

HIV Among Men Who Have Sex With Men – New York City, 2024

HIV Epidemiology Program
New York City Department of Health and Mental Hygiene
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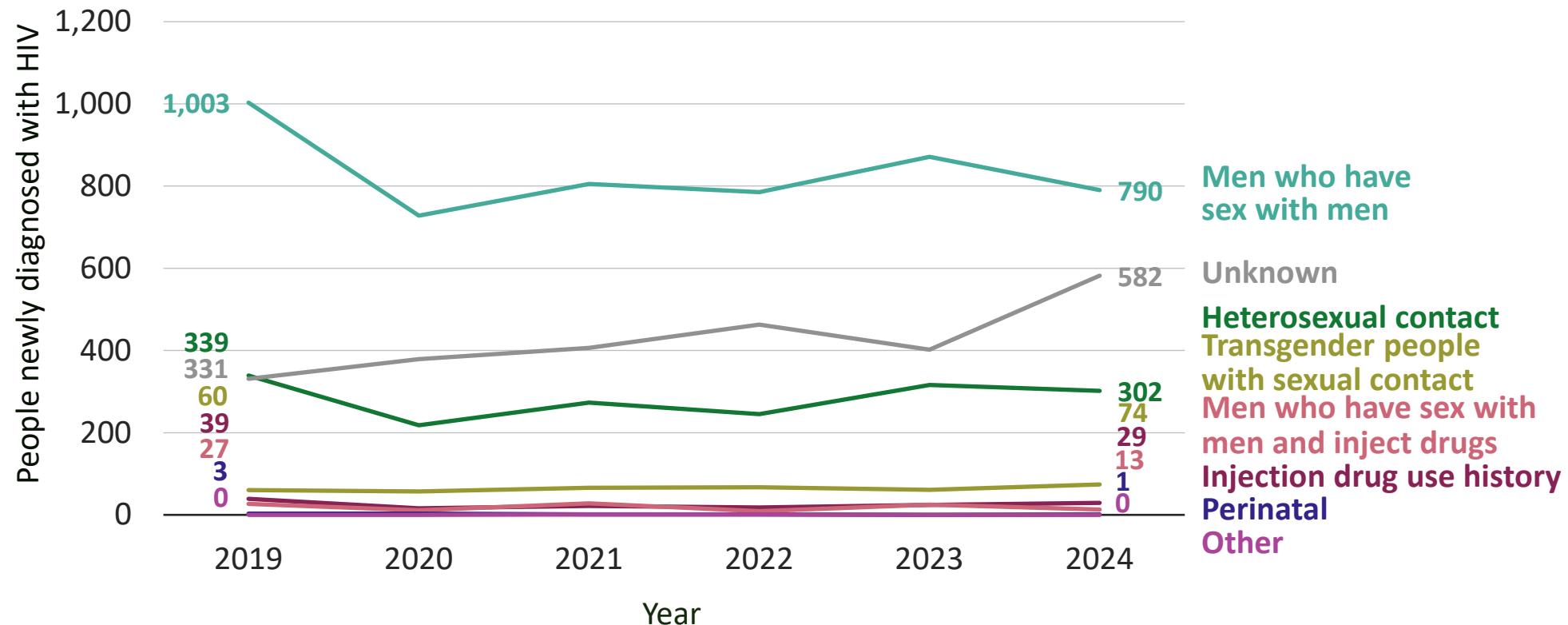
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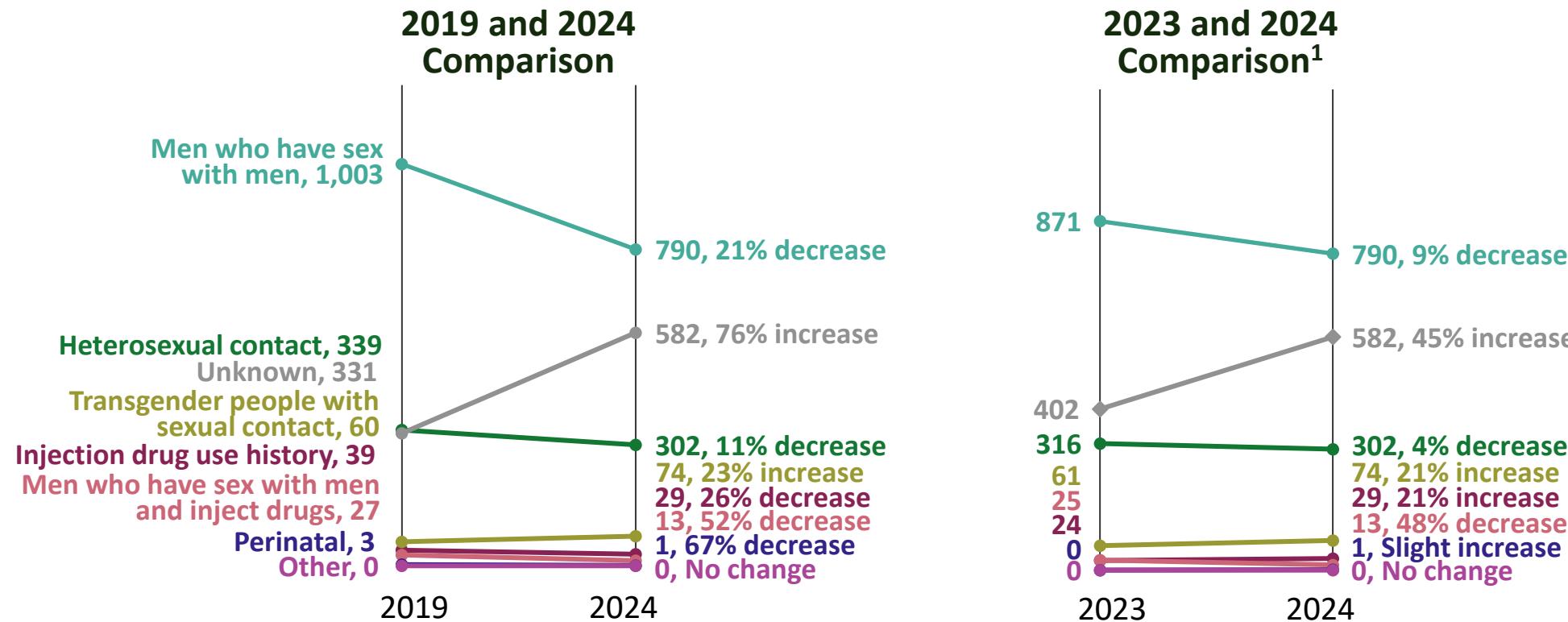
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Number of People Newly Diagnosed With HIV by Transmission Category – New York City, 2019-2024



MSM consistently experienced the highest number of new HIV diagnoses, representing 65% of new diagnoses among people for whom data on transmission category were available in 2024. In 2024, MSM and MSM who have an injection drug use history represented a combined 45% of new diagnoses overall and 66% among those with a known transmission category.

Number of People Newly Diagnosed With HIV and Percent Change by Transmission Category – New York City in 2019, 2023, and 2024



The number of people newly diagnosed with HIV who were known to be MSM decreased from 2019 to 2024 (21%) and from 2023 to 2024 (9%). However, the number of people newly diagnosed with HIV with an unknown transmission category increased 76% from 2019 to 2024 (76%) and from 2023 and 2024 (45%). Due to the relatively large number of people with an unknown transmission category, percent change calculations for all other groups should be interpreted with caution.

Basic Statistics of HIV Among MSM¹ – New York City, 2024

- **803 MSM newly diagnosed with HIV**
 - Including 116 MSM concurrently diagnosed with AIDS (14.4% of diagnoses)
- **463 MSM newly diagnosed with AIDS²**
- **There are an estimated 45,700 MSM with HIV³**
- **464 deaths among MSM with HIV**
 - 5.2 deaths per 1,000 MSM with HIV⁴

MSM = men who have sex with men

¹Excludes people known to have been diagnosed outside NYC.

²An AIDS diagnosis within 31 days of an HIV diagnosis is considered a concurrent diagnosis.

³Includes people concurrently diagnosed with HIV and AIDS.

⁴Approximate value calculated as the number of people with HIV divided by the estimated proportion of people with HIV who had been diagnosed, see Technical Notes for more details.

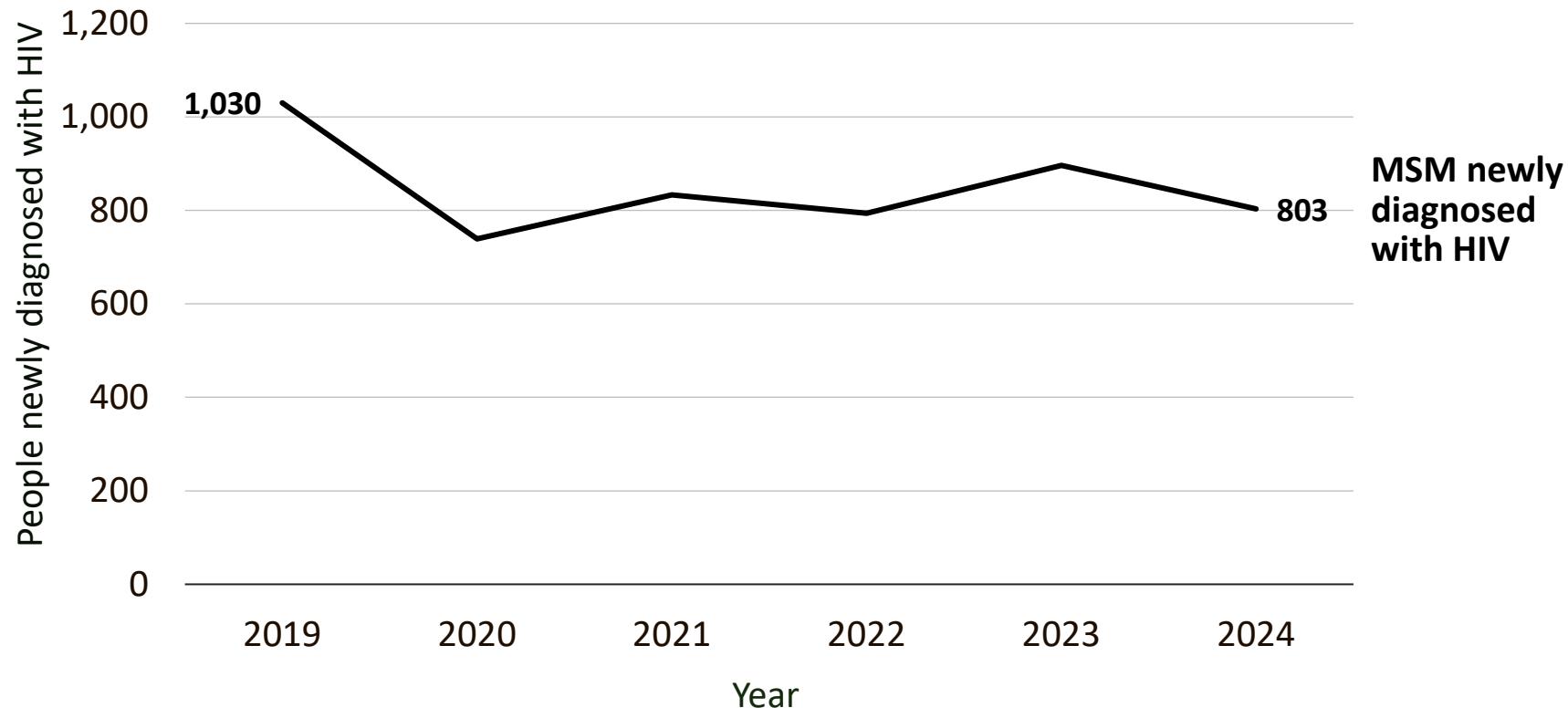
⁵Includes deaths from any cause in people with HIV. Death data for 2024 are incomplete.

⁶Age-adjusted to the 2000 U.S. Standard Population. People newly diagnosed with HIV at death were excluded from the analysis.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.

