HIV Among People Ages 13 to 29 – New York City, 2024

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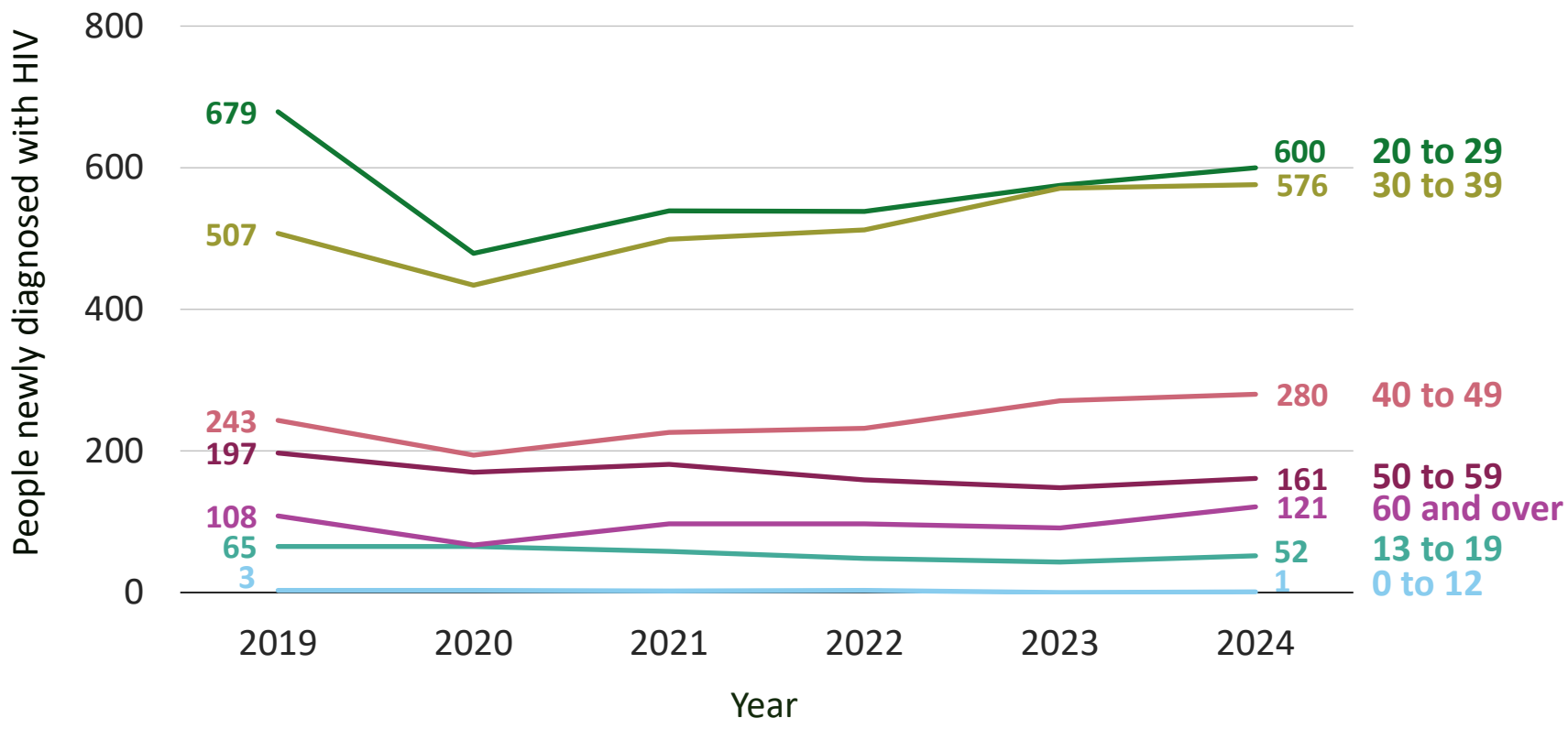
Number of People Newly Diagnosed With HIV
by Age Group – New York City, 2019-2024



People ages 20 to 39 consistently experienced the highest number of new HIV diagnoses, accounting for a combined 66% of new diagnoses in 2024. The number of people newly diagnosed with HIV increased among people ages 30 to 39, 40 to 49, and 60 and over from 2019 to 2024. The number of people newly diagnosed with HIV in all other age groups decreased. In 2024, people ages 13 to 29 represented 36% of new diagnoses overall in New York City.

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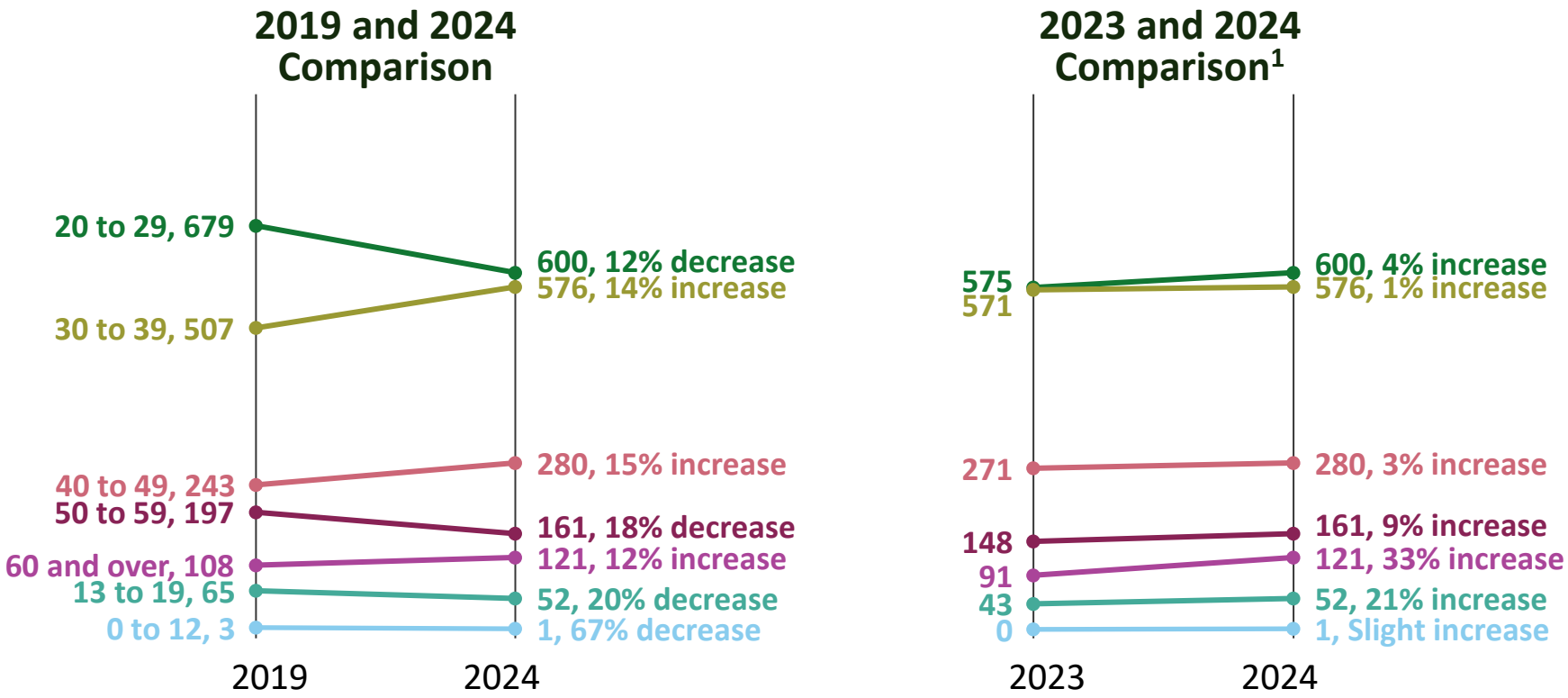
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.

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



From 2019 to 2024, the number of people newly diagnosed with HIV increased among people ages 30 to 39 (14%), 40 to 49 (15%), and 60 and over (12%), and decreased among all other age groups. From 2023 to 2024, all age groups experienced an increase, with the largest percent increase among people ages 60 and over (33%).

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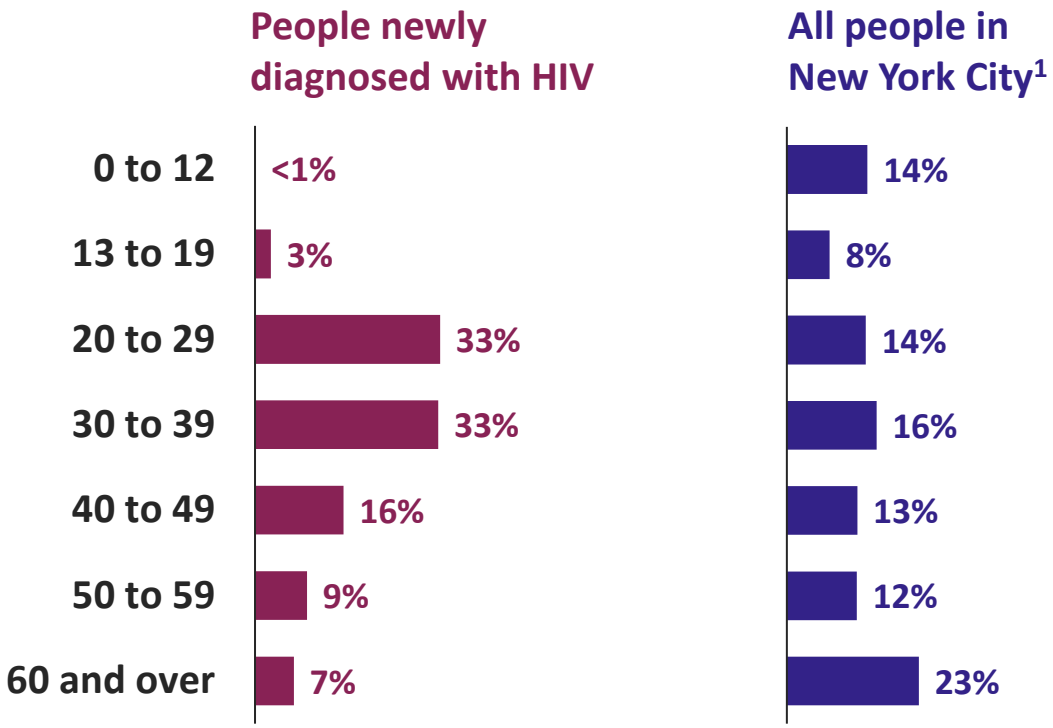
[1]One-year increases or decreases are not indicative of a trend and should be interpreted with caution.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.

