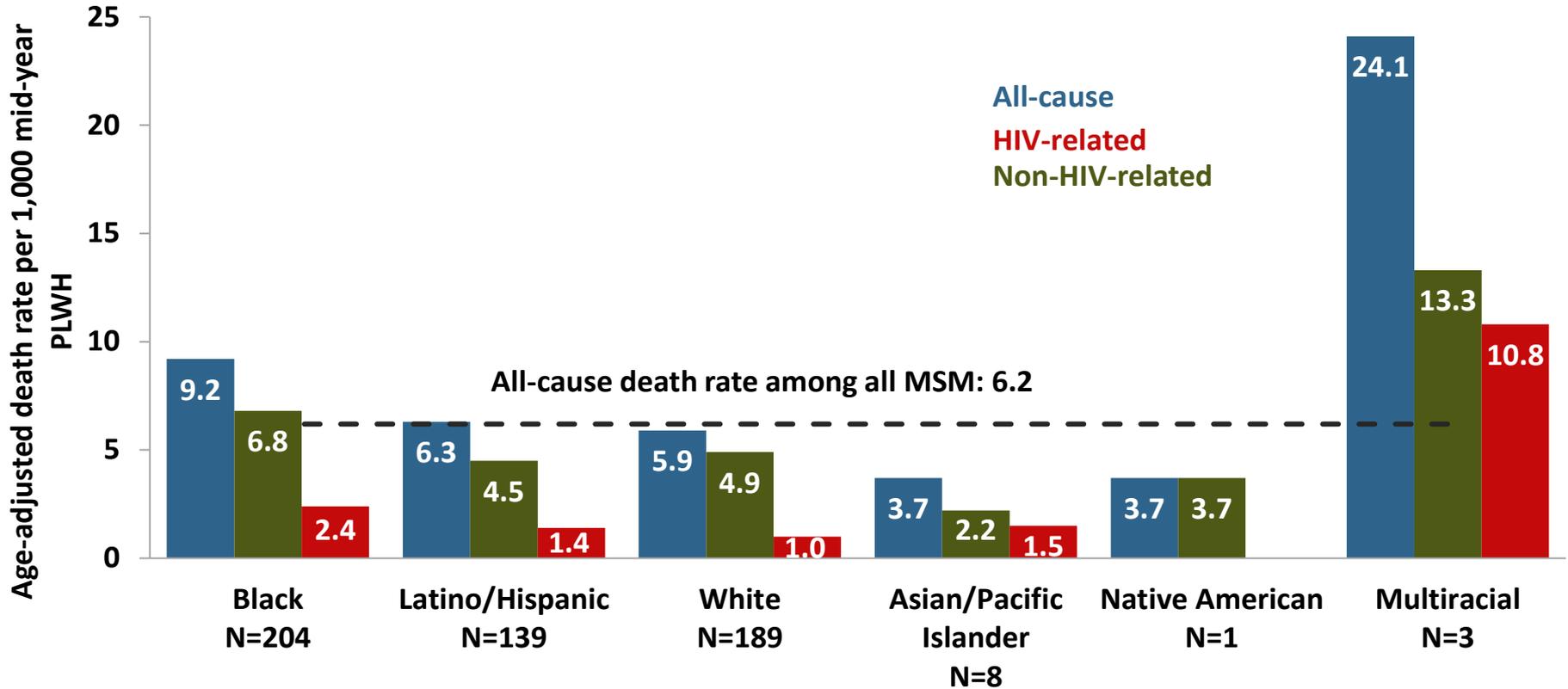
Age-adjusted death rates in 2020 were highest for Multiracial MSM, although the number of deaths in this group was low (N=3). Among MSM of all race/ethnicities, non-HIV-related death rates were higher than HIV-related death rates.

[1]Rates are age-adjusted to the NYC 2010 Census population. Cause of death data are not yet available for 2021. People newly diagnosed at death were excluded from the numerator. MSM with unknown cause of death included in overall death rates but not in HIV-related nor non-HIV-related death rates.
[2]Includes MSM-IDU transmission category.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

NYC Health

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
  - Please allow a minimum of two weeks 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 in NYC during the reporting period and reported in NYC.
- "Death rates" refer to deaths from all causes, unless otherwise specified.
- Data presented by "Transmission" categories include only individuals with a known or identified transmission category, except when an "unknown" category is presented.
- "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 during the reporting period and alive at the end of the reporting period.
- Transmission category information is collected from people's self-report, their diagnosing provider, or medical chart review. "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 category.
- "Men" includes transgender men. For more information on transgender surveillance in NYC, please see the "HIV among People identified as Transgender" slide set.
- 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=8 at time of publication) are displayed by sex at birth.
- The MSM transmission category does not include people known to surveillance to be transgender.

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.

APPENDIX 2:
TECHNICAL NOTES: NYC HIV CARE CONTINUUM

- "People living with HIV": calculated as "HIV-diagnosed" divided by the estimated proportion of men who have sex with men (MSM) living with HIV who had been diagnosed, 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 categorized as "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 received care and Virally Suppressed in New York City and the United States. *JAIDS* 2016;68(3):351-358.
- "Received care": PLWH with ≥1 VL or CD4 count or CD4 percent drawn in the calendar year and reported to NYC HIV surveillance.
  - Source: NYC HIV Surveillance Registry.
- "Prescribed ART": calculated as PLWH who "Received care" multiplied by the estimated proportion of MSM PLWH prescribed ART in the previous 12 months, 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.
- "Virally suppressed": calculated as PLWH in care with a most recent viral load measurement in the calendar year of <200 copies/mL, plus the estimated number of out-of-care 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 received care and Virally Suppressed in New York City and the United States. *JAIDS* 2016;68(3):351-358.