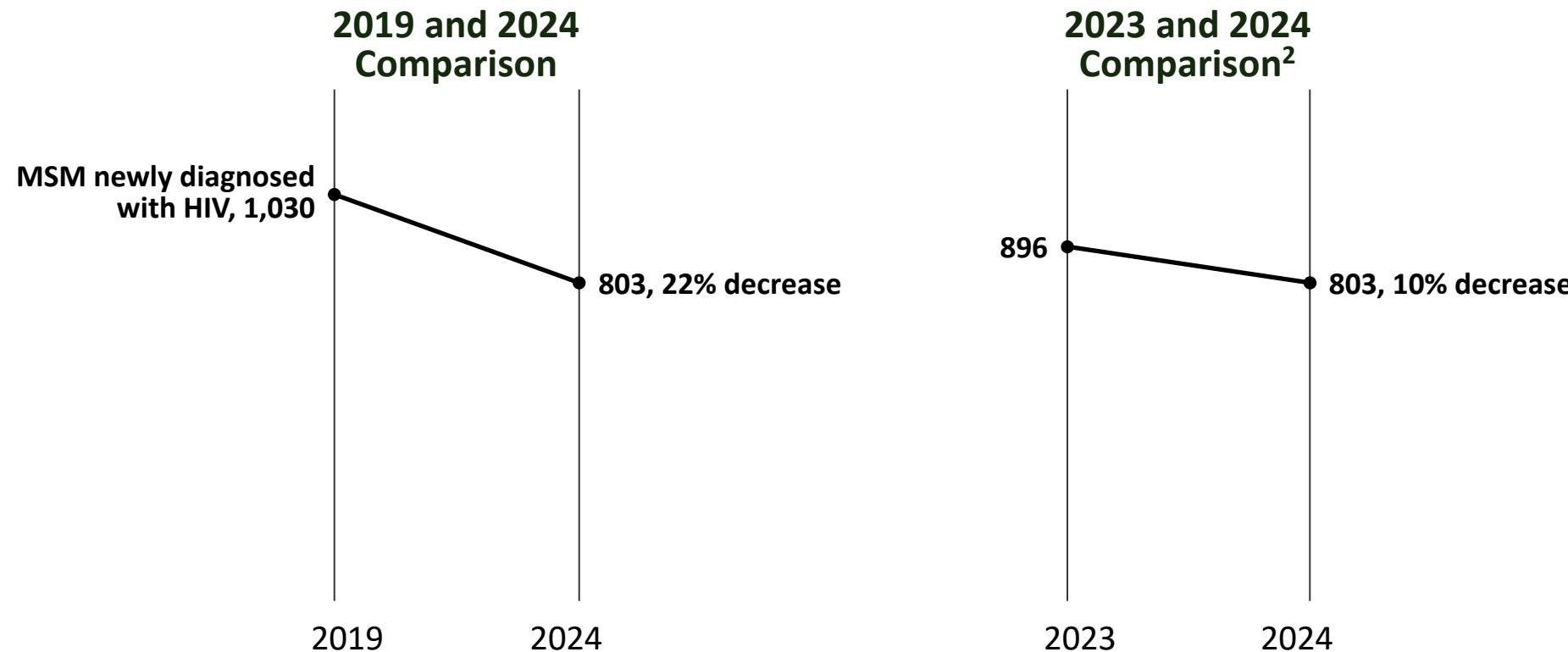
Number of New HIV Diagnoses Among MSM¹

– New York City, 2019–2024



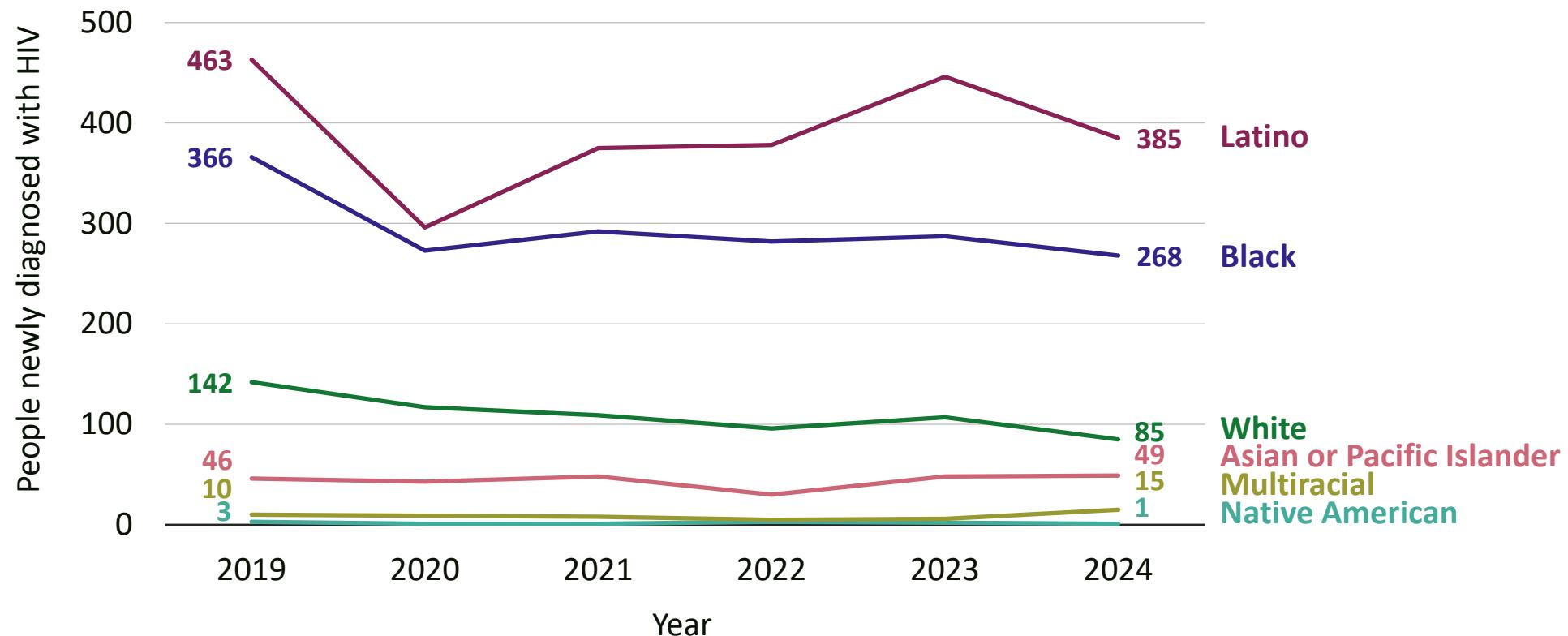
The number of MSM newly diagnosed with HIV decreased from 2019 to 2024; the number has been relatively stable since 2020. In 2024, MSM represented 45% of new HIV diagnoses overall and 59% of diagnoses among men.

Number of New HIV Diagnoses and Percent Change Among MSM¹ – New York City in 2019, 2023, and 2024



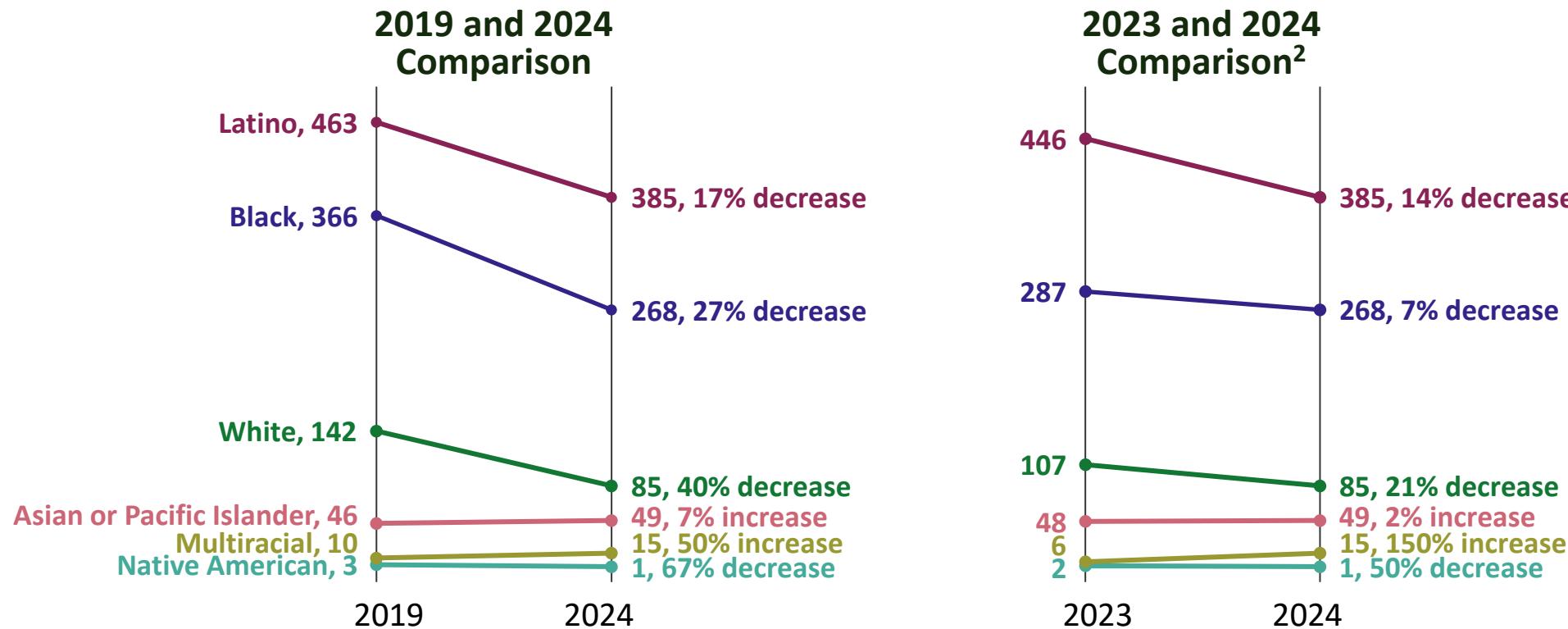
The number of MSM newly diagnosed with HIV decreased from 2019 to 2024 (22%) and 2023 to 2024 (10%).

Number of New HIV Diagnoses Among MSM¹ by Race and Ethnicity – New York City, 2019-2024



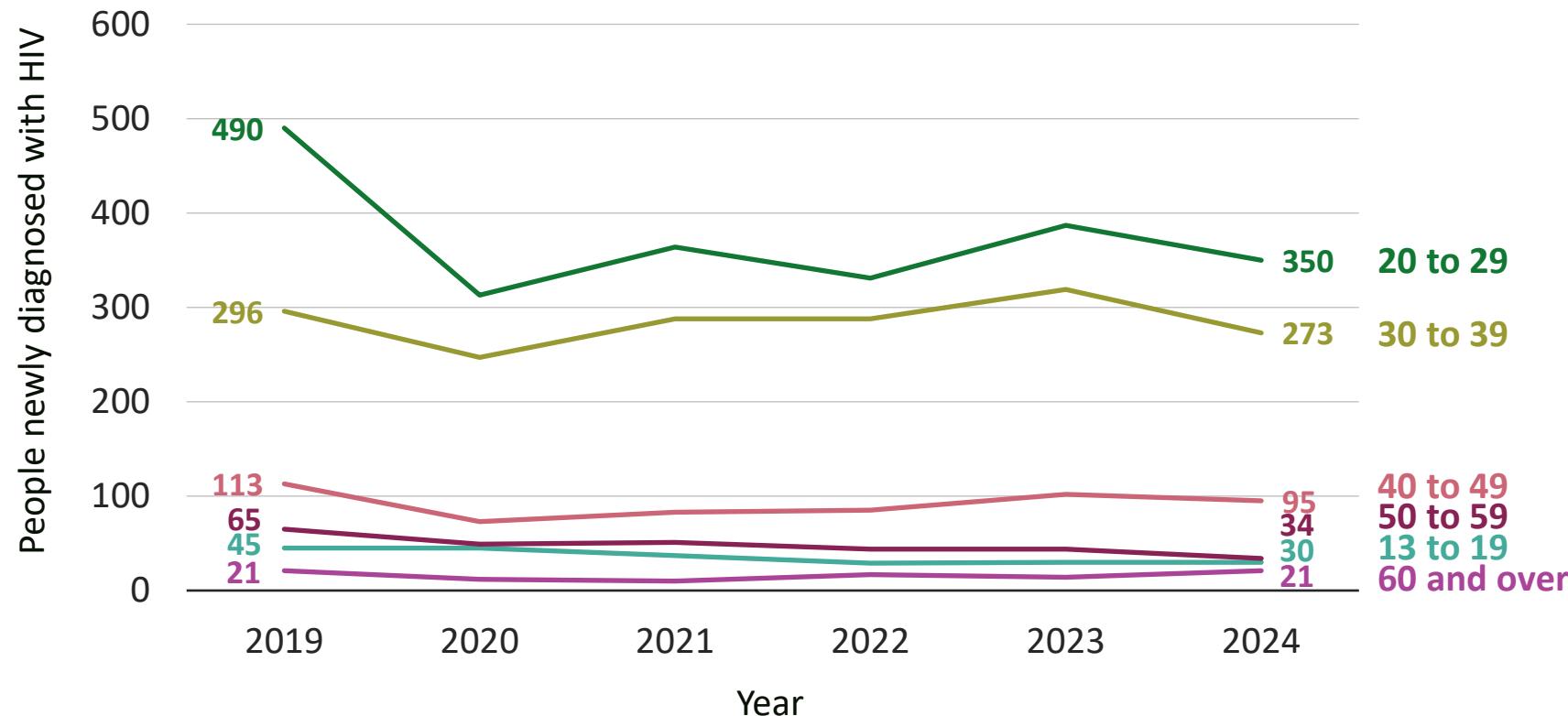
Black and Latino MSM consistently experienced the highest number of new HIV diagnoses, representing a combined 81% of new diagnoses among MSM in 2024. This is lower than the citywide proportion of diagnoses among Black and Latino people of 85% in 2024. From 2019 to 2024, the number of MSM newly diagnosed with HIV in all race and ethnicity groups decreased or remained relatively stable.

Number of New HIV Diagnoses and Percent Change Among MSM¹ by Race and Ethnicity – New York City in 2019, 2023, and 2024



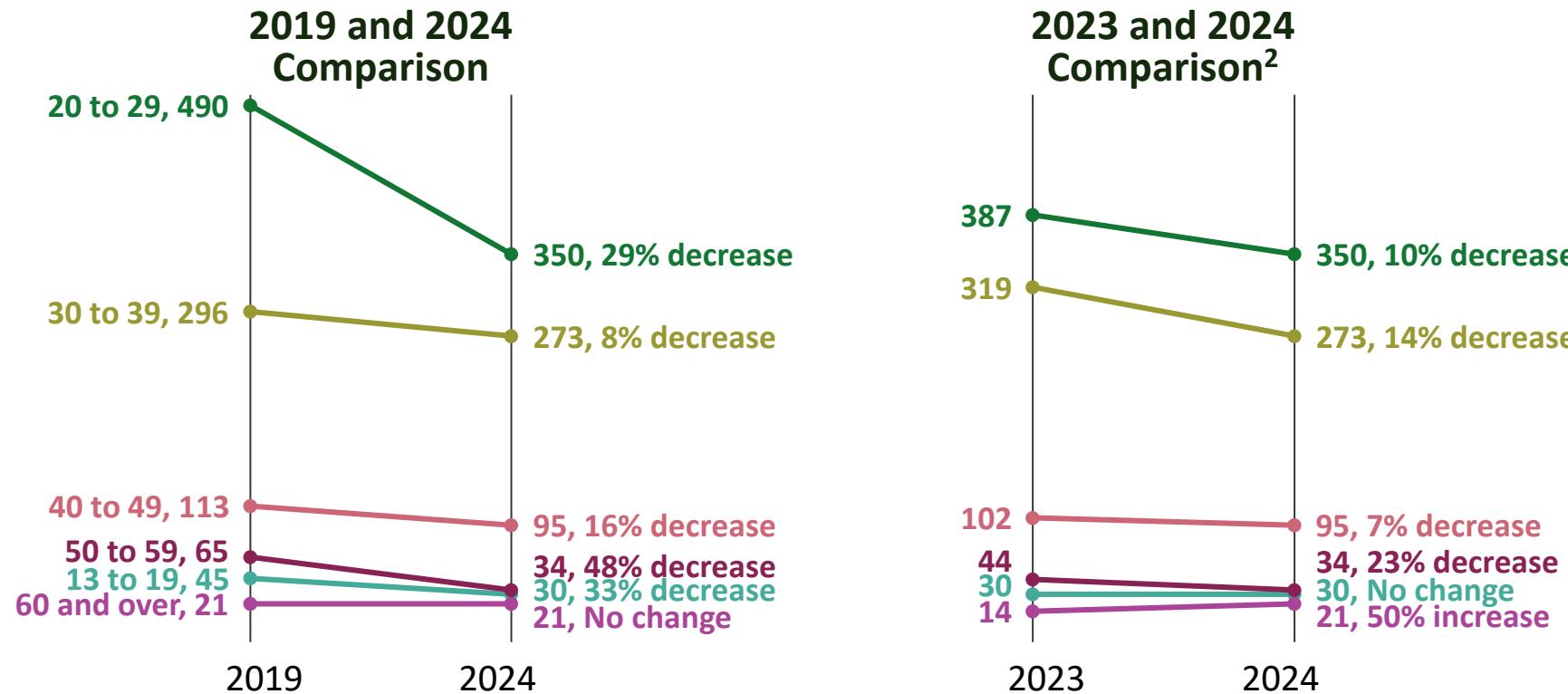
From 2019 to 2024, the number of MSM newly diagnosed with HIV decreased among Black men (17%), Latino men (27%), and white men (40%). All other race and ethnicity groups experienced relatively small numbers of new diagnoses during these years; percent change calculations for these groups should be interpreted with caution.