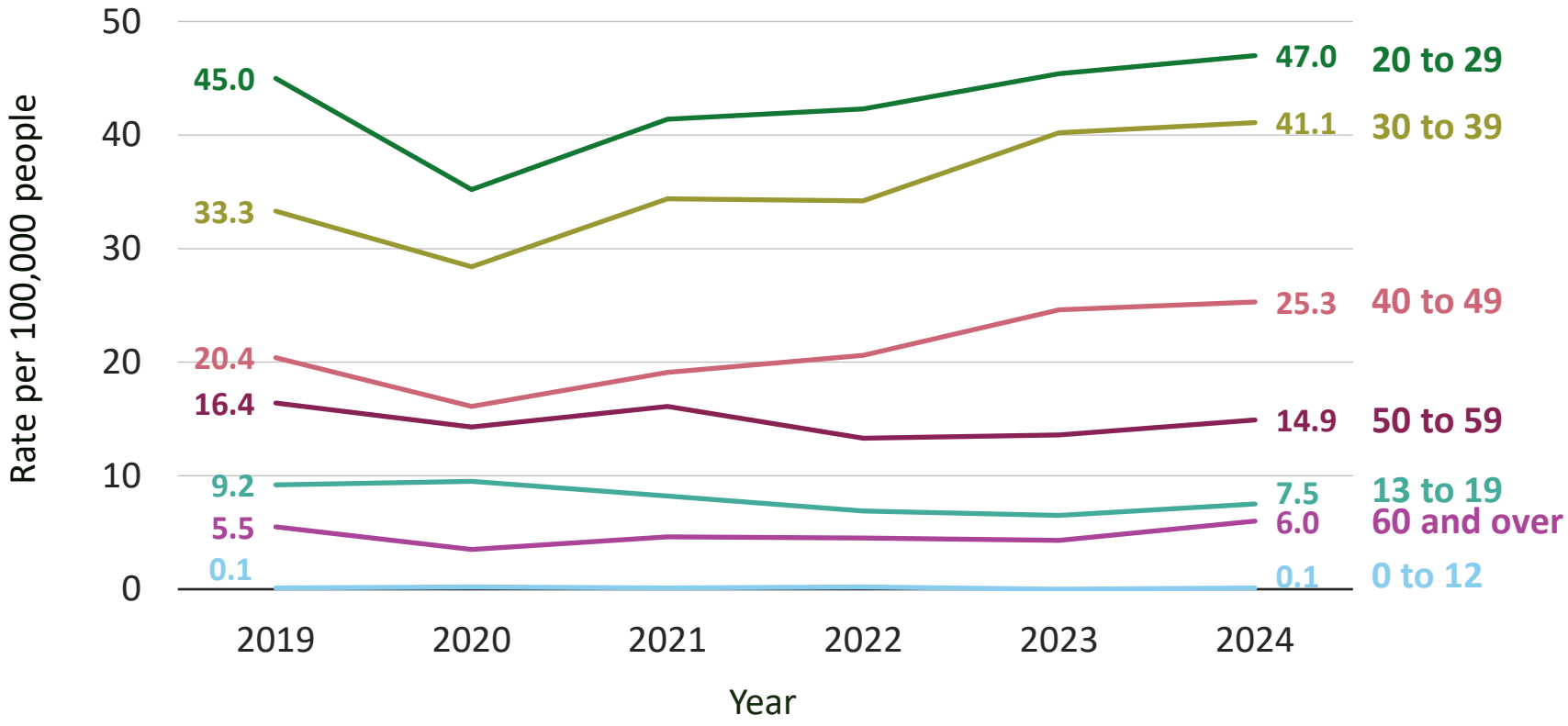
Proportion of People Newly Diagnosed With HIV and All People[1,2] by Age Group – New York City, 2024



The proportions of new HIV diagnoses among people ages 20 to 39 were more than double those groups' proportions in the New York City population. The proportion of new HIV diagnoses among people ages 13 to 19 was lower than that groups' proportion in the New York City population

[1]NYC population calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates.
[2]Excludes people newly diagnosed with HIV in New York City who were residing outside of New York City at the time of diagnosis.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.

Rate of New HIV Diagnoses[1,2] per 100,000 People by Age Group – New York City, 2019-2024



People ages 20 to 39 consistently experienced the highest rate of new HIV diagnoses. From 2019 to 2024, the rate of new HIV diagnoses increased among people ages 20 to 29 (4%), 30 to 39 (23%), and 40 to 49 (24%). The rate of new HIV diagnoses in all other age groups decreased or remained relatively stable.

[1]Rates are a measure that account for population size, allowing for a clearer comparison in new HIV diagnoses. Rates were calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates.

[2]Excludes people newly diagnosed with HIV in New York City who were residing outside of New York City at the time of diagnosis.

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

Basic Statistics of HIV Among People Ages 13 to 29 – New York City, 2024

- **652 people newly diagnosed with HIV ages 13 to 29**
  - Including 81 people concurrently diagnosed with AIDS (12.4% of diagnoses)
- **193 people newly diagnosed with AIDS[1] ages 13 to 29**
- **There are an estimated 7,700 people with HIV[2] ages 13 to 29**
- **22 deaths among people with HIV ages 13 to 29**
  - 1 death among people ages 13 to 19 years
  - 21 deaths among people ages 20 to 29

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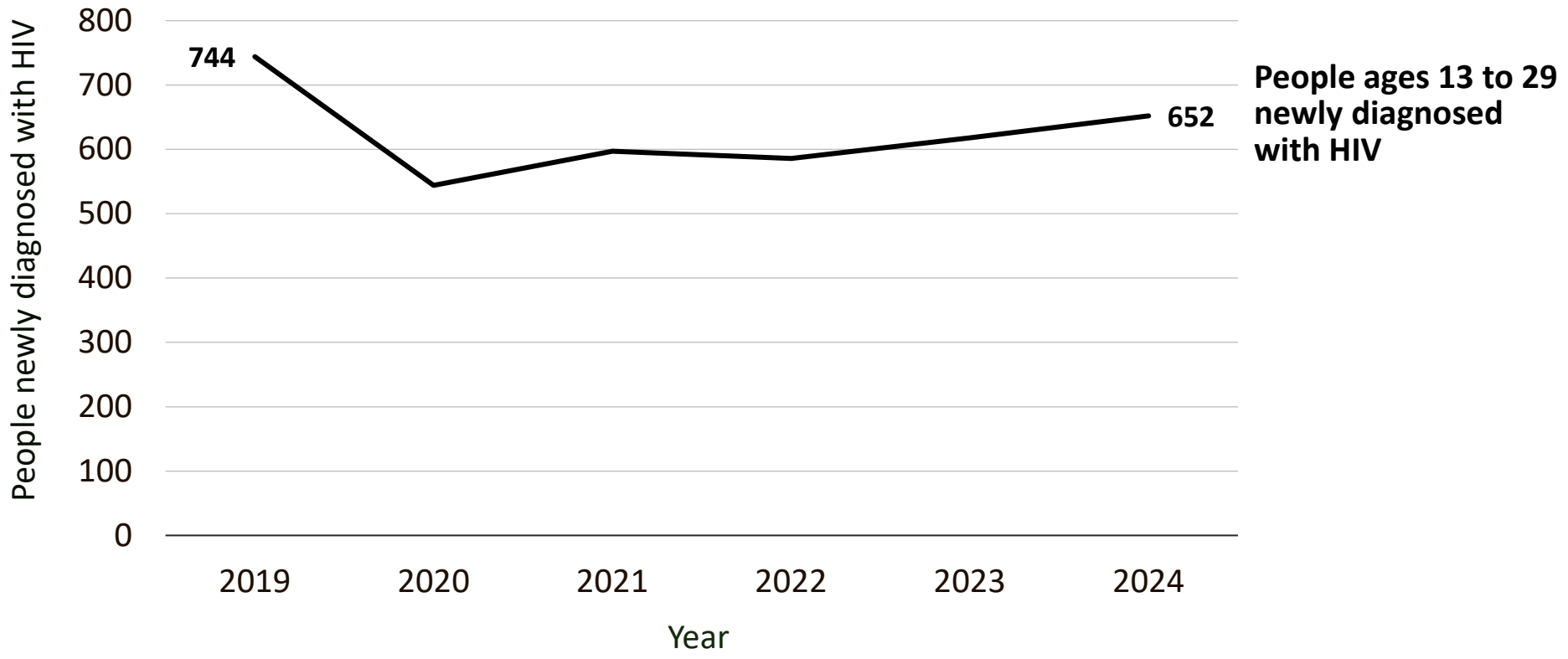
[1]Includes people concurrently diagnosed with HIV and AIDS.
[2]Approximate value calculated as the number of people with HIV divided by the estimated proportion of people with HIV who had been diagnosed, see Technical Notes for more details.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Number of New HIV Diagnoses Among People Ages 13 to 29 – New York City, 2019-2024



From 2019 to 2024, the number of people ages 13 to 29 newly diagnosed with HIV decreased in New York City. In 2024, people ages 13 to 29 represented 36% of new diagnoses overall in New York City.

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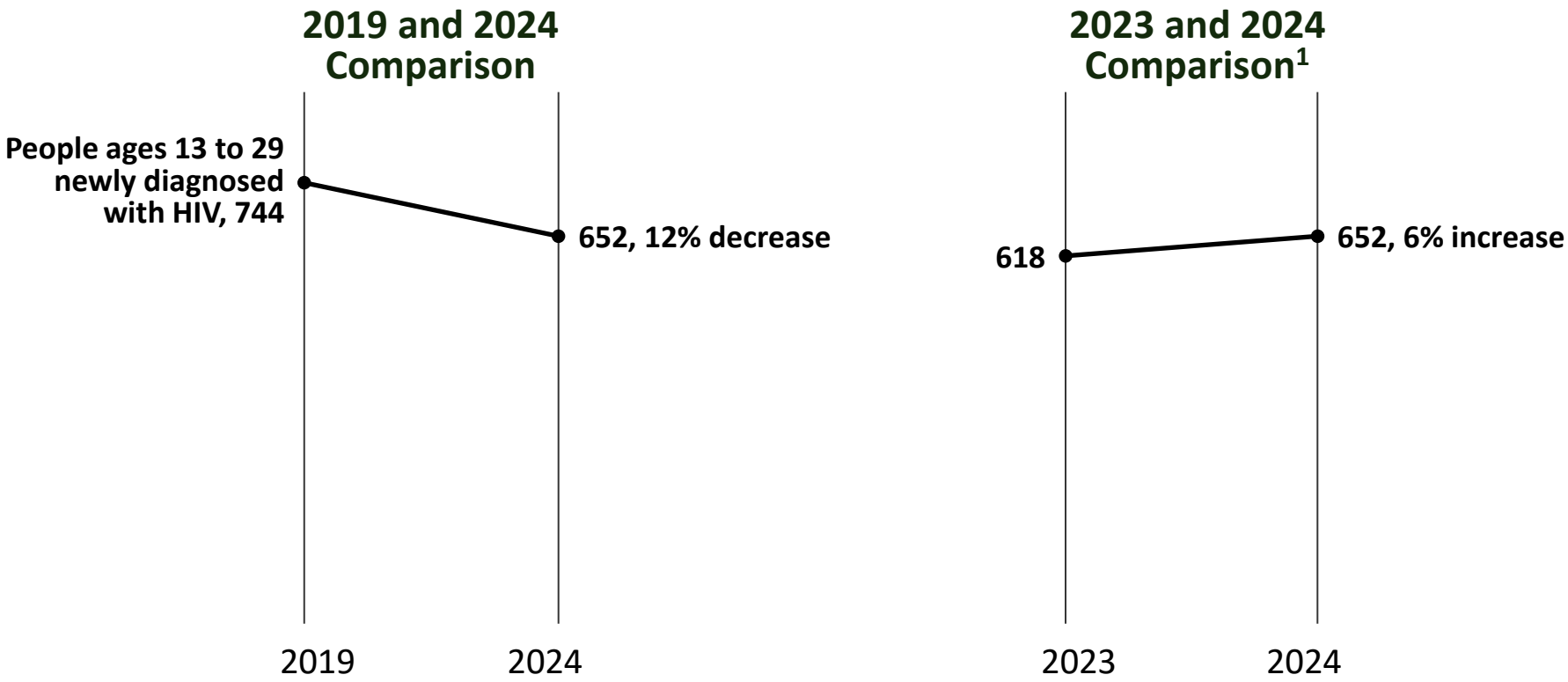
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

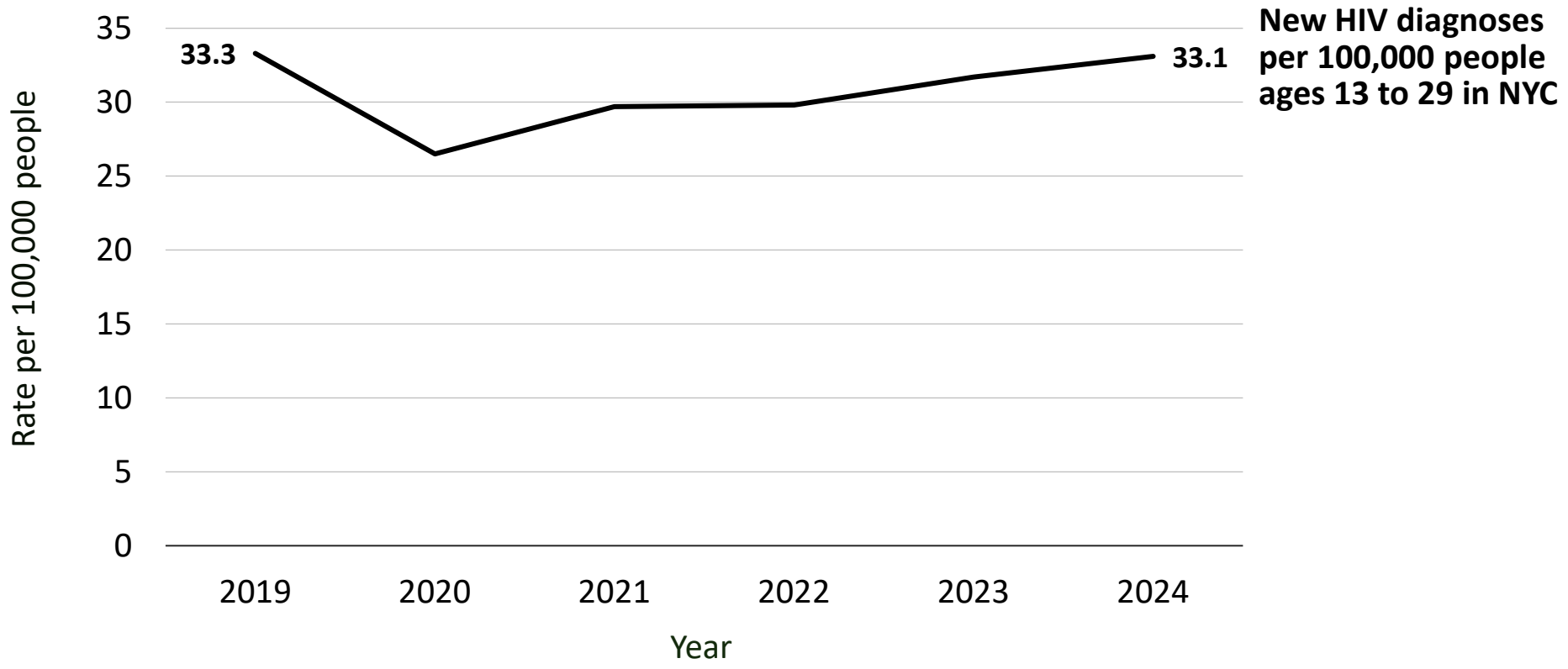
Number of New HIV Diagnoses and Percent Change Among People Ages 13 to 29 – New York City in 2019, 2023, and 2024



The number of people ages 13 to 29 newly diagnosed with HIV decreased from 2019 to 2024 (12%) and increased from 2023 to 2024 (6%).

[1]One-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.

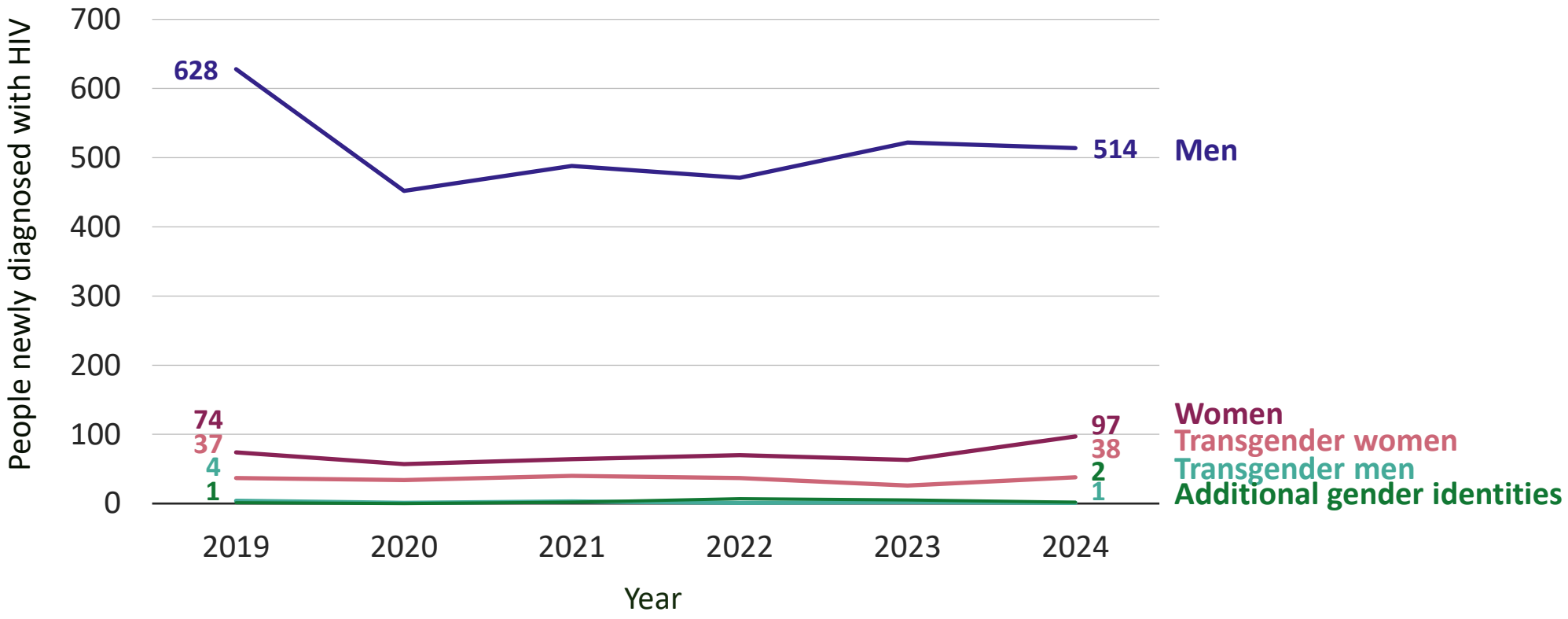
Rate of New HIV Diagnoses[1] per 100,000 People Ages 13 to 29 – New York City, 2019-2024



The rate of new HIV diagnoses per 100,000 people ages 13 to 29 experienced a steep drop from 2019 to 2020 and then increased from 2020 to 2024. Overall, the rate decreased by 1% from 2019 to 2024.

[1]Rates are a measure that account for population size, allowing for a clearer comparison in new HIV diagnoses. Rates were calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Number of New HIV Diagnoses Among People Ages 13 to 29 by Gender – New York City, 2019-2024



Men and boys ages 13 to 29 consistently experienced the highest number of new HIV diagnoses, representing 79% of new diagnoses in this age group in 2024. This is higher than the citywide proportion of diagnoses among men and boys of 75% in 2024. From 2019 to 2024, the number of people ages 13 to 29 newly diagnosed with HIV increased among women and girls. The number of new HIV diagnoses in all other gender groups decreased or remained relatively stable.

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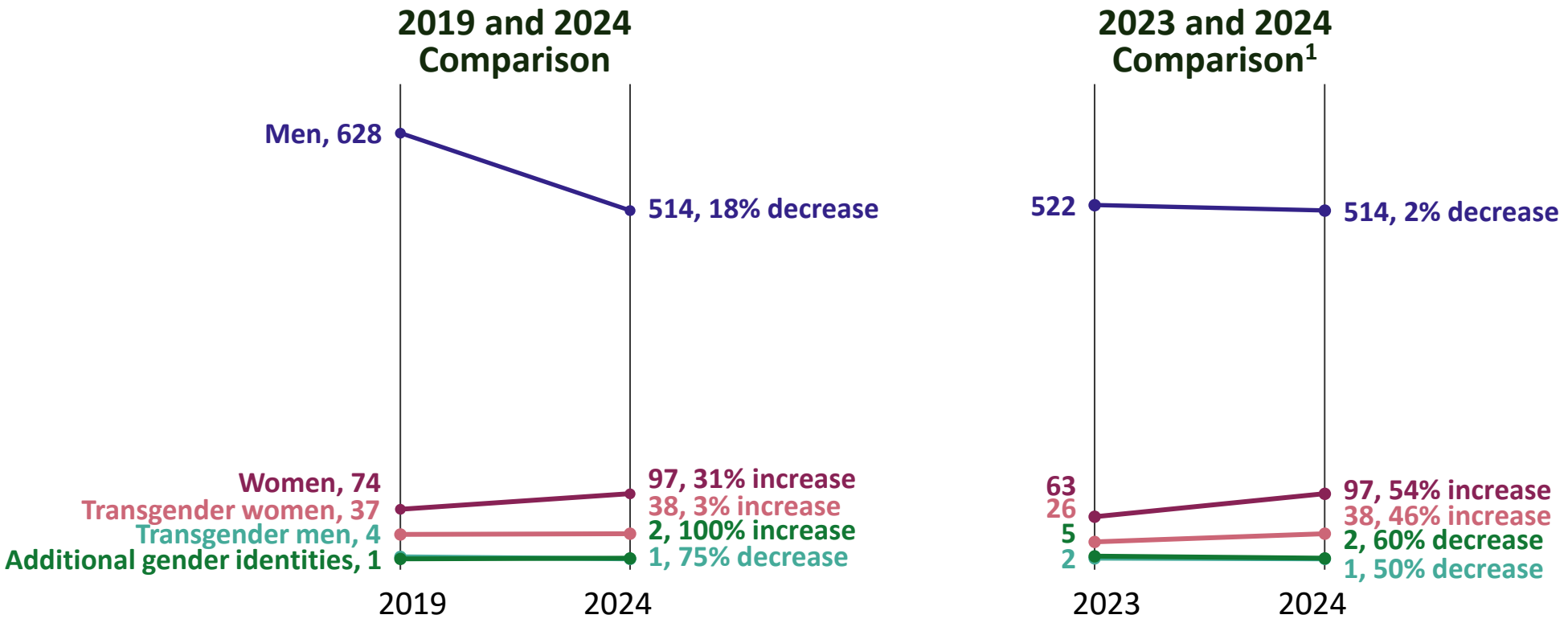
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