Number of New HIV Diagnoses Among MSM¹ by Age Group – New York City, 2019-2024



MSM ages 20 to 39 consistently experienced the highest number of new HIV diagnoses, representing a combined 78% of new diagnoses among MSM in 2024. This is higher than the citywide proportion of diagnoses among people ages 20 to 39 of 66% in 2024. From 2019 to 2024, the number of MSM newly diagnosed with HIV in all age groups decreased or remained relatively stable.

Number of New HIV Diagnoses and Percent Change Among MSM¹ by Age Group – New York City in 2019, 2023, and 2024



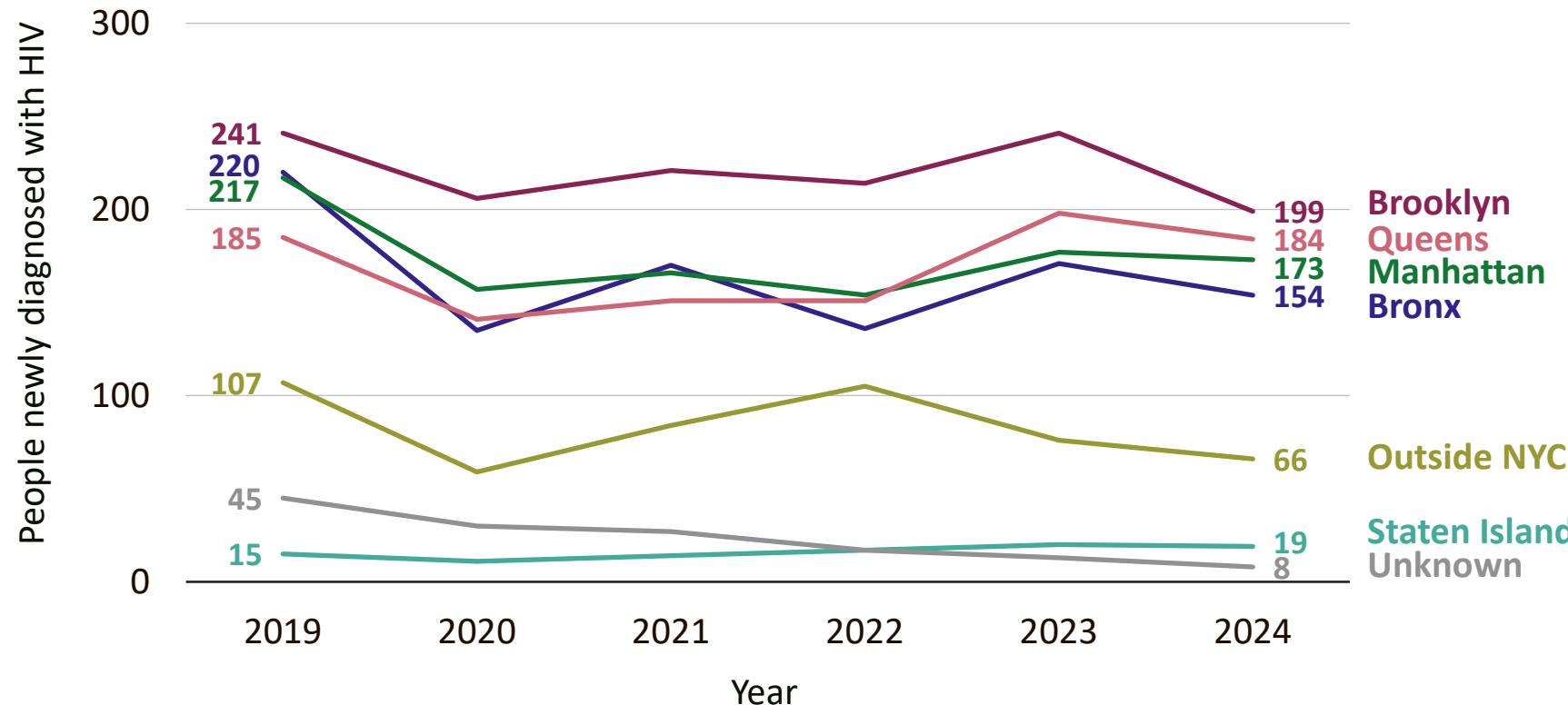
The number of MSM newly diagnosed with HIV decreased or remained relatively stable in all age groups from 2019 to 2024.

Number of New HIV Diagnoses Among MSM¹ by Race and Ethnicity and Age Group – New York City, 2024



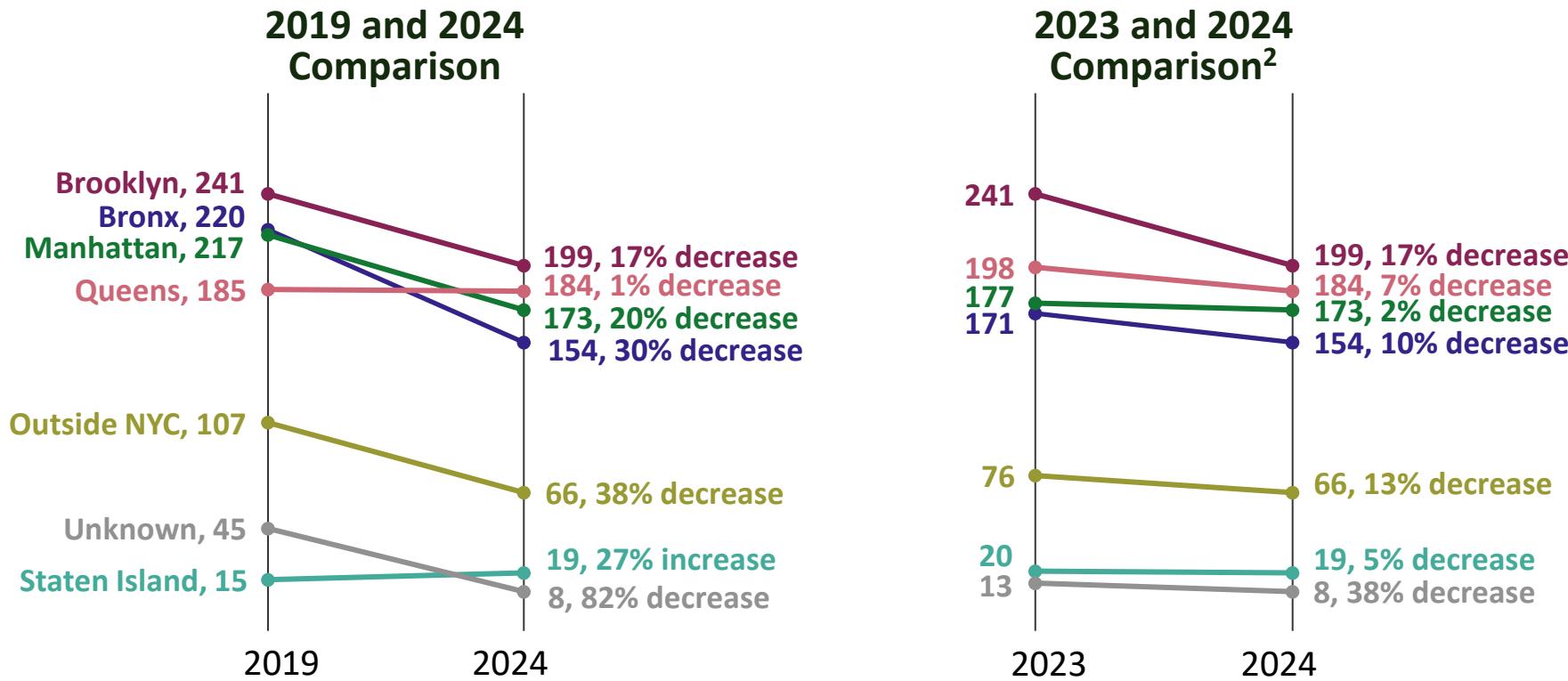
Black and Latino MSM ages 20 to 39 years experienced the highest number of new HIV diagnoses in 2024, representing a combined 65% of new diagnoses among MSM.

Number of New HIV Diagnoses Among MSM¹ by Borough of Residence – New York City, 2019-2024



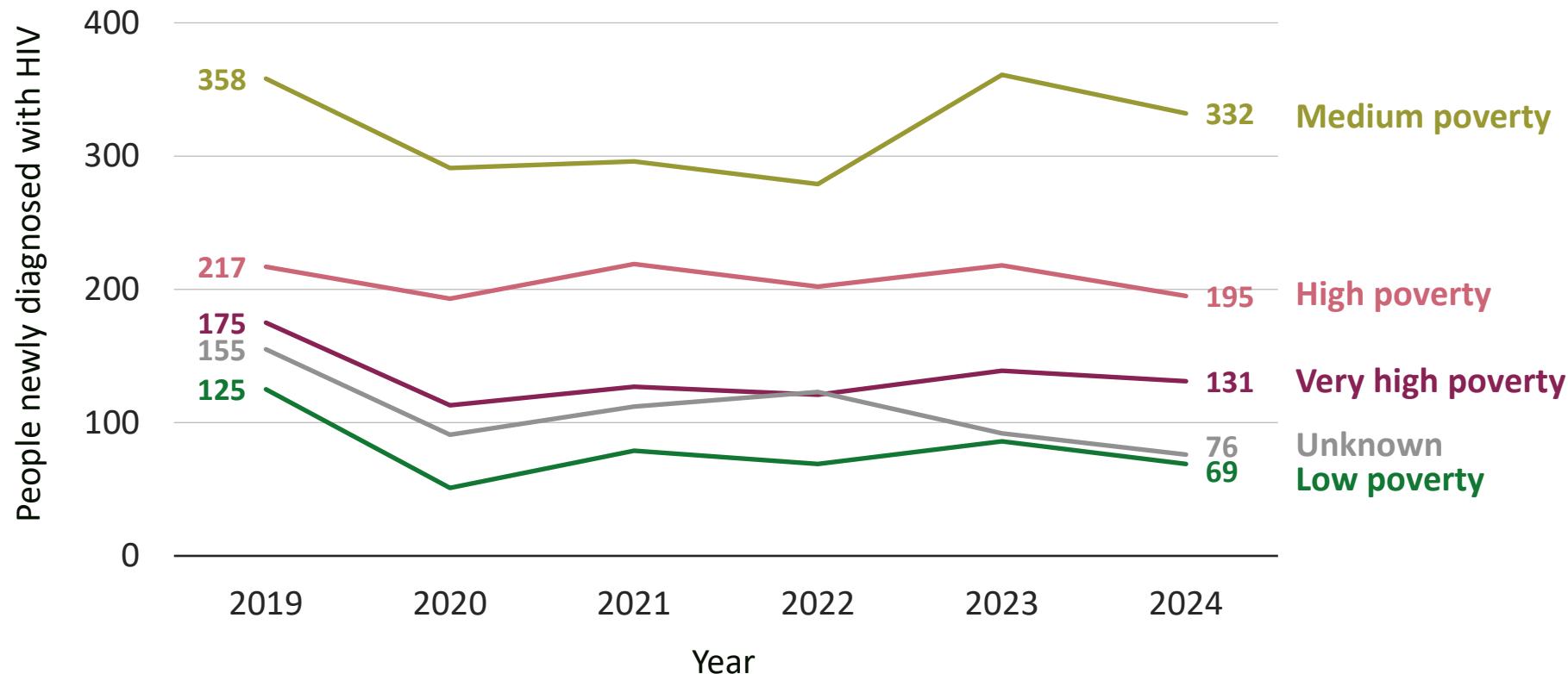
MSM residing in Brooklyn consistently experienced the highest number of new HIV diagnoses, representing 25% of new diagnoses among MSM in 2024. This is slightly lower than the citywide proportion of diagnoses among people residing in Brooklyn of 28%. From 2019 to 2024, the number of MSM newly diagnosed with HIV in all borough of residence groups decreased or remained relatively stable.

Number of New HIV Diagnoses and Percent Change Among MSM¹ by Borough of Residence – New York City in 2019, 2023, and 2024



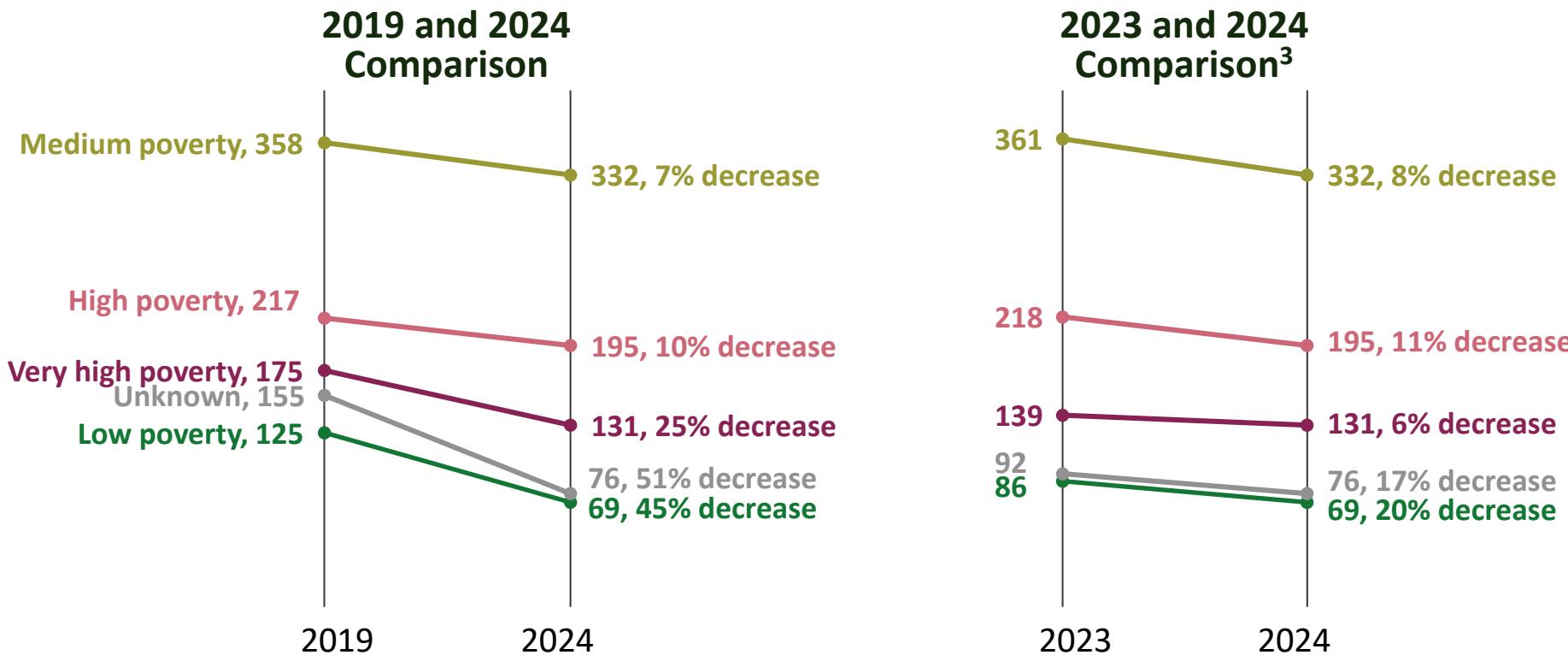
The number of MSM newly diagnosed with HIV decreased or remained relatively stable in all borough of residence groups from 2019 to 2024.