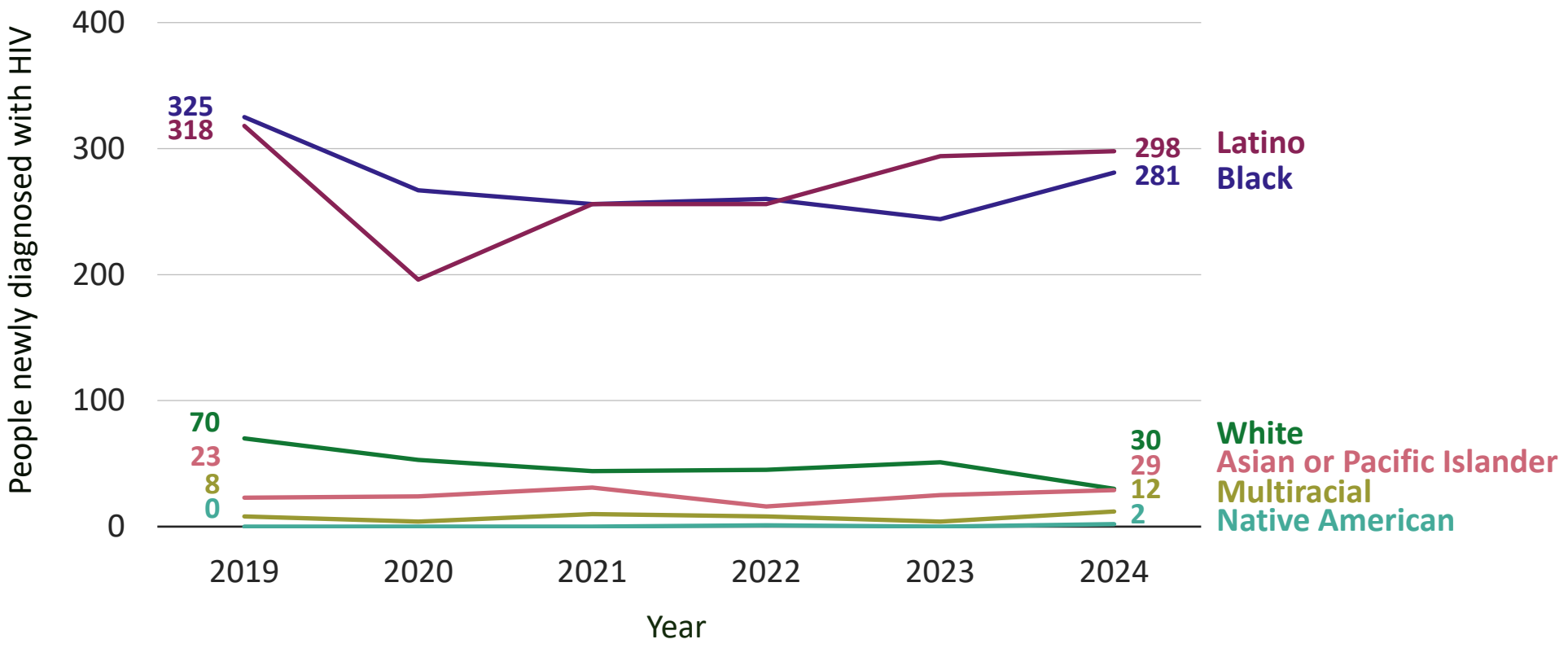
Number of New HIV Diagnoses and Percent Change Among People Ages 13 to 29 by Gender – New York City in 2019, 2023, and 2024



From 2019 to 2024, the number of people ages 13 to 29 newly diagnosed with HIV increased among women and girls (31%). From 2023 to 2024, increases occurred among women and girls (54%) and transgender women and girls (46%).

[1]One-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 People Ages 13 to 29 by Race and Ethnicity – New York City, 2019-2024



Black and Latino people ages 13 to 29 consistently experienced the highest number of new HIV diagnoses, representing a combined 89% of new diagnoses in this age group in 2024. This is higher than the citywide proportion of diagnoses among Black and Latino people of 85% in 2024. The number of Latino people ages 13 to 29 newly diagnosed with HIV decreased from 2019 to 2020 and then increased from 2020 to 2024. From 2019 to 2024, the number of new HIV diagnoses in all other race and ethnicity groups decreased or remained relatively stable.

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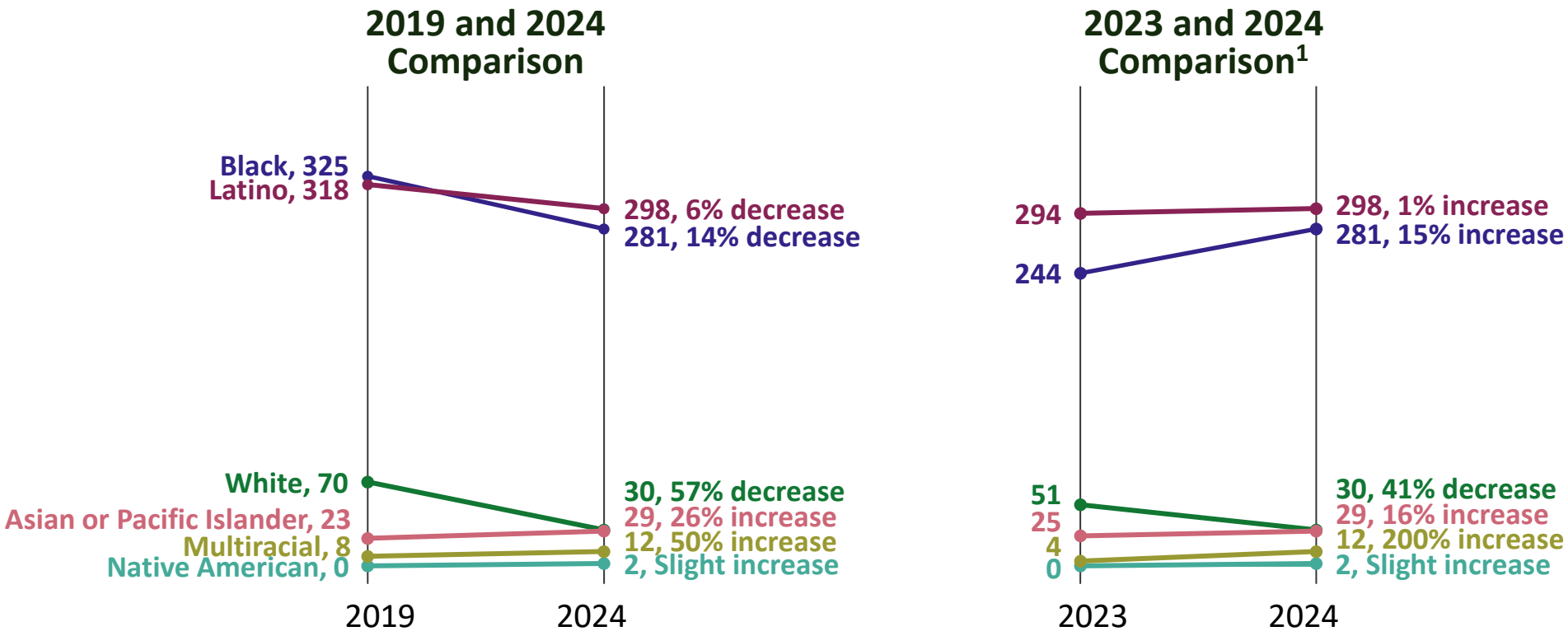
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

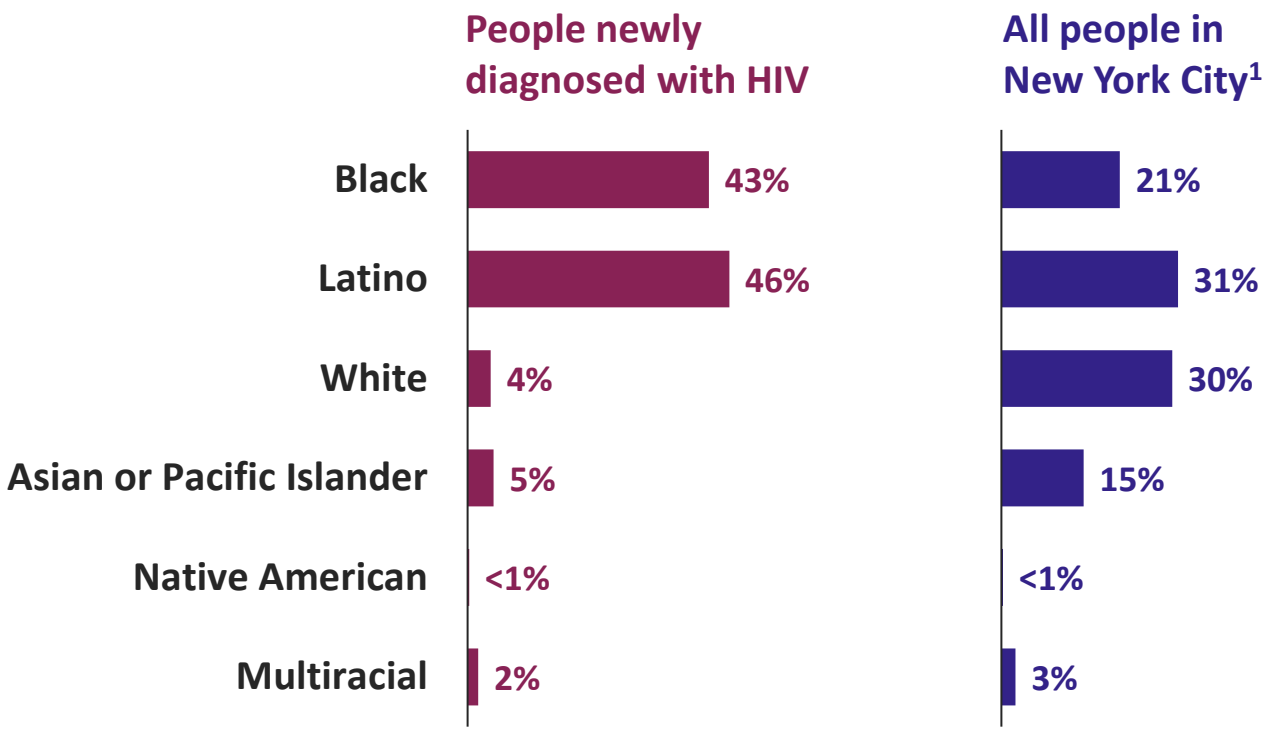
Number of New HIV Diagnoses and Percent Change Among People Ages 13 to 29 by Race and Ethnicity – New York City in 2019, 2023, and 2024



From 2019 to 2024, the number of people ages 13 to 29 newly diagnosed with HIV decreased or remained relatively stable in all race and ethnicity groups from 2019 to 2024. From 2023 to 2024, Black people experienced an increase (15%).

[1]One-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.

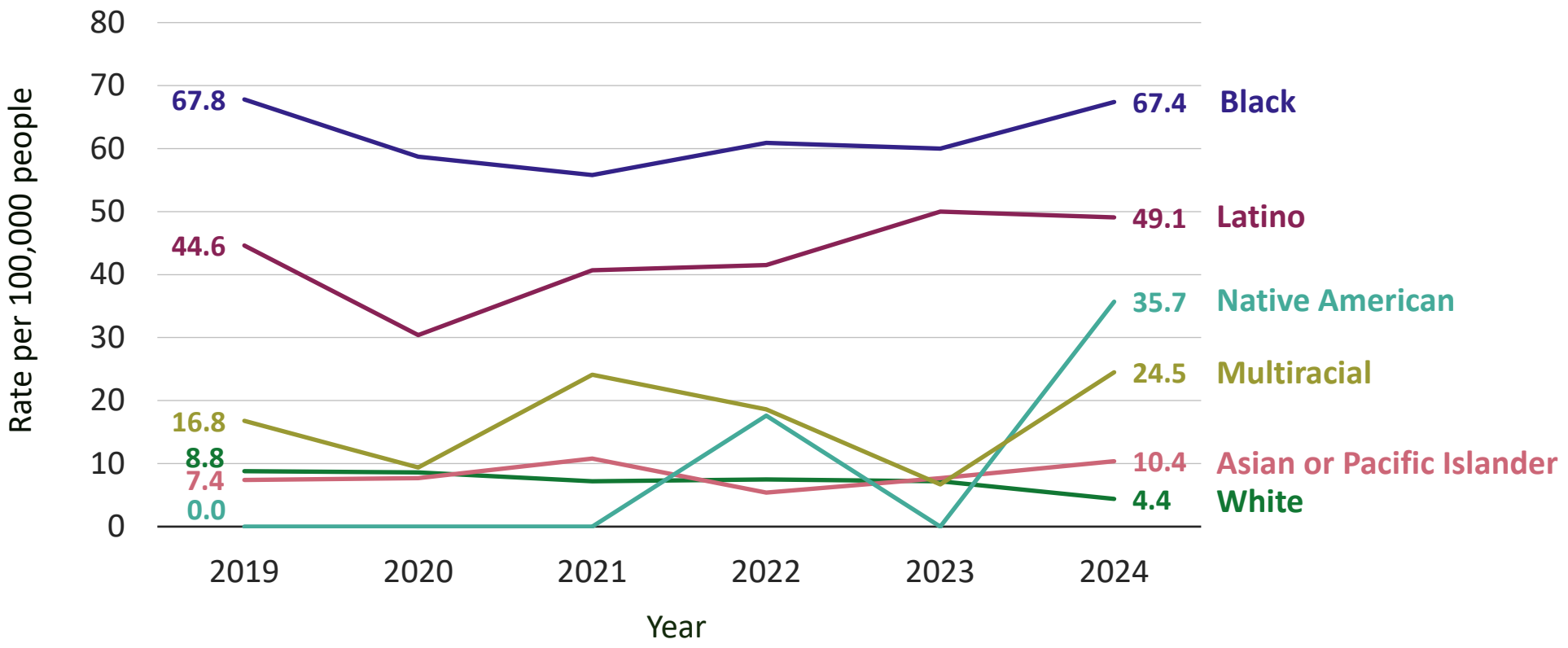
Proportion of People Newly Diagnosed With HIV and All People[1,2] Ages 13 to 29 by Race and Ethnicity – New York City, 2024



The proportions of new HIV diagnoses among Black and Latino people ages 13 to 29 were higher than those groups' proportions in the New York City population.