Number of New HIV Diagnoses Among MSM¹ by Neighborhood Poverty Level² – New York City, 2019-2024



Men residing in medium-poverty neighborhoods consistently experienced the highest number of new HIV diagnoses, representing 41% of new diagnoses among MSM in 2024. This is the same as the citywide proportion of diagnoses among people residing in medium-poverty neighborhoods in 2024. From 2019 to 2024, the number of MSM newly diagnosed with HIV in all neighborhood poverty level groups decreased or remained relatively stable.

Number of New HIV Diagnoses and Percent Change Among MSM¹ by Neighborhood Poverty Level² – New York City in 2019, 2023, and 2024



The number of MSM newly diagnosed with HIV decreased or remained relatively stable in all neighborhood poverty level groups from 2019 to 2024.

MSM = men who have sex with men

¹Includes MSM with an injection drug use history.

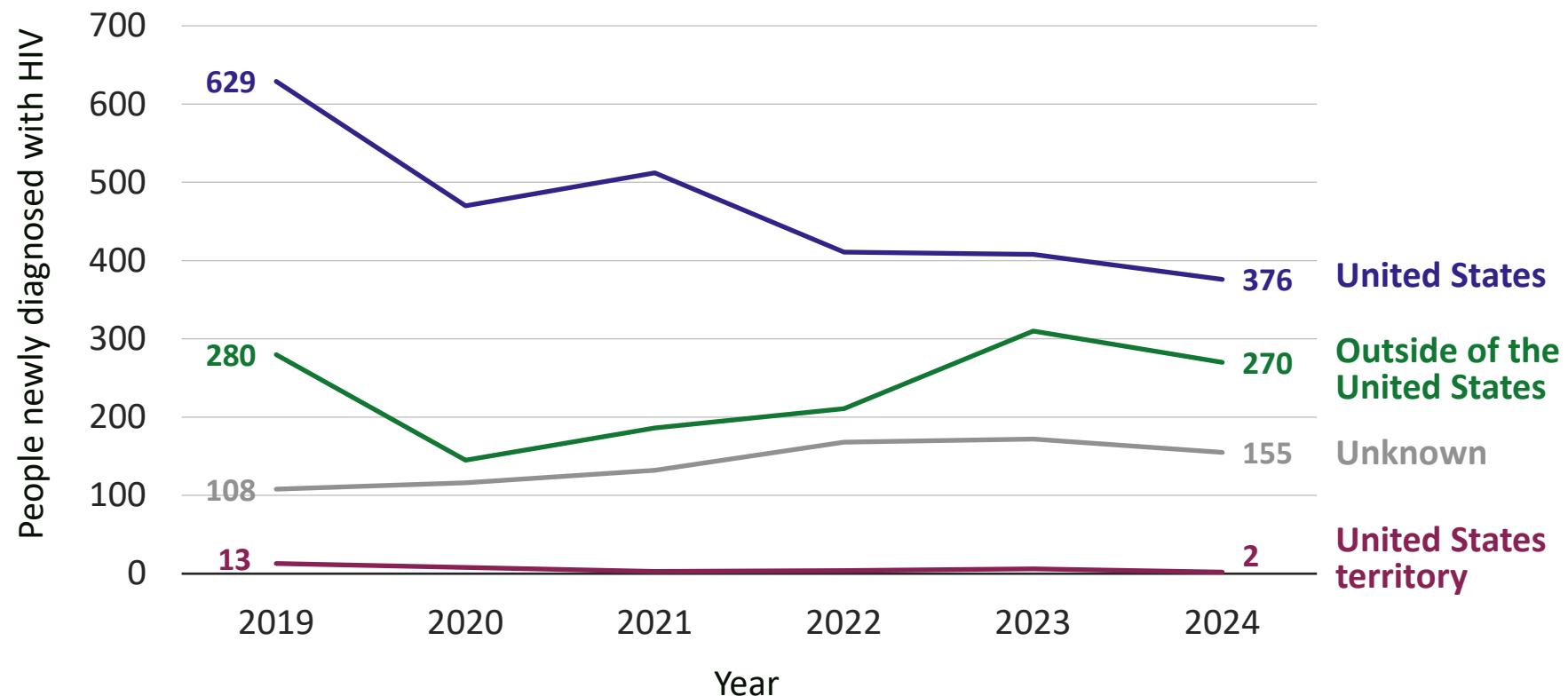
²Neighborhood poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.

Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty=>30% below FPL.

³One-year increases or decreases are not indicative of a trend and should be interpreted with caution.

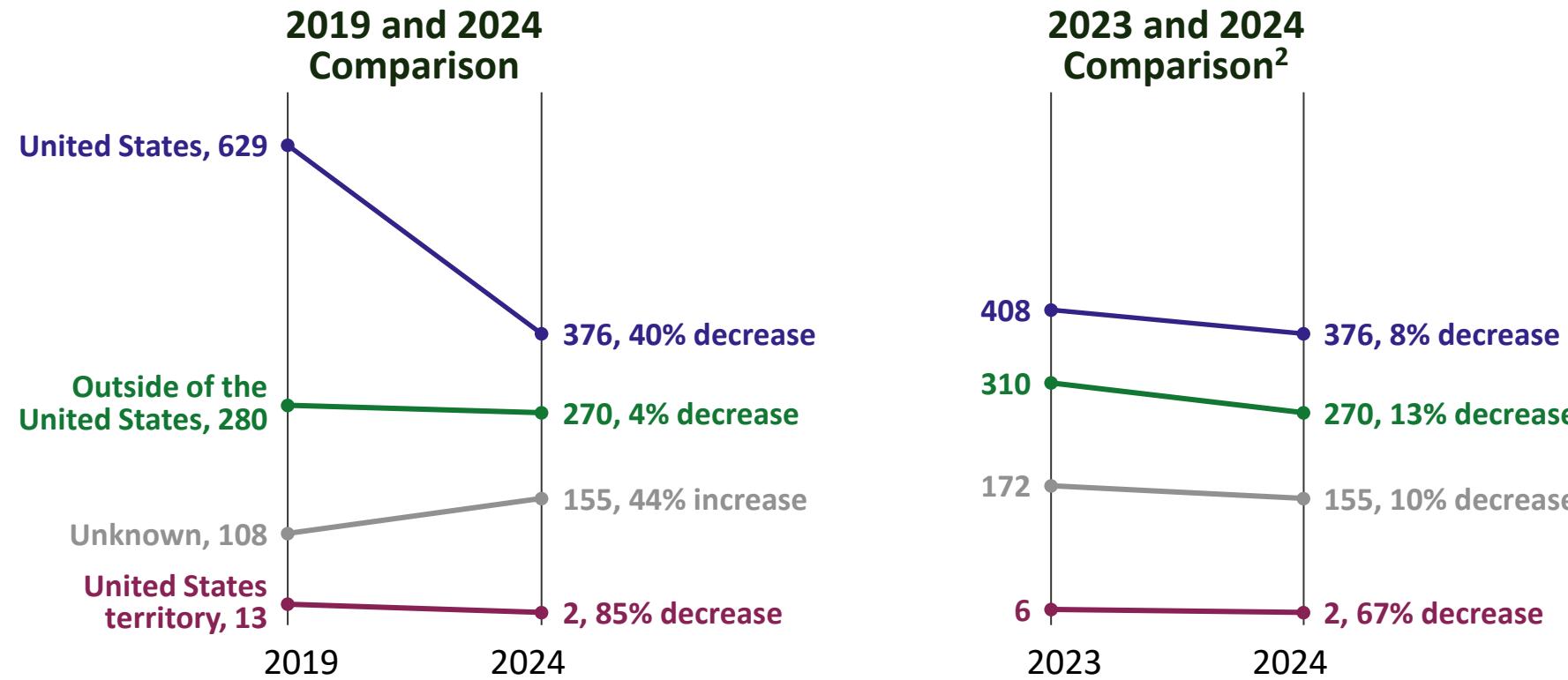
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.

Number of New HIV Diagnoses Among MSM¹ by Place of Birth – New York City, 2019-2024



Men born in the United States consistently experienced the highest number of new HIV diagnoses, representing 47% of new diagnoses among MSM in 2024. This is higher than the citywide proportion of diagnoses among people born in the United States of 38% in 2024. From 2019 to 2024, the number of MSM newly diagnosed with HIV increased among those with an unknown place of birth. MSM born outside of the U.S. experienced a steep decline from 2019 to 2020 and then an increase from 2020 to 2024. The number of new HIV diagnoses in all other place of birth groups decreased or remained stable.

Number of New HIV Diagnoses and Percent Change Among MSM¹ by Place of Birth – New York City in 2019, 2023, and 2024

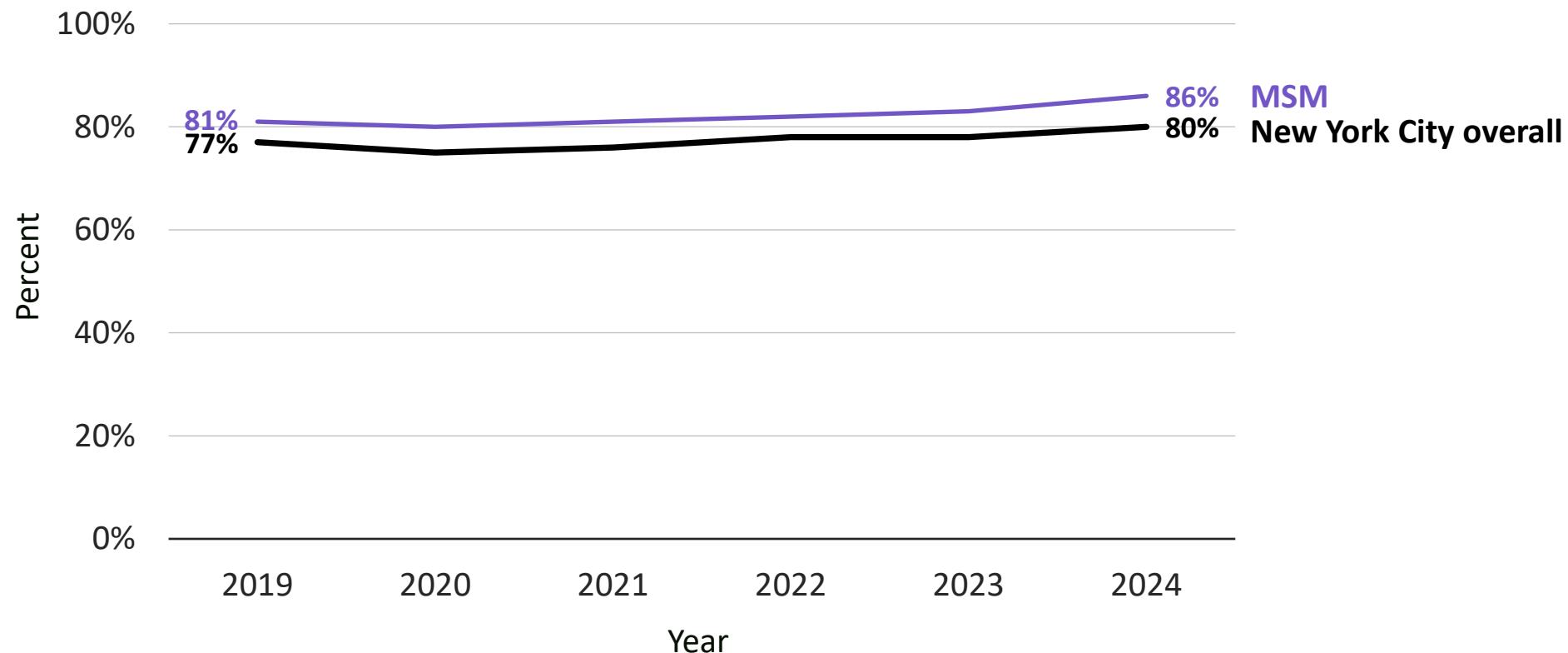


From 2019 to 2024, the number of MSM newly diagnosed with HIV increased among those with an unknown place of birth (44%). From 2023 to 2024, the number of MSM newly diagnosed with HIV decreased among those with an unknown place of birth (10%); one-year increases are not indicative of a trend and should be interpreted with caution. %). Due to the relatively large number of people with an unknown place of birth, percent change calculations for all other groups should be interpreted with caution.

Care Outcomes Among MSM Newly Diagnosed With HIV

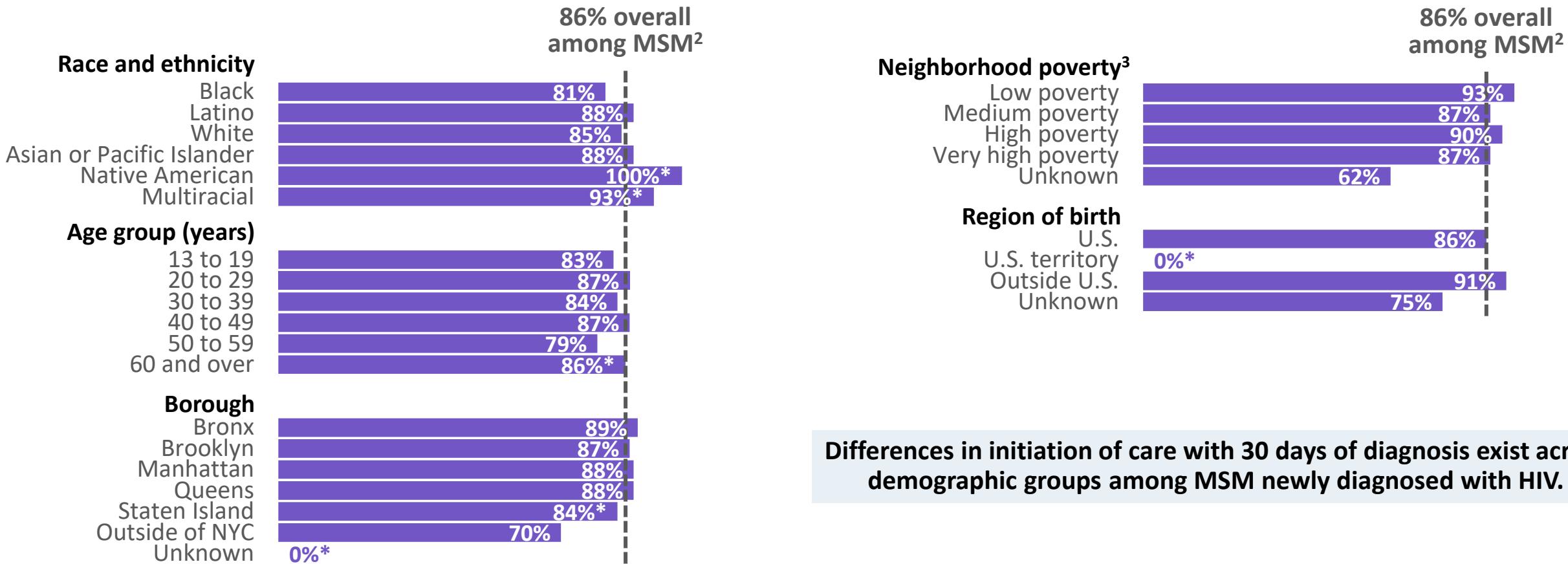
New York City

Initiation of Care¹ Within 30 Days of Diagnosis Among MSM² and Overall – New York City, 2019–2024



From 2019 to 2024, initiation of care within 30 days of diagnosis among MSM newly diagnosed with HIV increased by five percentage points and was higher than New York City.

Initiation of Care¹ Within 30 Days of Diagnosis Among MSM² by Demographic Group – New York City, 2024



Differences in initiation of care with 30 days of diagnosis exist across demographic groups among MSM newly diagnosed with HIV.

MSM = men who have sex with men

*Data should be interpreted with caution because of small population size.

¹Initiation of care is defined as receiving a CD4, viral load, or genotype test after an HIV diagnosis. People diagnosed at death have been excluded.

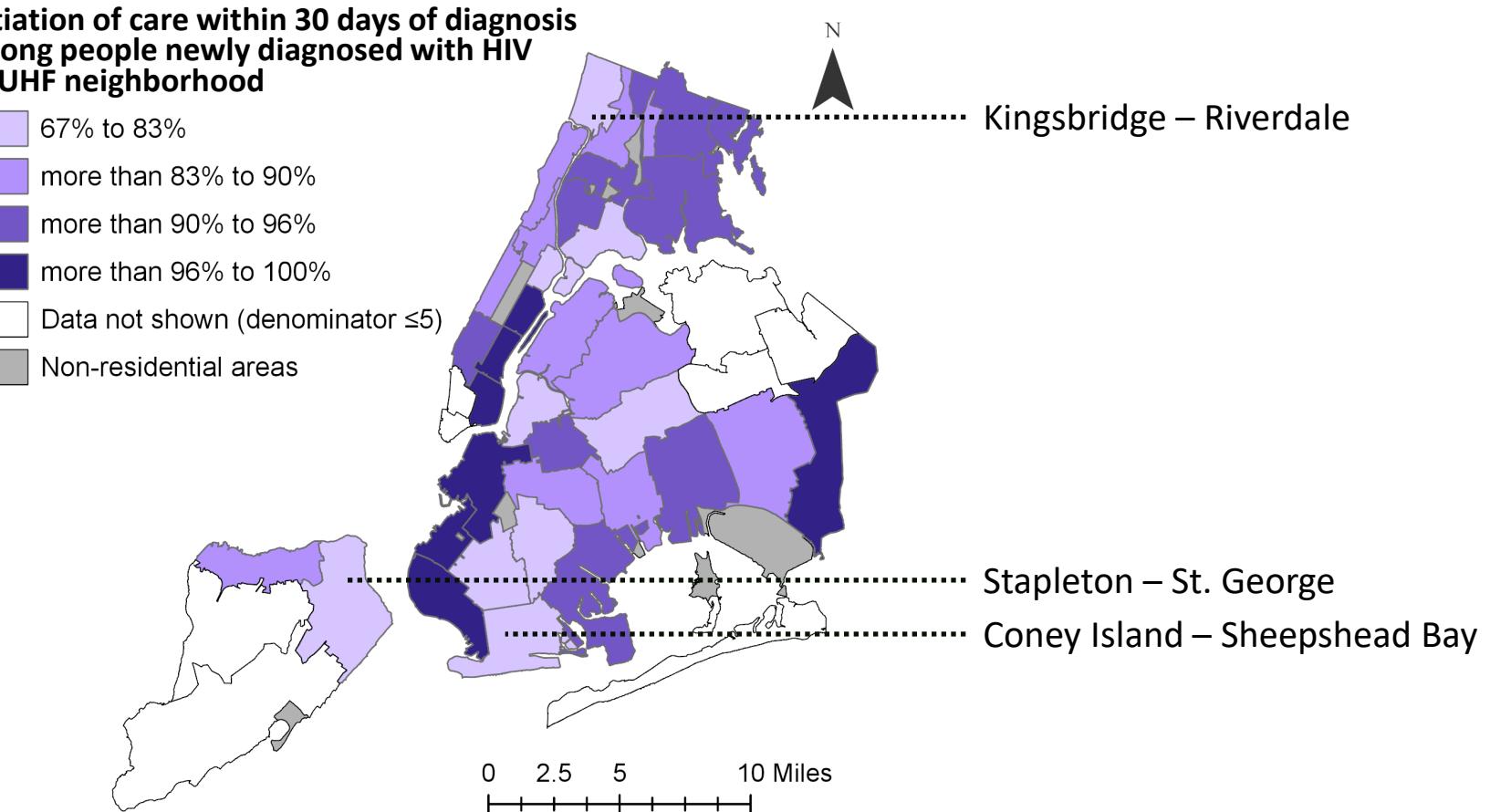
²Includes MSM with an injection drug use history.

³Neighborhood poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.

Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty=>30% below FPL.

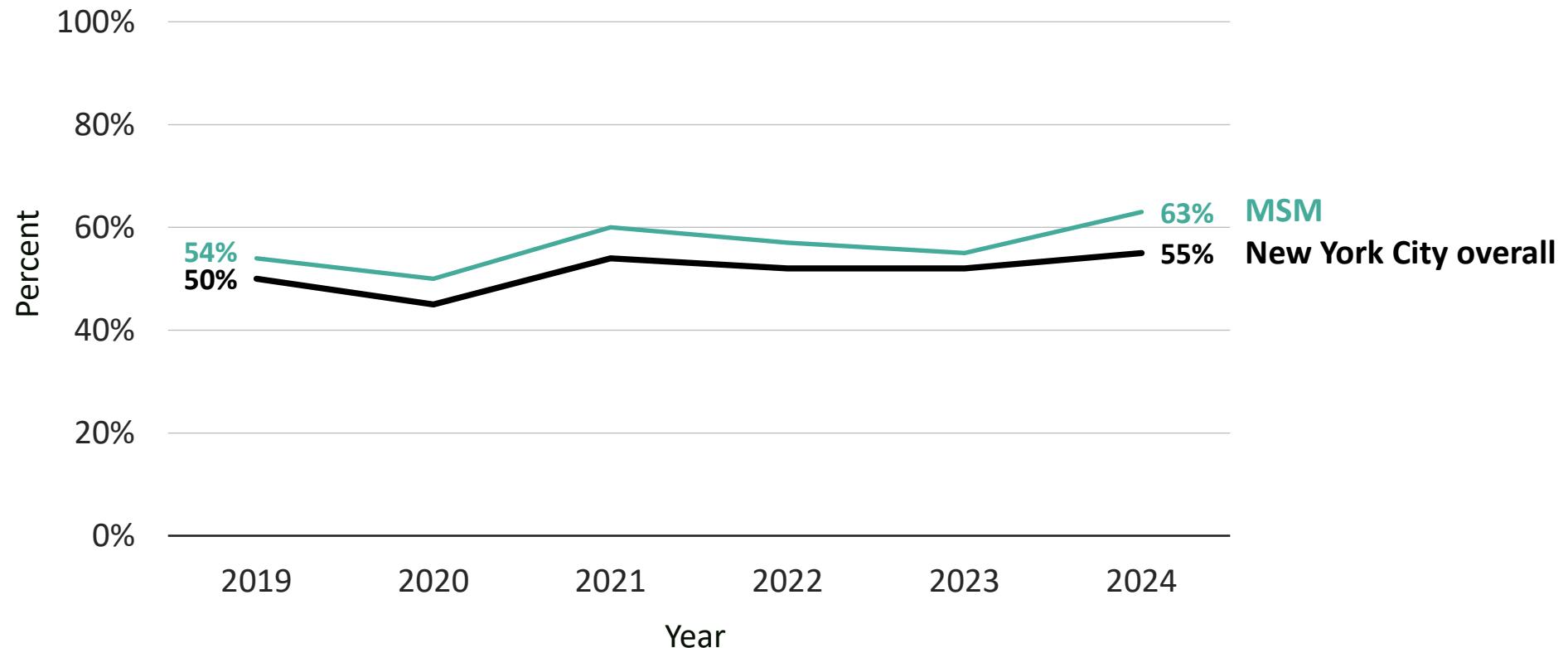
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.

Initiation of Care¹ Within 30 Days of Diagnosis Among MSM² by United Hospital Fund Neighborhood – New York City, 2024



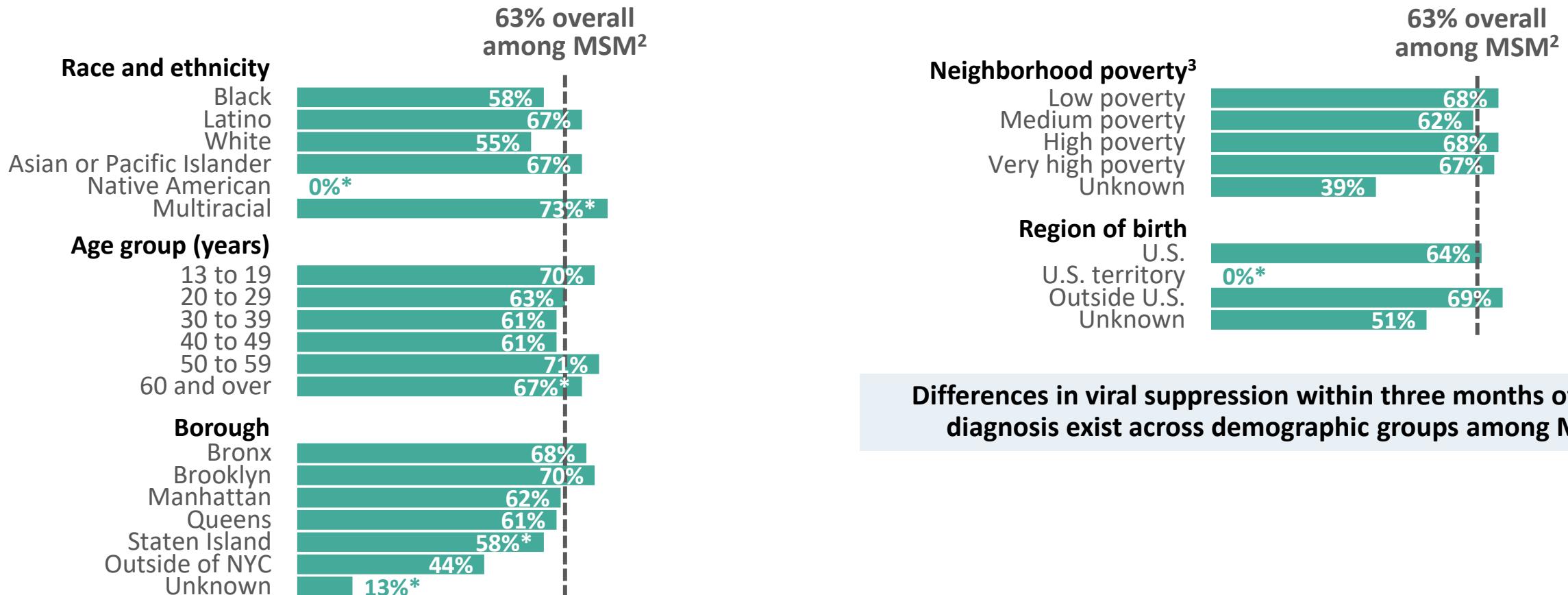
The neighborhoods with the lowest proportions of initiation of care within 30 days of diagnosis among MSM newly diagnosed with HIV were Kingsbridge – Riverdale (67%), Coney Island – Sheepshead Bay (71%), and Stapleton – St. George (71%).

Viral Suppression¹ Within Three Months of Diagnosis Among MSM² and Overall – New York City, 2019-2024



From 2019 to 2024, viral suppression within three months of an HIV diagnosis among MSM increased nine percentage points and was higher than New York City overall.

Viral Suppression¹ Within Three Months of Diagnosis Among MSM² by Demographic Group – New York City, 2024



MSM = men who have sex with men

*Data should be interpreted with caution because of small population size.

¹Viral suppression is defined as an HIV viral load in the calendar year <200 copies/mL within three months of diagnosis. People diagnosed at death have been excluded.