[1]NYC population calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates.
[2]Excludes people newly diagnosed with HIV in New York City who were residing outside of New York City at the time of diagnosis.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Rate of New HIV Diagnoses[1,2] per 100,000 People Ages 13 to 29 by Race and Ethnicity – New York City, 2019-2024



Black and Latino people ages 13 to 29 consistently experienced the highest rates of new HIV diagnoses. From 2019 to 2024, the rate of new HIV diagnoses per 100,000 people ages 13 to 29 increased among Native American people (0 to 35.7) and multiracial people (46%); counts remained low, the rates should be interpreted with caution. The rate among Latino people decreased from 2019 to 2020 and then increased from 2020 to 2024. The rate of new HIV diagnoses in all other race and ethnicity groups decreased or remained relatively stable.

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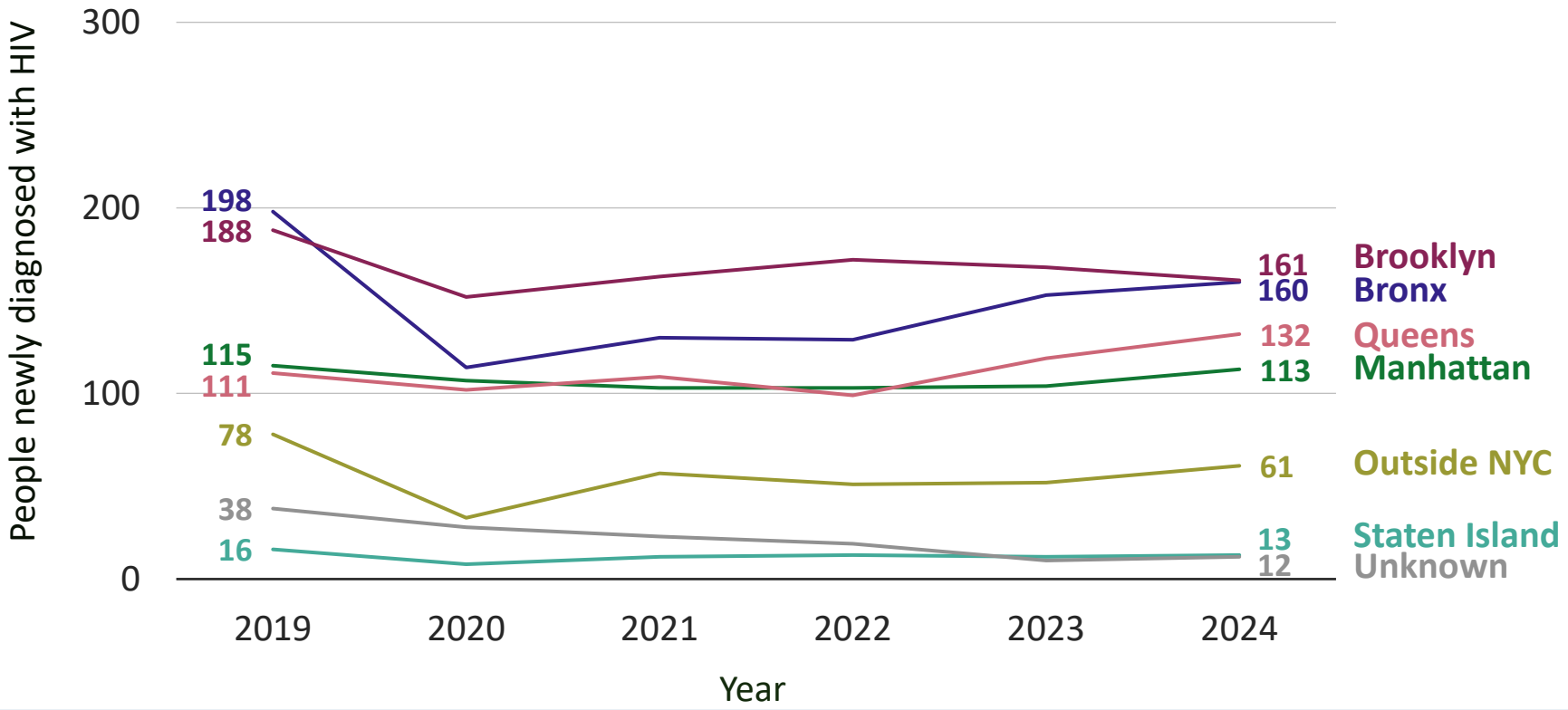
[1]Rates are a measure that account for population size, allowing for a clearer comparison in new HIV diagnoses. Rates were calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates.

[2]Excludes people newly diagnosed with HIV in New York City who were residing outside of New York City at the time of diagnosis.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Number of New HIV Diagnoses Among People Ages 13 to 29 by Borough of Residence – New York City, 2019-2024



People ages 13 to 29 residing in Brooklyn or the Bronx consistently experienced the highest number of new HIV diagnoses, representing a combined 49% of new diagnoses in this age group in 2024. This is similar to the citywide proportion of diagnoses among people residing in Brooklyn of 50% in 2024. From 2019 to 2024, the number of people ages 13 to 29 newly diagnosed with HIV increased among those residing in Queens. The number of HIV diagnoses among people residing in the Bronx decreased from 2019 to 2020 and then increased from 2020 to 2024. The number of new HIV diagnoses in all other borough of residence groups decreased or remained relatively stable.

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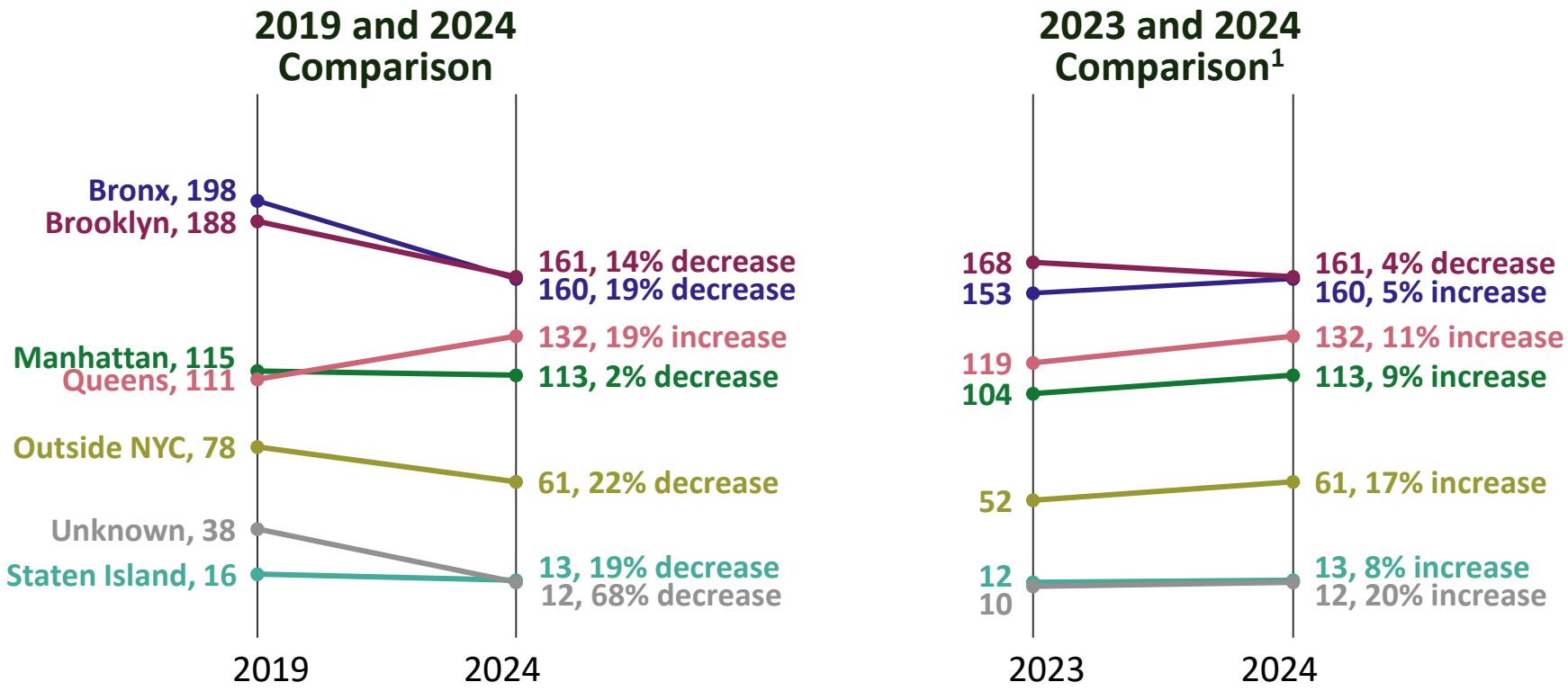
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

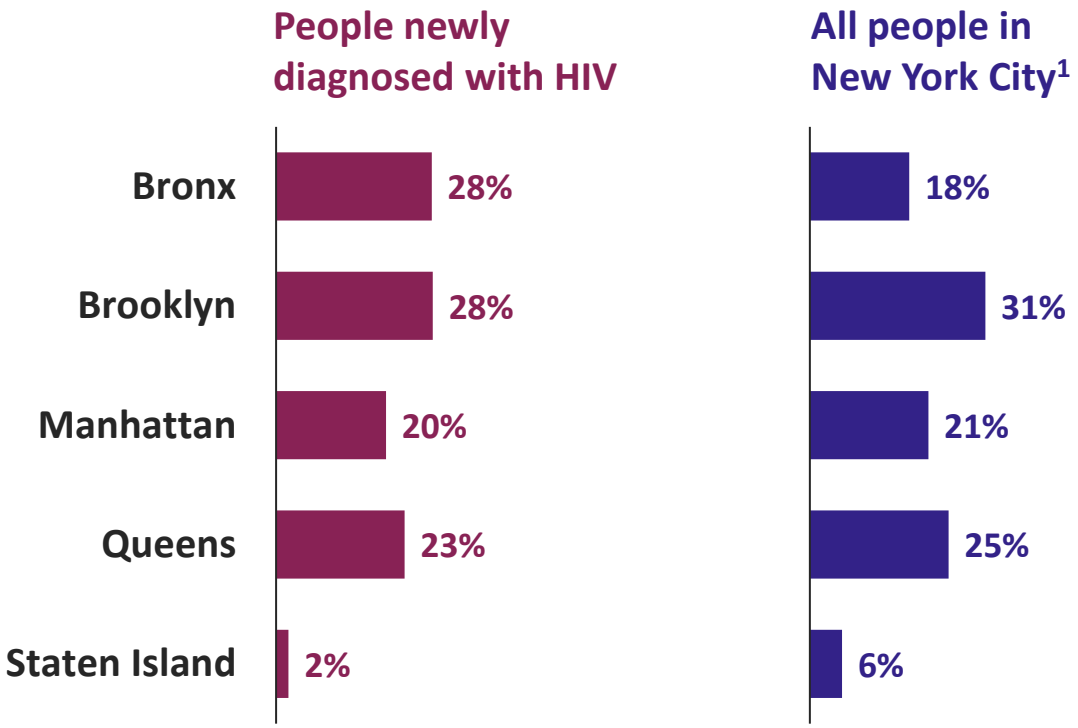
Number of New HIV Diagnoses and Percent Change Among People Ages 13 to 29 by Borough of Residence – New York City in 2019, 2023, and 2024



From 2019 to 2024, the number of people ages 13 to 29 newly diagnosed with HIV increased among those residing in Queens (19%). From 2023 to 2024, modest increases occurred in all borough of residence groups excluding Brooklyn, which experienced a decrease.

[1]One-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.

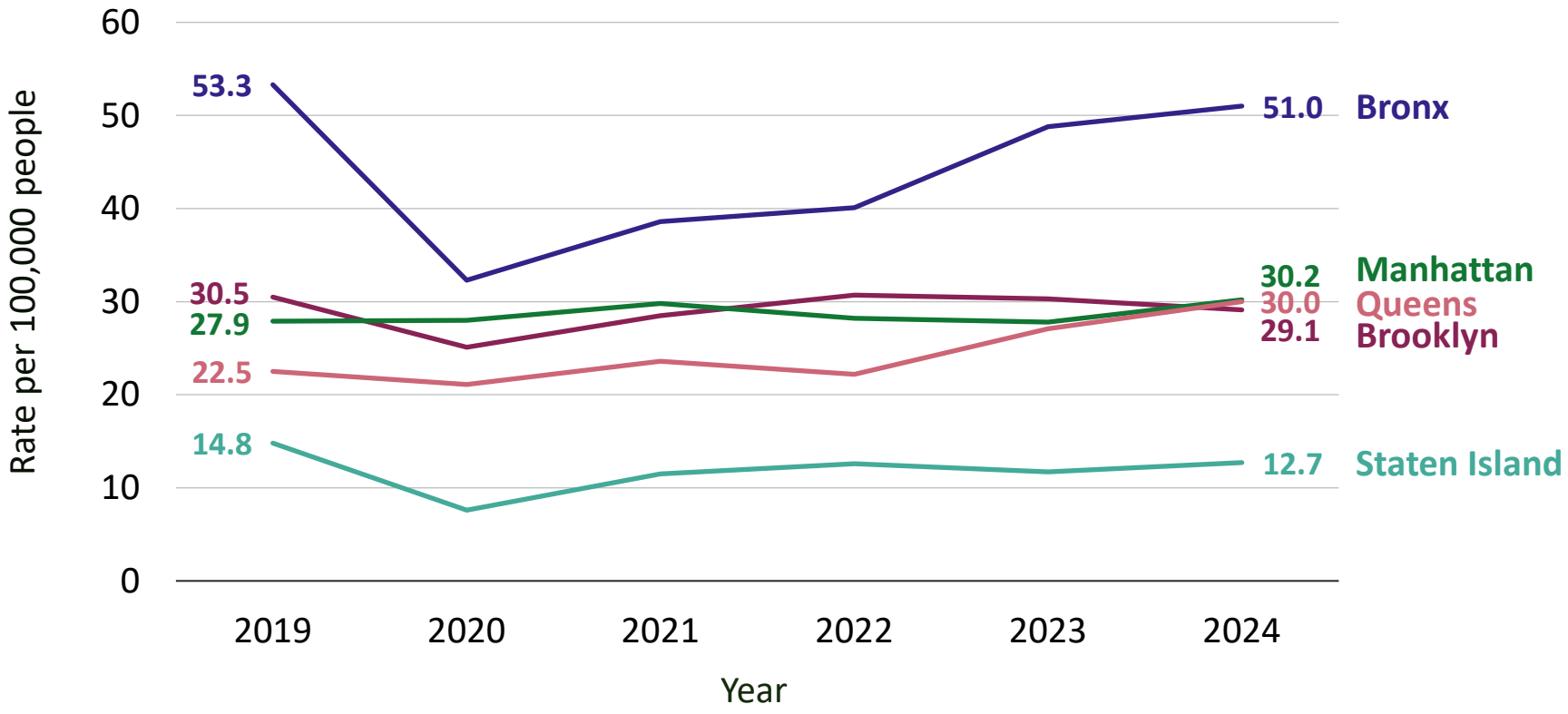
Proportion of People Newly Diagnosed With HIV and All People[1,2] Ages 13 to 29 by Borough of Residence – New York City, 2024



The proportion of new HIV diagnoses among people ages 13 to 29 residing in the Bronx was higher than the proportion among all people in New York City.

[1]NYC population calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates.
[2]Excludes people newly diagnosed with HIV in New York City who were residing outside of New York City at the time of diagnosis and those with an unknown borough of residence.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Rate of New HIV Diagnoses[1,2] per 100,000 People Ages 13 to 29 by Borough of Residence – New York City, 2019-2024



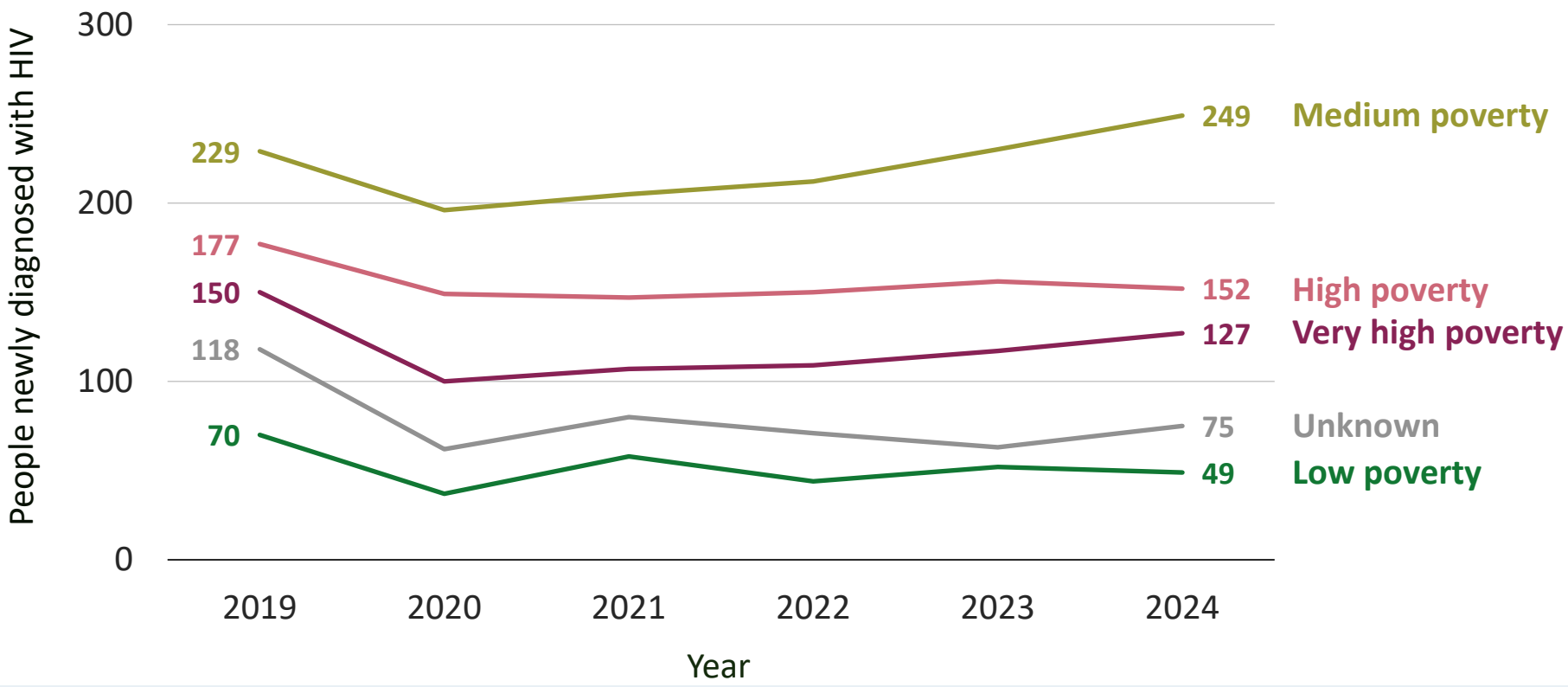
People ages 13 to 29 residing in the Bronx consistently experienced the highest rate of new HIV diagnoses. From 2019 to 2024, the rate of new HIV diagnoses per 100,000 people ages 13 to 29 increased among those residing in Queens (33%). The rate of new diagnoses among people residing in the Bronx decreased from 2019 to 2020 and then increased from 2020 to 2024. The rate of new HIV diagnoses in all borough of residence groups decreased or remained relatively stable.

[1]Rates are a measure that account for population size, allowing for a clearer comparison in new HIV diagnoses. Rates were calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates.

[2]Excludes people newly diagnosed with HIV in New York City who were residing outside of New York City at the time of diagnosis.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Number of New HIV Diagnoses Among People Ages 13 to 29 by Neighborhood Poverty Level[1] – New York City, 2019-2024



People ages 13 to 29 residing in medium-poverty neighborhoods consistently experienced the highest number of new HIV diagnoses, representing 38% of new diagnoses in this age group in 2024. This is slightly lower than the citywide proportion of diagnoses among people residing in medium-poverty neighborhoods of 41% in 2024. From 2019 to 2024, the number of people ages 13 to 29 newly diagnosed with HIV increased among those residing in medium-poverty neighborhoods. The number of people newly diagnosed with HIV in all other neighborhood poverty level groups decreased or remained relatively stable.