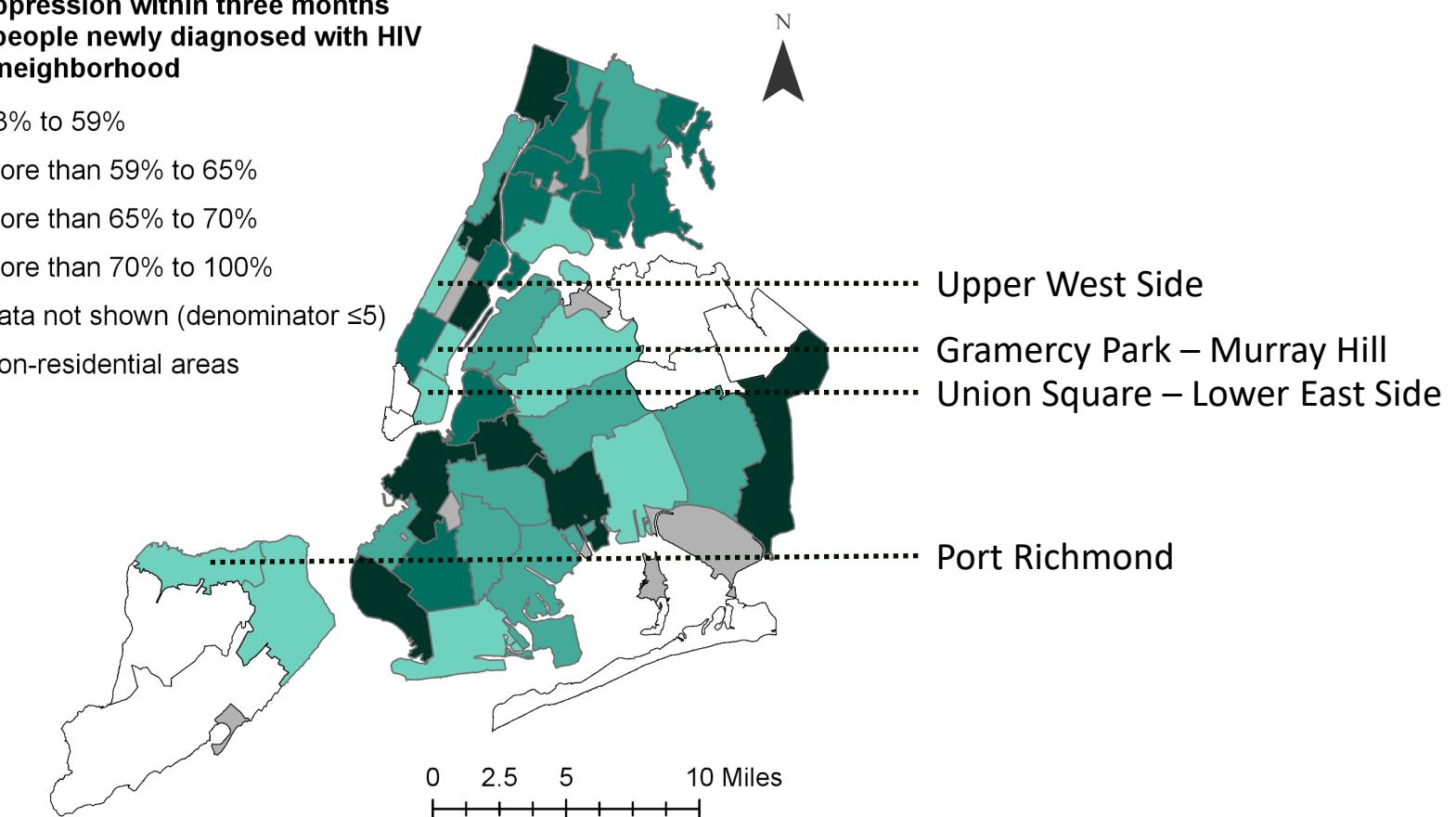
²Includes MSM with an injection drug use history.

³Neighborhood poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.

Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty=>30% below FPL.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.

Viral Suppression¹ Within Three Months of Diagnosis Among MSM² by United Hospital Fund Neighborhood – New York City, 2024

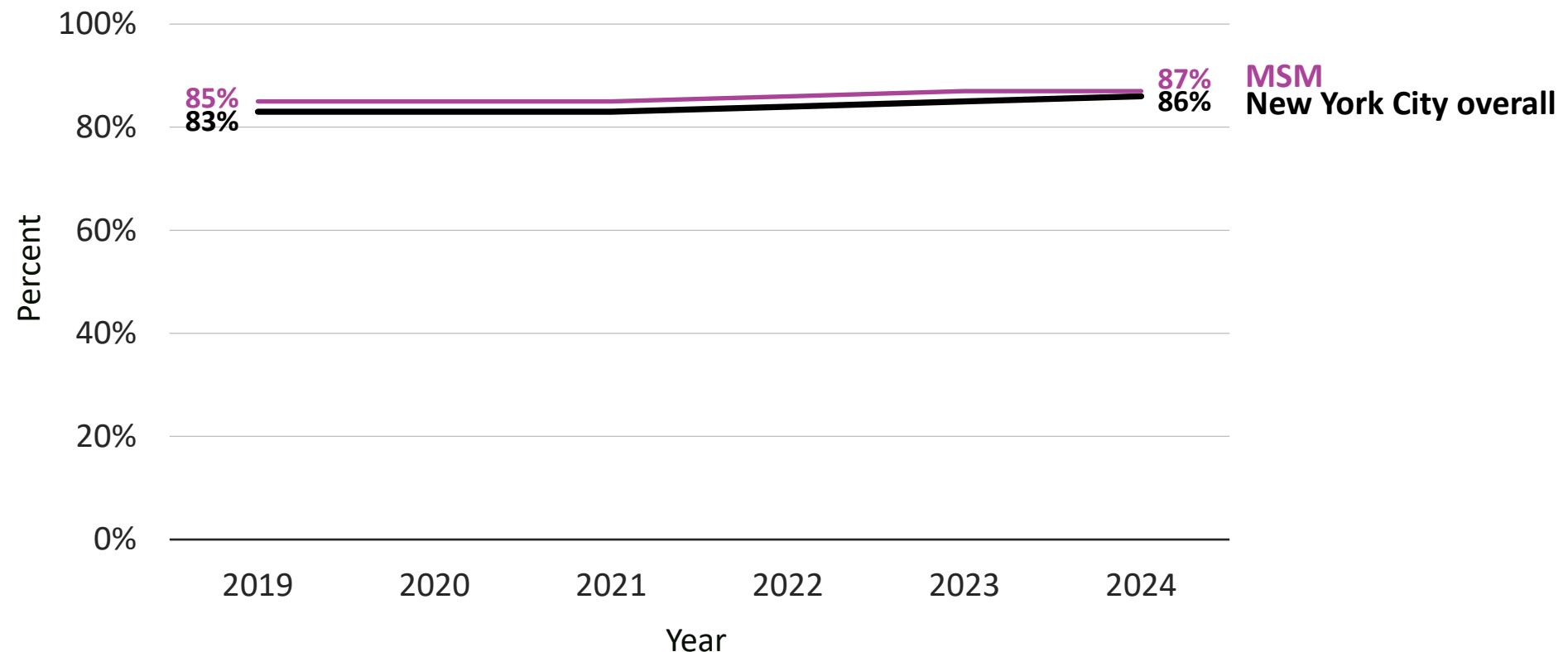


The neighborhoods with the lowest proportions of MSM virally suppressed within three months of an HIV diagnosis were Union Square – Lower East Side (33%), Port Richmond (50%), the Upper West Side (50%), and Gramercy Park – Murray Hill (50%)

Care Outcomes Among MSM With HIV

New York City

Viral Suppression¹ Among MSM Diagnosed With HIV^{2,3} and Overall – New York City, 2019–2024



From 2019 to 2024, viral suppression among MSM diagnosed with HIV increased by two percentage points and was slightly higher than New York City overall.



MSM = men who have sex with men

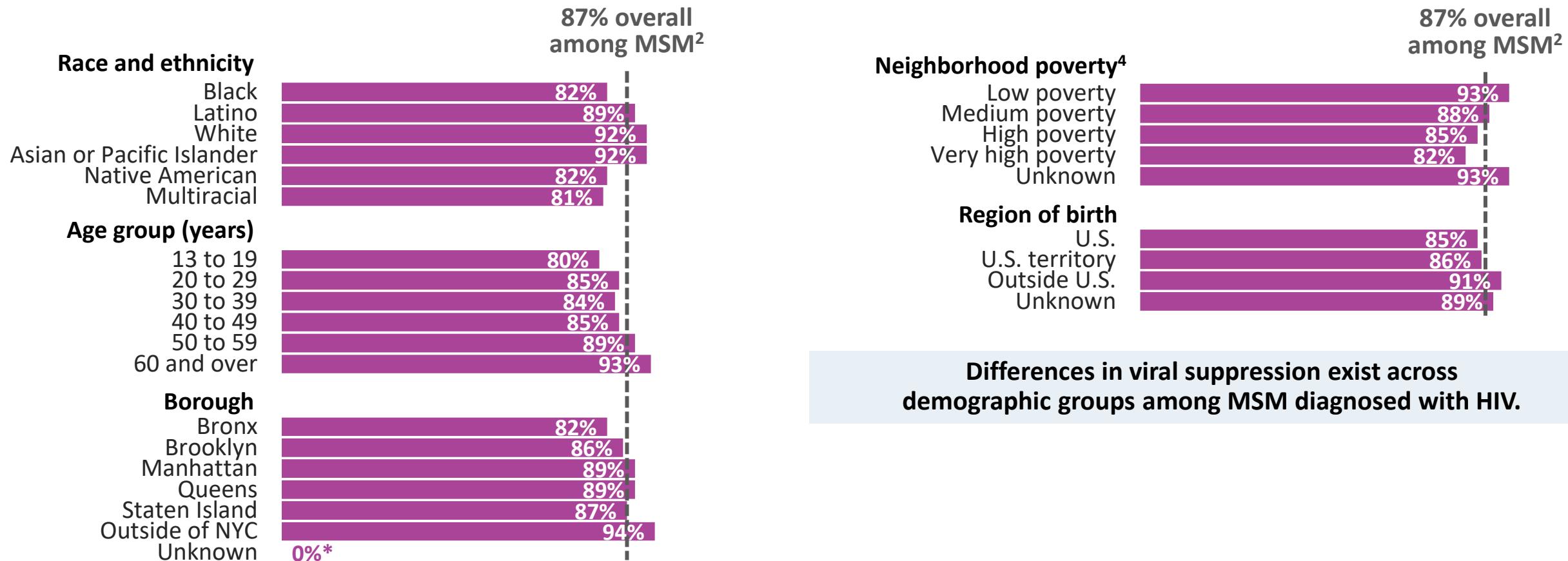
¹Viral suppression is defined as the last HIV viral load in the calendar year <200 copies/mL.

²Includes MSM with an injection drug use history.

³People diagnosed with HIV and viral suppression were calculated using the statistical weighting method. For more details and references, see Technical Notes.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.

Viral Suppression¹ Among MSM Diagnosed With HIV^{2,3} by Demographic Group – New York City, 2024



MSM = men who have sex with men

*Data should be interpreted with caution because of small population size.

¹Viral suppression is defined as the last HIV viral load in the calendar year <200 copies/mL. People diagnosed at death have been excluded.

²Includes MSM with an injection drug use history.

³People diagnosed with HIV and viral suppression were calculated using the statistical weighting method. For more details and references, see Technical Notes.

⁴Neighborhood poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.

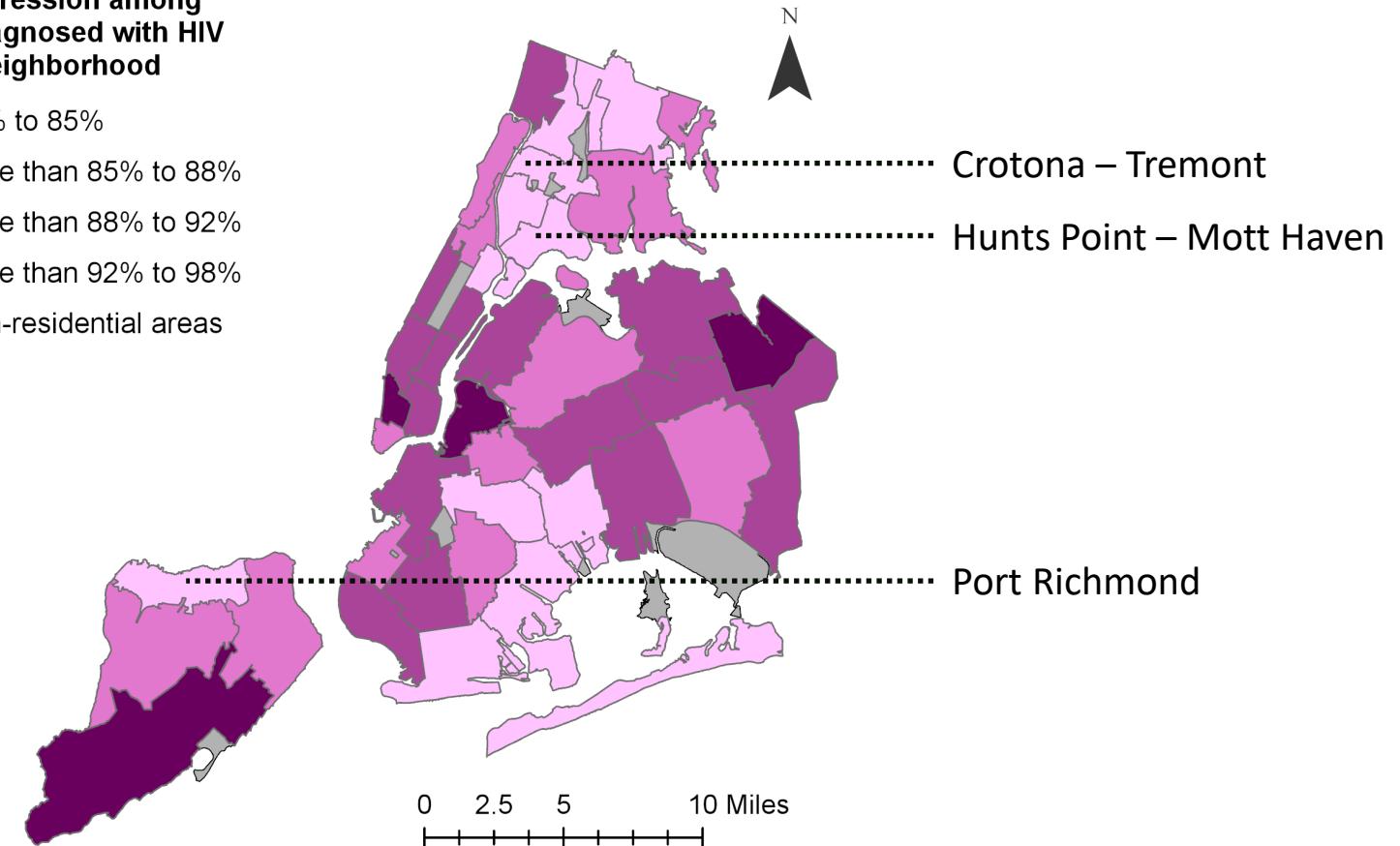
Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty=>30% below FPL.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.