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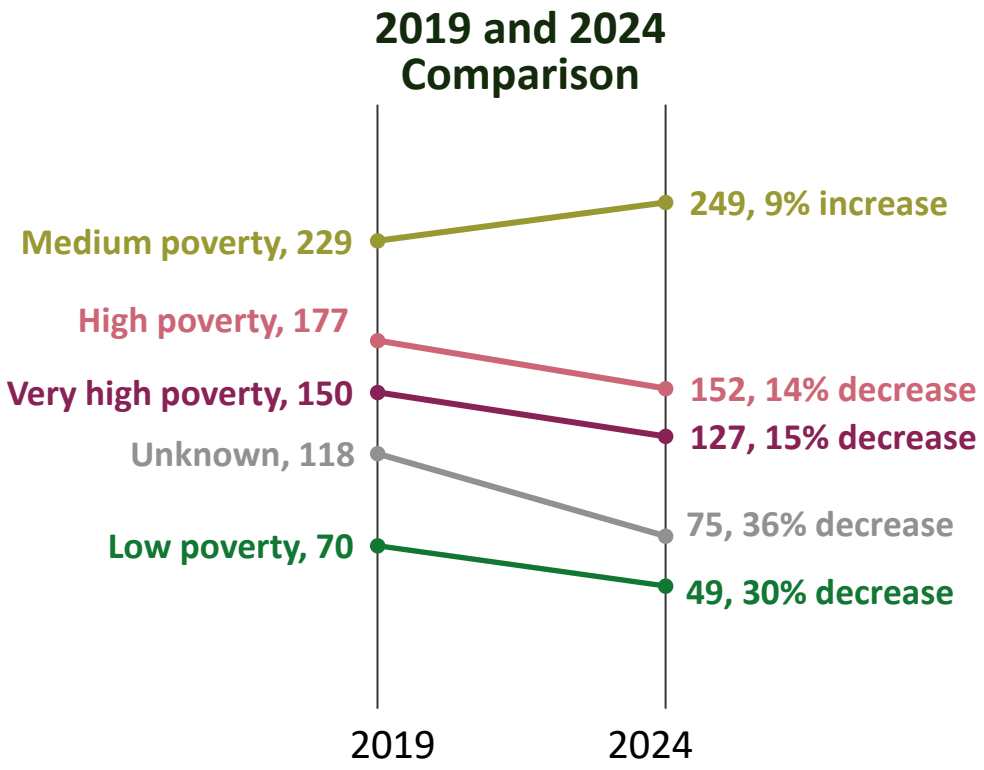
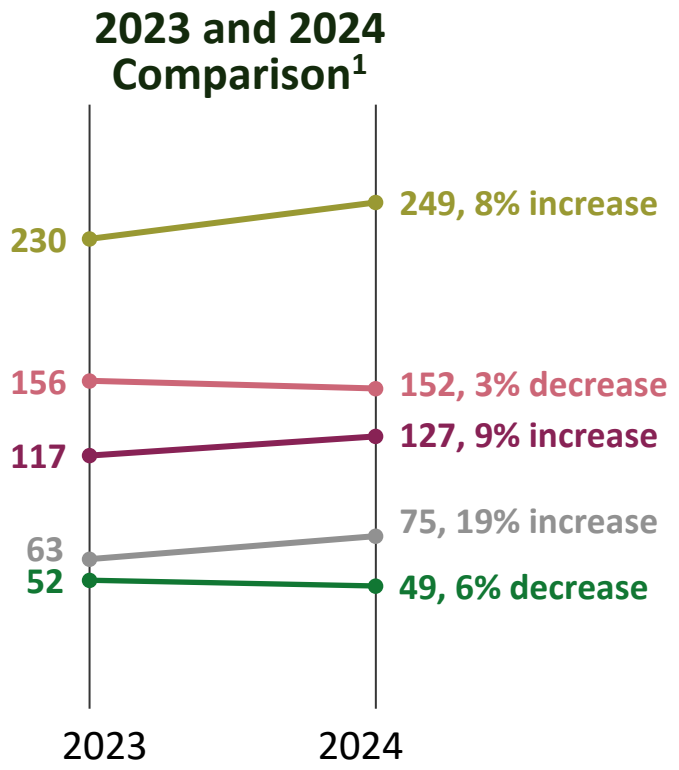
[1]Neighborhood poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.
Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty=≥30% below FPL.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Number of New HIV Diagnoses and Percent Change Among People Ages 13 to 29 by Neighborhood Poverty Level – New York City in 2019, 2023, and 2024





From 2019 to 2024, the number of people ages 13 to 29 newly diagnosed with HIV increased among those residing in medium-poverty neighborhoods (9%). All other neighborhood poverty groups experienced decreases. From 2023 to 2024, increases occurred among people residing in very-high-poverty neighborhoods (9%), medium-poverty neighborhoods (8%), and in neighborhoods with an unknown poverty level (19%).

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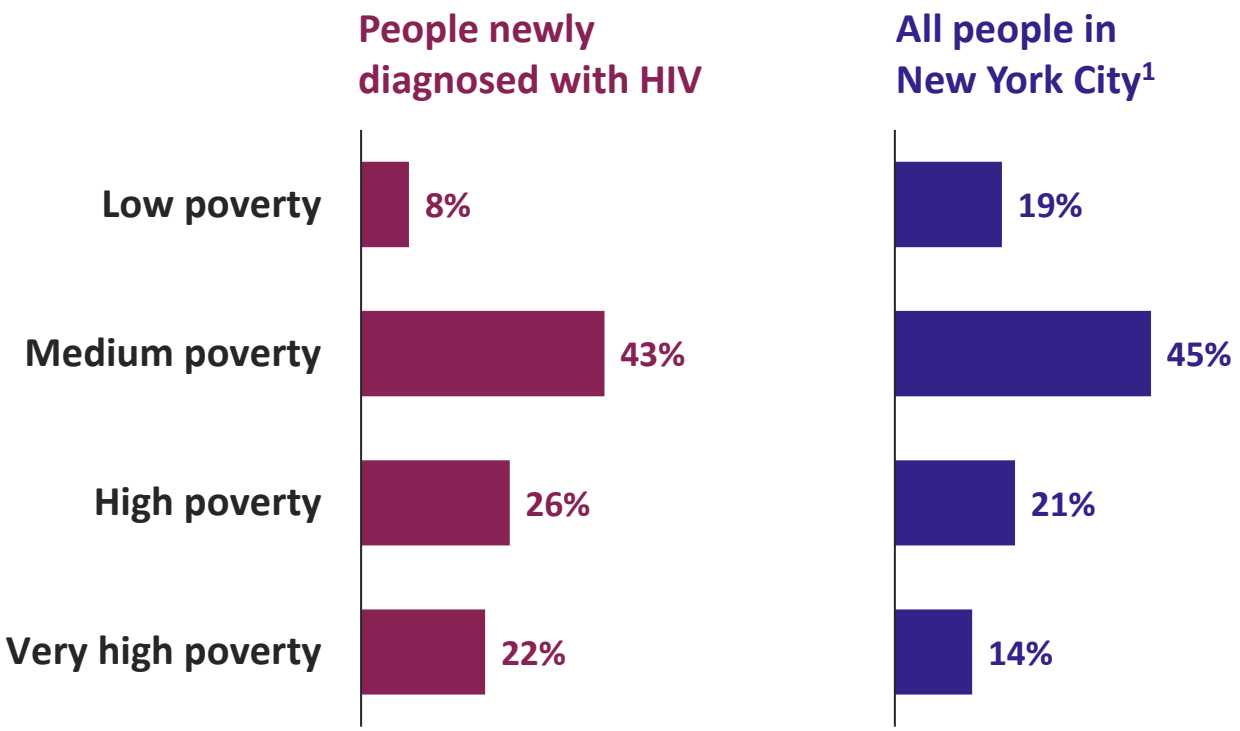
[1]One-year increases or decreases are not indicative of a trend and should be interpreted with caution.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.

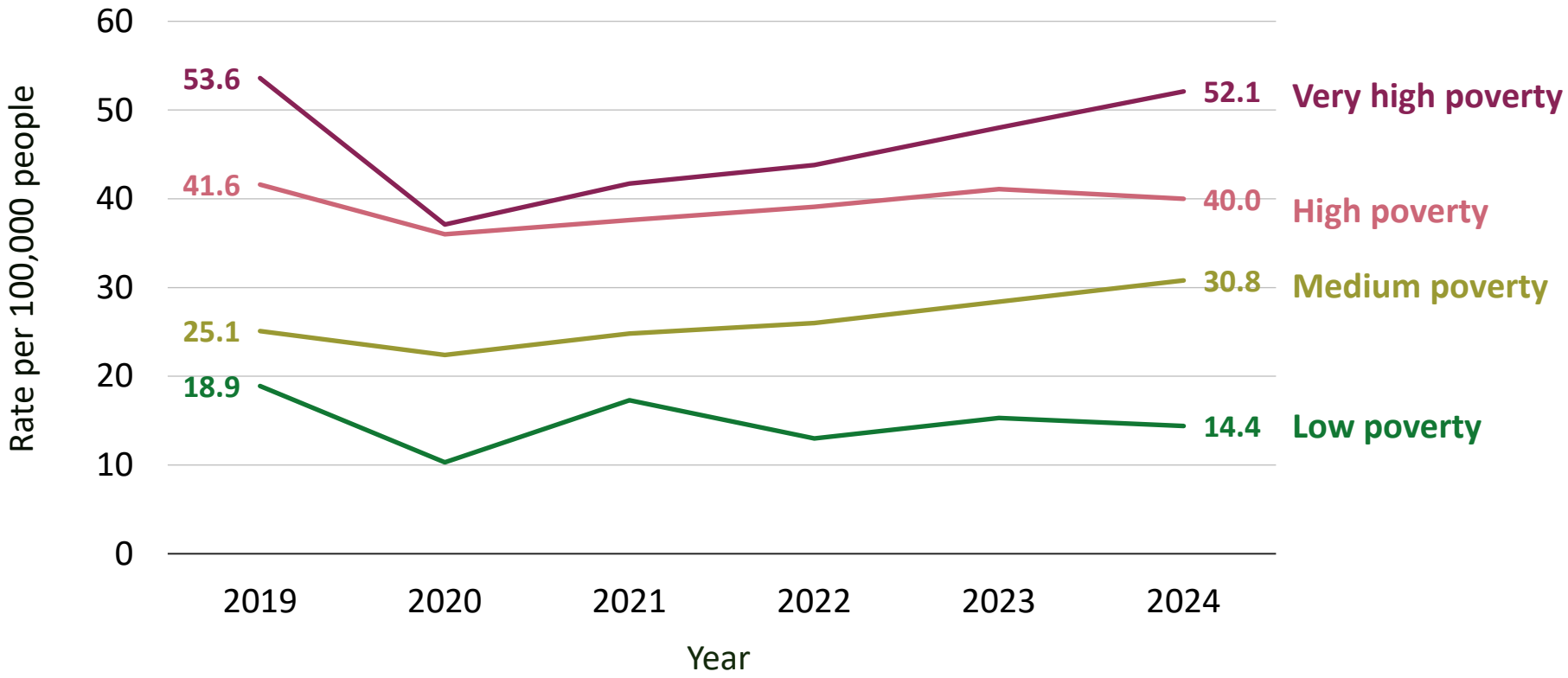
Proportion of People Newly Diagnosed With HIV and All People[1,2] Ages 13 to 29 by Neighborhood Poverty Level[3,4] – New York City, 2024



The proportions of new HIV diagnoses among people ages 13 to 29 residing in high- and very-high-poverty neighborhoods were higher than those groups' proportions in the New York City population.

[1]NYC population calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates.
[2]Excludes people newly diagnosed with HIV in New York City who were residing outside of New York City at the time of diagnosis.
[3]Neighborhood 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.
[4]Proportions exclude people living in neighborhoods with an unknown poverty level
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