Viral Suppression¹ Among MSM Diagnosed With HIV^{2,3} by United Hospital Fund Neighborhood – New York City, 2024

Viral suppression among people diagnosed with HIV by UHF neighborhood

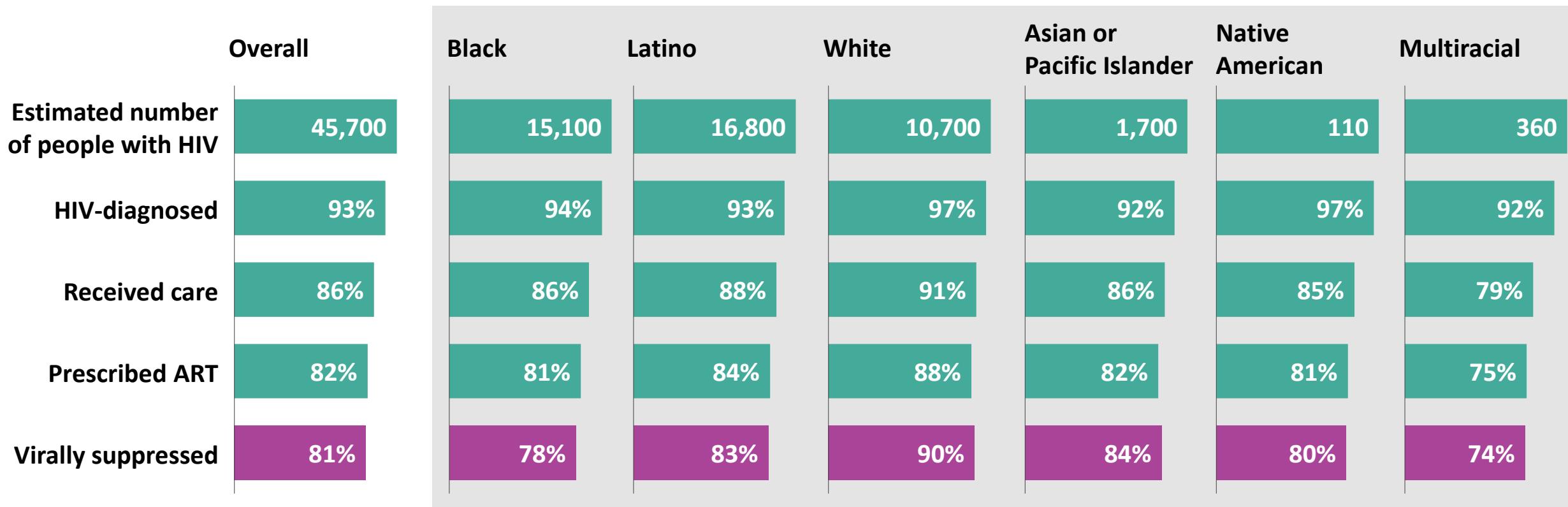
- 78% to 85%
- more than 85% to 88%
- more than 88% to 92%
- more than 92% to 98%
- Non-residential areas



The neighborhoods with the lowest proportions of virally suppressed MSM diagnosed with HIV were Hunts Point – Mott Haven (78%), Crotona – Tremont (78%), and Port Richmond (81%)

Proportion of MSM¹ in Stages of the HIV Care Continuum^{2,3}

Overall and by Race and Ethnicity⁴ – New York City, 2024



Of approximately 45,700 MSM with HIV in 2024, 81% had a suppressed viral load. This was the same as the citywide proportion of people with a suppressed viral load. There were differences in the HIV care continuum among MSM by race and ethnicity in 2024.

MSM = men who have sex with men

¹Includes MSM with an injection drug use history.

²The HIV care continuum is a series of key stages for people with HIV. The denominator for each displayed proportion is the estimated number of people with HIV within a given group.

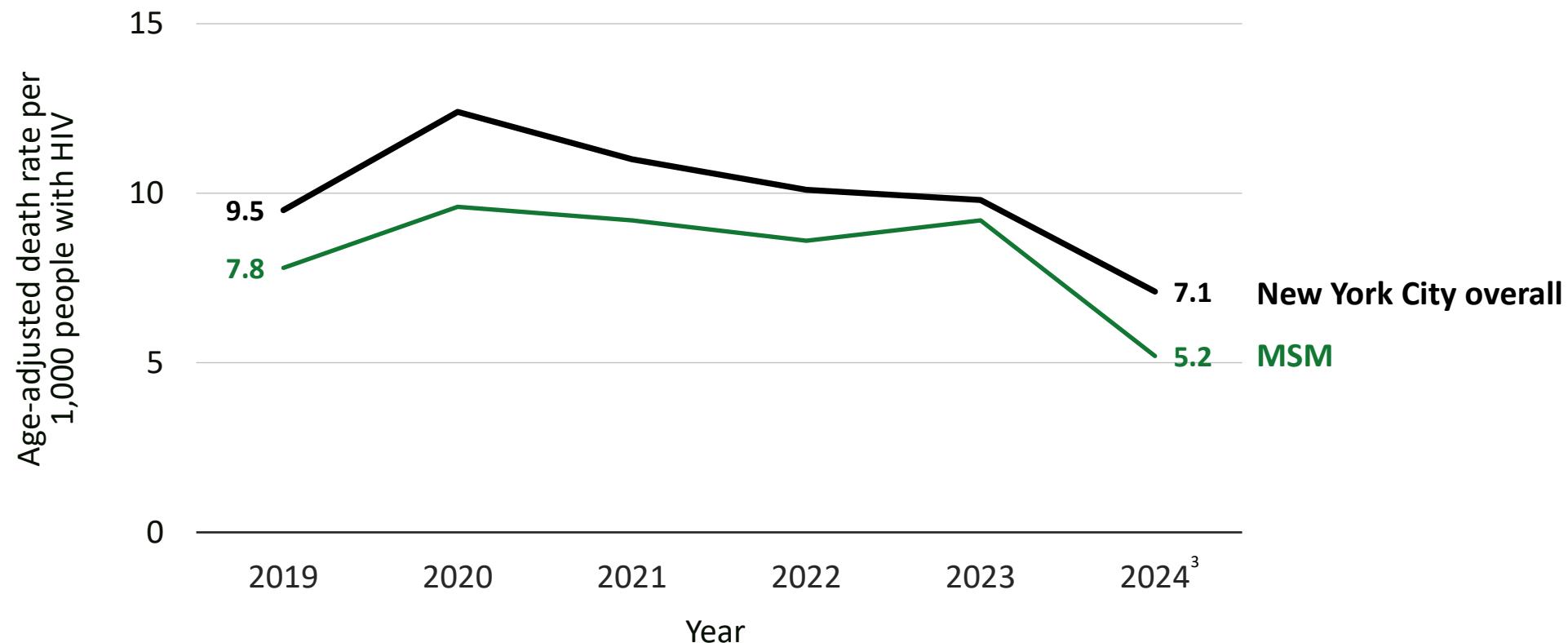
³Proportions in the care continuum may not align between stages due to the use of multiple data sources in calculations (e.g., proportion prescribed ART may be lower than the proportion virally suppressed)

⁴The estimated number of people with HIV by race and ethnicity may not sum to the overall value due to rounding and the use of specific estimated proportions of people with HIV who have been diagnosed within each race and ethnicity group.

For definitions of the stages of the continuum of care, see Technical Notes.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.

Age-Adjusted¹ Death Rate per 1,000 MSM With HIV² and Overall – New York City, 2019-2024



The age-adjusted death rate among MSM with HIV declined by 33% since 2019 and by 46% since its recent peak in 2020. The death rate among MSM was lower than the New York City overall rate.



MSM = men who have sex with men

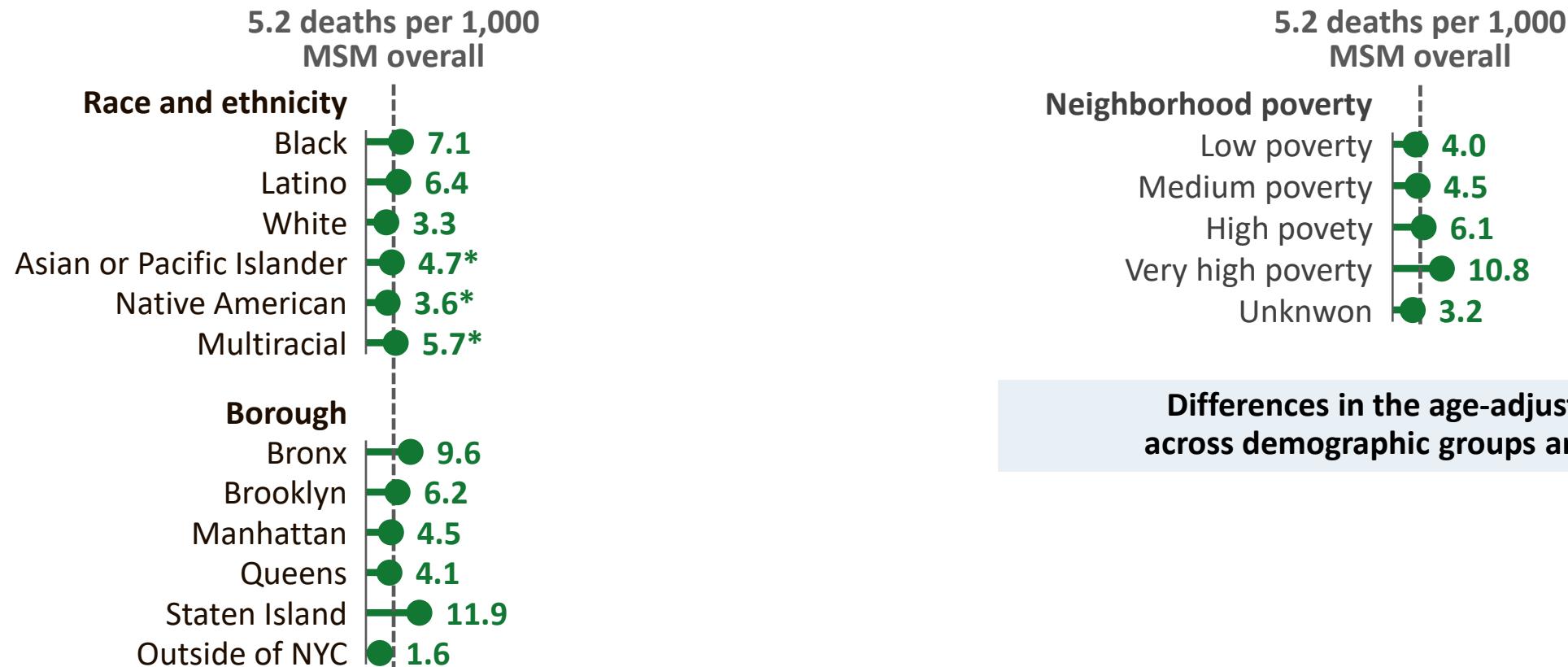
¹Age-adjusted to the standard 2000 U.S. population. People newly diagnosed with HIV at death were excluded from the numerator.

²Includes MSM with an injection drug use history.

³Death data for 2024 are incomplete.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.

Age-Adjusted¹ Death Rate per 1,000 MSM With HIV² by Demographic Group – New York City, 2024



Differences in the age-adjusted death rate exist across demographic groups among MSM with HIV.

MSM = men who have sex with men

*Data should be interpreted with caution because of small population size.

¹Age-adjusted to the standard 2000 U.S. population. People newly diagnosed with HIV at death were excluded from the numerator.

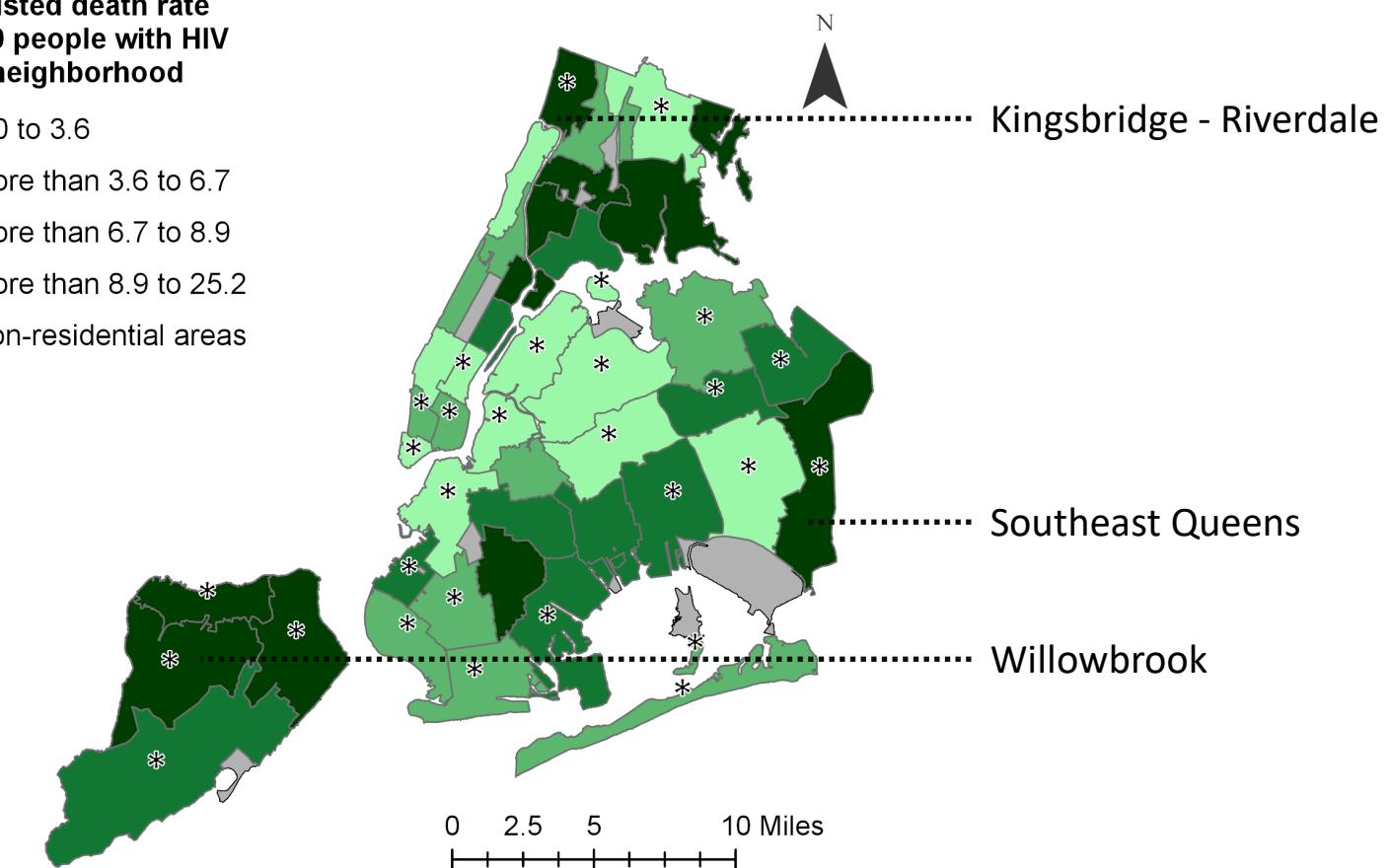
²Includes MSM with an injection drug use history.

³Neighborhood poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.

Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty= \geq 30% below FPL.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.

Age-Adjusted¹ Death Rate per 1,000 MSM With HIV² by United Hospital Fund Neighborhood – New York City, 2024



The neighborhoods with the highest age-adjusted death rates among MSM with HIV were Willowbrook (25.2 per 1,000), Kingsbridge – Riverdale (15.7 per 1,000), and Southeast Queens (14.6 per 1,000).

MSM = men who have sex with men

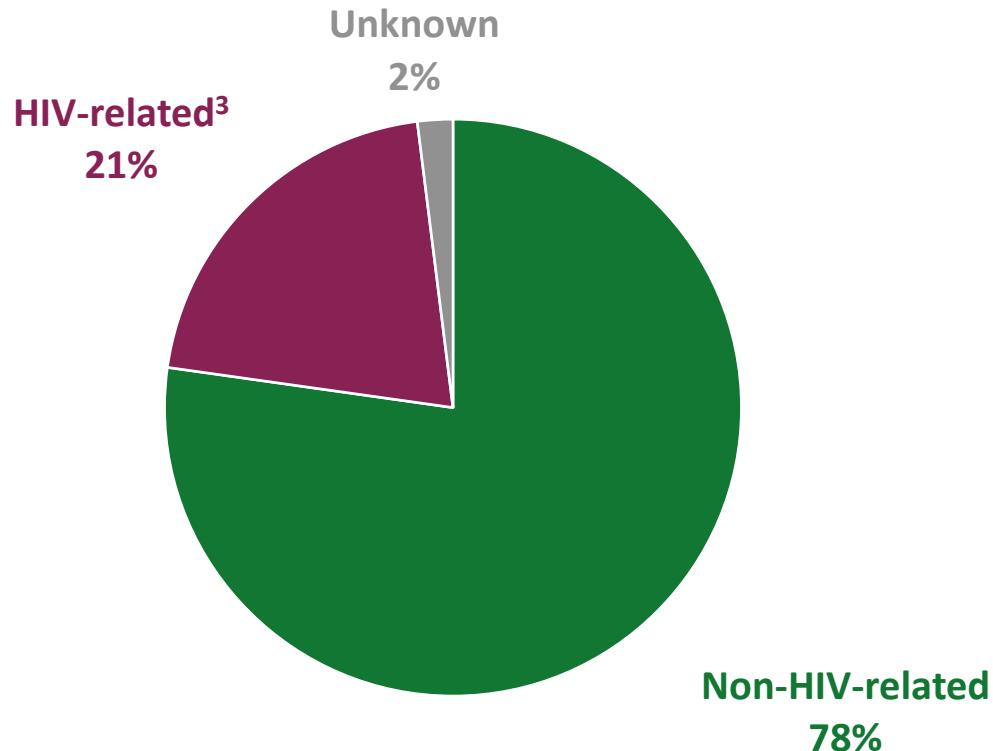
*Data should be interpreted with caution because of small population size.

¹Age-adjusted to the standard 2000 U.S. population. People newly diagnosed with HIV at death were excluded from the numerator.

²Includes MSM with an injection drug use history.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.

Proportion of Deaths Among MSM With HIV¹ by Cause of Death – New York City, 2023²



In 2023, 78% of deaths among MSM with HIV were due to non-HIV-related causes. Among these, the top causes were cardiovascular disease (27%), non-HV-related cancers (22%), and accidents (20%)

MSM = men who have sex with men

¹Includes MSM with an injection drug use history.

²Cause of death data are not yet available for 2024.

³ICD10 codes B20-B24 were used to denote HIV-related deaths. For technical notes on cause of death by the NYC Health Department's Office of Vital Statistics, see nyc.gov/assets/doh/downloads/pdf/vs/2022sum.pdf.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.

Appendix: How to Find Our Data

The New York City Department of Health and Mental Hygiene (NYC Health Department) issues the various publications related to our HIV surveillance data, including:



- **Annual HIV surveillance reports, surveillance slide sets, and statistics tables**, available at: <https://www.nyc.gov/site/doh/data/data-sets/hiv-aids-surveillance-and-epidemiology-reports.page>
- **HIV Care Status Reports**, available at: <https://www.nyc.gov/site/doh/health/health-topics/aids-hiv-care-status-reports-system.page>
- **HIV Care Continuum Dashboards**, available at: <https://www.nyc.gov/site/doh/health/health-topics/care-continuum-dashboard.page>

For HIV surveillance data requests, email HIVReport@health.nyc.gov. Please allow a minimum of two weeks for requests to be completed.

Appendix: Technical Notes

- **Inclusion criteria:** NYC HIV surveillance data include all people who are diagnosed with HIV by a provider located in NYC, regardless of their place of residence. NYC HIV surveillance investigates all people who were previously unknown to the NYC HIV Surveillance Registry. People who have an indication of previous HIV diagnosis, through health record review, interview, or federal duplication efforts (e.g., Routine Interstate Duplicate Review [RIDR]), are not included under people newly diagnosed with HIV in this report.
- **HIV Incidence:** HIV incidence is the number of people who acquired HIV in a population in a given period (such as a calendar year) as estimated based on a CD4 depletion model.¹ This differs from HIV diagnoses, which is the number of people who were newly diagnosed with HIV in a population in a given period (such as a calendar year), regardless of when they may actually have acquired HIV, which may have been many years prior to their diagnosis.
- **Gender Identity:** NYC HIV surveillance has routinely collected information on gender identity since 2005 for newly reported cases. This report displays the following gender categories: men, women, transgender women, transgender men, and additional gender identities. In this report, people whose current gender identity differs from their sex assigned at birth are considered transgender people, and people who reported a nonbinary, genderqueer, gender nonconforming or any gender identity not previously listed are grouped under additional gender identities. Gender identities listed here are included without any intended hierarchy or prioritization – and are based on limited data reported to HIV surveillance. Classifying gender in surveillance requires accurate collection of sex assigned at birth and gender identity. Sex assigned at birth and gender information are collected from people's self-reports, their health care providers, or medical chart reviews. This information may or may not be complete or reflect self-identification. Reported numbers in this report among transgender people and people with additional gender identities are likely to be underestimates.
- **Race and Ethnicity:** NYC HIV surveillance collects data on race and ethnicity from multiple sources, including medical charts, provider reporting, vital statistics records, and patient interviews. Black, white, Asian or Pacific Islander, Native American, and multiracial race categories exclude Latino ethnicity. People with the ethnicity Latino are grouped in the Latino race and ethnicity category, regardless of their race classification. People not identified as Latino who identify with more than one race are classified under multiracial.
- **Area-Based Poverty:** Area-based poverty is based on NYC ZIP code of residence and is defined as the percentage of the population in a ZIP code with a household income that is below the federal poverty level. In this report, for HIV and AIDS diagnoses, ZIP code of residence at diagnosis; for people with HIV and deaths, ZIP code of residence on most recent record available. This measure is not available for people missing a ZIP code or living outside NYC. Income data used in this report are from the five-year American Community Survey (ACS) estimates centered on the year of the numerator data (for example, 2019 to 2023 ACS five-year estimate for 2021 data); if the preferred five-year file was not available, the most recent five-year ACS file was used. Cut points for area-based poverty categories in NYC were defined by a NYC Health Department work group.²



¹Source: NYC HIV Surveillance Registry; method: Song R, Hall HI, Green TA, Szwarcwald CL, Pantazis N. Using CD4 data to estimate HIV incidence, prevalence, and percent of undiagnosed infections in the United States. *J Acquir Immune Defic Syndr*. 2017;74(1):3-9. doi: 10.1097/QAI.0000000000001151 ²Toprani A, Hadler JL. Selecting and applying a standard area-based socioeconomic status measure for public health data: analysis for New York City. NYC Dept of Health and Mental Hygiene: Epi Research Report; May 2013.

Appendix: Technical Notes

- **Transmission Category:** NYC HIV surveillance collects data on behaviors possibly related to HIV transmission that occurred any time prior to diagnosis. Transmission categories include men who have sex with men, injection drug use, men who have sex with men and inject drugs, heterosexual contact, transgender people with sexual contact, perinatal transmission, and other. Men who have sex with men includes men with reported sexual contact with another man, and men with a history of a rectal sexually transmitted infection or proctitis and no other definitive transmission category. Injection drug use includes people with a history of taking nonprescribed drugs by injection, intravenously, intramuscularly or subcutaneously, excluding men reporting a history of sex with men. Men who have sex with men and inject drugs includes people meeting the definition of both the men who have sex with men and injection drug use categories as described above. Heterosexual contact includes people who had heterosexual sex with a person they know to have HIV, a person they know to have injected drugs, or a person they know to have received blood products. For women only, it also includes history of sex work, multiple sex partners, sexually transmitted infection, crack or cocaine use, sex with a bisexual man, probable heterosexual transmission as noted in a medical chart, or sex with a man and no injection drug use history. Transgender people with sexual contact includes people identified as transgender at any time who have reported sexual contact and no injection drug use history. Transgender people with injection drug use history are categorized under injection drug use history. Perinatal includes people who were exposed to HIV during gestation, birth or postpartum through breastfeeding to a parent with HIV. Other includes people who received treatment for hemophilia, people who received a transfusion or transplant, people with other health care-associated transmission, and children with non-perinatal transmission. Unknown includes people for whom data are not available to classify them in one of the transmission categories described above.
- **Death Data:** NYC HIV surveillance collects data on deaths among people with HIV occurring in NYC through matches with the NYC Vital Statistics registry, medical chart reviews, and provider reports, including on autopsies of people with HIV by the NYC Office of Chief Medical Examiner. Data on deaths occurring outside NYC are from matches with the U.S. Social Security Administration's Death Master File and CDC's National Death Index. At the time of publication of this report, death data for the reporting period are incomplete. They include preliminary NYC death data, National Death Index data, and partial Death Master File data.
- **Cause of Death:** In this report, cause of death is a person's underlying cause of death. For deaths occurring between 1984 and 1986, ICD-9 code 279.1 was used to denote AIDS-related deaths. For deaths occurring between 1987 and 1998, ICD-9 codes 042-044 were used to denote HIV- or AIDS-related deaths. For deaths occurring between 1999 and the most recent year, ICD-10 codes B20-B24 were used to denote HIV/AIDS-related deaths. For technical notes on cause of death by the NYC Health Department's Bureau of Vital Statistics, see nyc.gov/assets/doh/downloads/pdf/vs/2022sum.pdf. HIV infection and its management may contribute to causes of death classified as non-HIV-related, such as cardiovascular disease and certain cancers.^{1,2}

Appendix: Technical Notes on the HIV Care Continuum

NYC HIV Care Continuum: The care continuum is a common model used to quantify the progress of people with HIV through the stages of HIV care, with the ultimate goal being viral suppression. The stages of the care continuum are defined as follows:

- **People with HIV** is the estimated number of people diagnosed and undiagnosed with HIV. This estimate is calculated as the number of people diagnosed with HIV divided by the estimated proportion of people with HIV who are diagnosed, based on a CD4 depletion model.¹ All proportions in the Continuum use this number as the denominator.
- **HIV-Diagnosed** is calculated as the number of people with HIV retained in care plus the estimated number of people with HIV who were out of care, based on a statistical weighting method. This estimated number aims to account for migration out of NYC and therefore is different from the total number of people diagnosed and reported with HIV in NYC as seen in Figure 1 and Table 1 of the HIV surveillance annual report.²
- **Received care** is defined as people with HIV with one or more viral load or CD4 laboratory result reported in the calendar year to NYC HIV surveillance.³
- **Prescribed ART** is calculated as the number of people with HIV who received care multiplied by the estimated proportion of people with HIV prescribed ART in the previous 12 months, based on the proportion of NYC MMP participants whose medical record included documentation of ART prescription.⁴
- **Virally suppressed** is calculated as people with HIV in care with a most recent viral load measurement in the calendar year of less than 200 copies per milliliter, plus the estimated number of out-of-care people with HIV in the calendar year with a viral load of less than 200 copies per milliliter, based on a statistical weighting method.²

Appendix: Reporting HIV and AIDS Diagnoses for Health Care Providers

New York State (NYS) law requires health care providers to report HIV and AIDS diagnoses.

NYS Public Health Law¹ requires providers to report within seven days of diagnosis or receipt of laboratory results:

- New HIV diagnoses
- New AIDS diagnoses (if the patient has fewer than 200 CD4 cells per µL or an AIDS-related opportunistic infection)
- Previously diagnosed HIV or AIDS (if seeing the patient for the first time)

Providers must report within 24 hours of diagnosis:

- Acute HIV infections

Submit reports using the NYS Medical Provider HIV/AIDS and Partner/Contact Report Form (DOH-4189) by:

- Submitting the form electronically through the NYS Health Commerce System's Provider Portal at commerce.health.state.ny.us. For assistance with the portal, see the provider reporting guide at [Provider Reporting Guide](#) or call the NYS Department of Health at 518-474-4284.
- Obtaining paper forms from the NYC Health Department and arranging for the pickup of completed paper forms by calling 212-442-3388. You may also fax the completed form to the NYC Health Department at 347-396-8816. To protect patient confidentiality, completed forms must not be mailed to the NYC Health Department.

Providers should notify their patients newly diagnosed with HIV that they may be contacted by NYC Health Department's Assess.Connect.Engage. (ACE) Team who can assist them and their partners to:

- Assess health care and supportive service needs
- Connect patients who did not receive their HIV test results or missed their first medical appointment to HIV care
- Engage patient's partners in HIV testing, prevention, treatment, and supportive services, as needed

To contact the ACE Team, call 347-396-7601 Monday to Friday from 9 a.m. to 5 p.m. or email ACE@health.nyc.gov.



For more information and resources on reporting HIV and AIDS diagnoses, scan the QR code or visit: nyc.gov/health/hivprovider/reporting

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