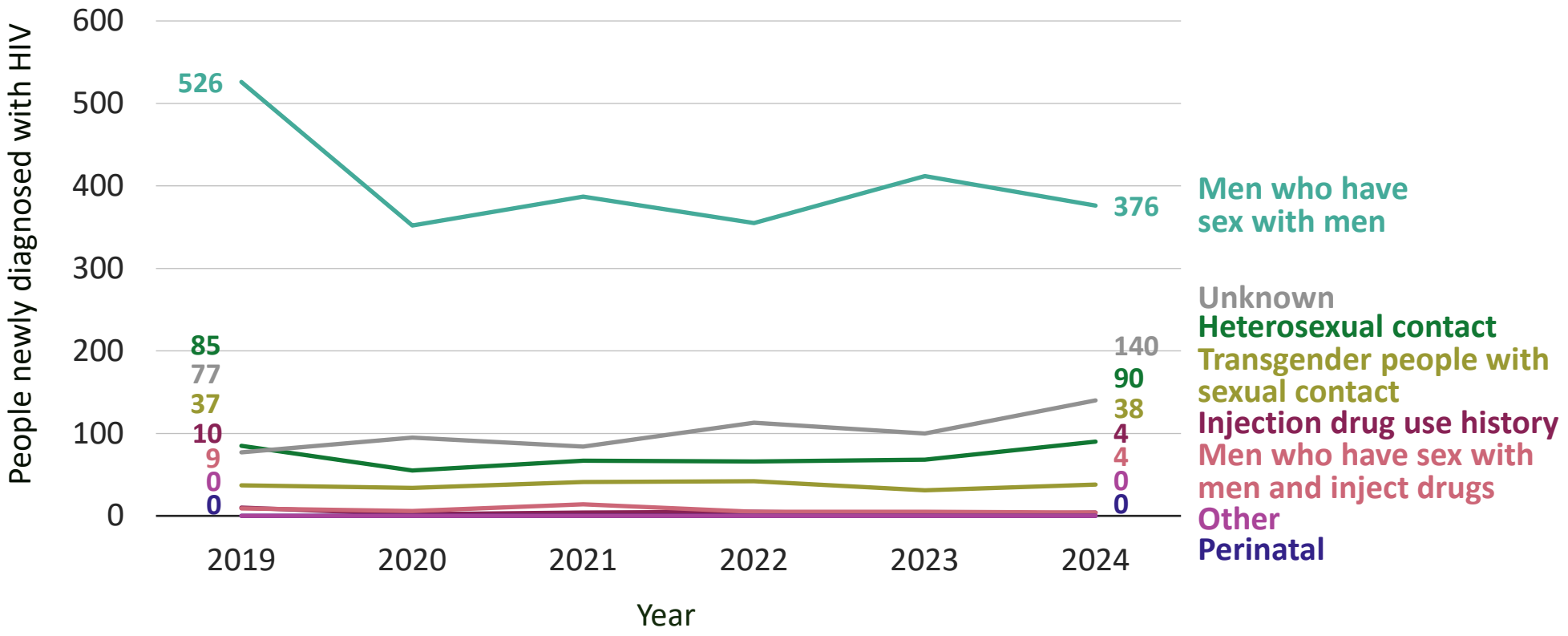
Rate of New HIV Diagnoses[1,2] per 100,000 People Ages 13 to 29 by Neighborhood Poverty Level[3] – New York City, 2019-2024



People ages 13 to 29 residing in high- and very-high-poverty neighborhoods consistently experienced the highest rates of new HIV diagnoses. From 2019 to 2024, the rate of new HIV diagnoses increased among people ages 13 to 29 residing in medium-poverty neighborhoods (23%). The rate among people residing in very-high-poverty neighborhoods decreased from 2019 to 2020 and then increased from 2020 to 2024. The rate of new HIV diagnoses in all other neighborhood poverty level groups decreased or remained relatively stable.

[1]Rates are a measure that account for population size, allowing for a clearer comparison in new HIV diagnoses. Rates were calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates.
[2]Excludes people newly diagnosed with HIV in New York City who were residing outside of New York City at the time of diagnosis.
[3]Neighborhood 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, 2024.

Number of New HIV Diagnoses Among People Ages 13 to 29 by Transmission Category – New York City, 2019-2024



Men who have sex with men consistently experienced the highest number of new HIV diagnoses, representing 73% of new diagnoses among people ages 13 to 29 for whom data on transmission category were available in 2024. This is higher than the citywide proportion of diagnoses with data on transmission category among men who have sex with men of 65% in 2024. From 2019 to 2024, the number of people ages 13 to 29 newly diagnosed with HIV increased among those with an unknown transmission category. The number of new HIV diagnoses in all other transmission category groups decreased or remained stable.

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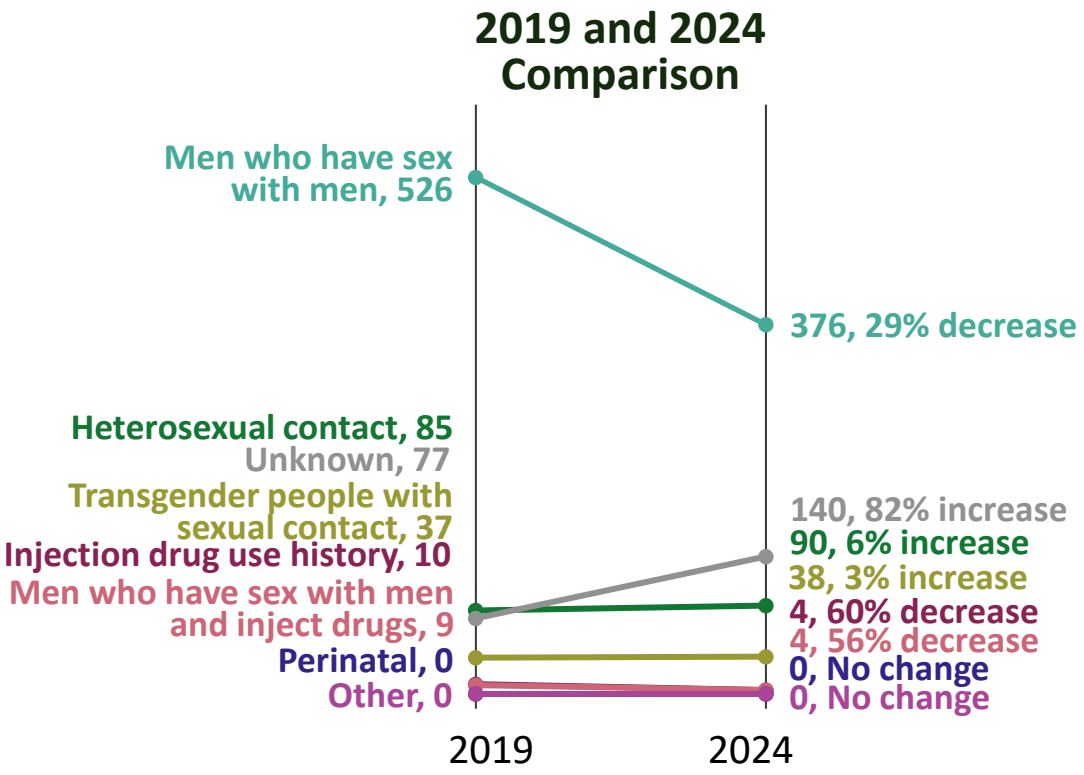
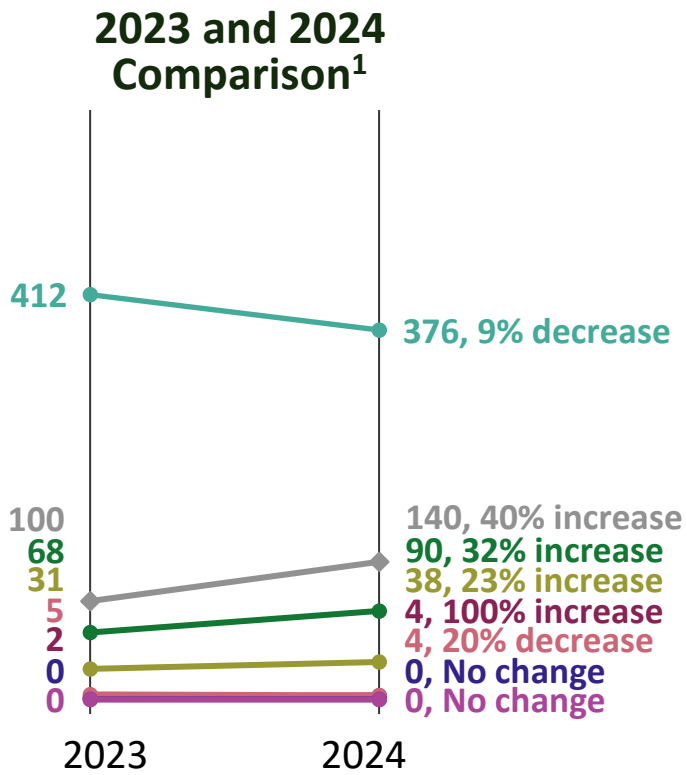
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

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

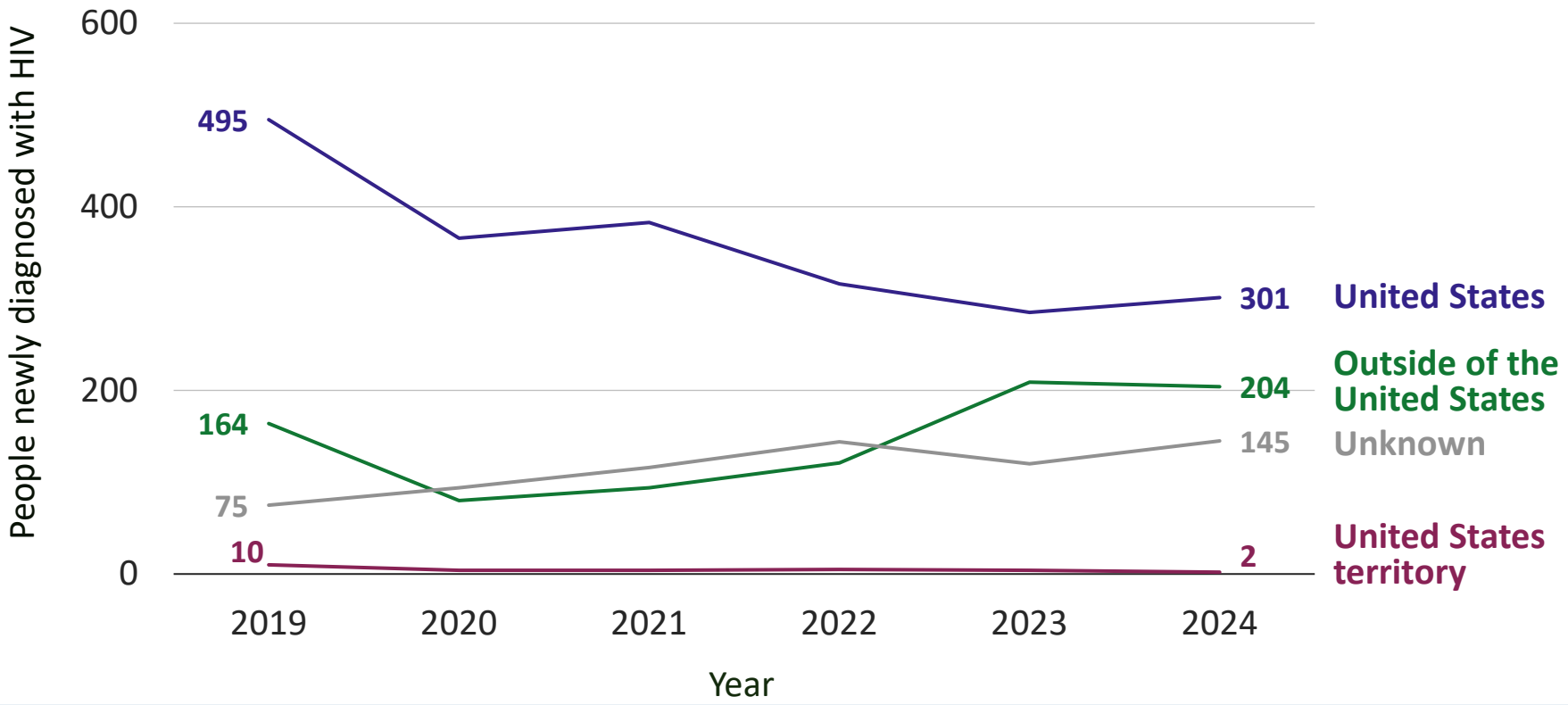




From 2019 to 2024, the number of people ages 13 to 29 newly diagnosed with HIV increased among those with an unknown transmission category (82%). From 2023 to 2024, increases occurred among several transmission category groups. Due to the relatively large number of people with an unknown transmission category, percent change calculations for all other groups should be interpreted with caution.

[1]One-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 People Ages 13 to 29 by Place of Birth – New York City, 2019-2024



People ages 13 to 29 born in the United States consistently experienced the highest number of new HIV diagnoses, representing 46% of new diagnoses in this age group 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 people ages 13 to 29 newly diagnosed with HIV increased among those who were born outside of the United States and among those with an unknown place of birth. The number of new HIV diagnoses in all other place of birth groups decreased or remained stable.

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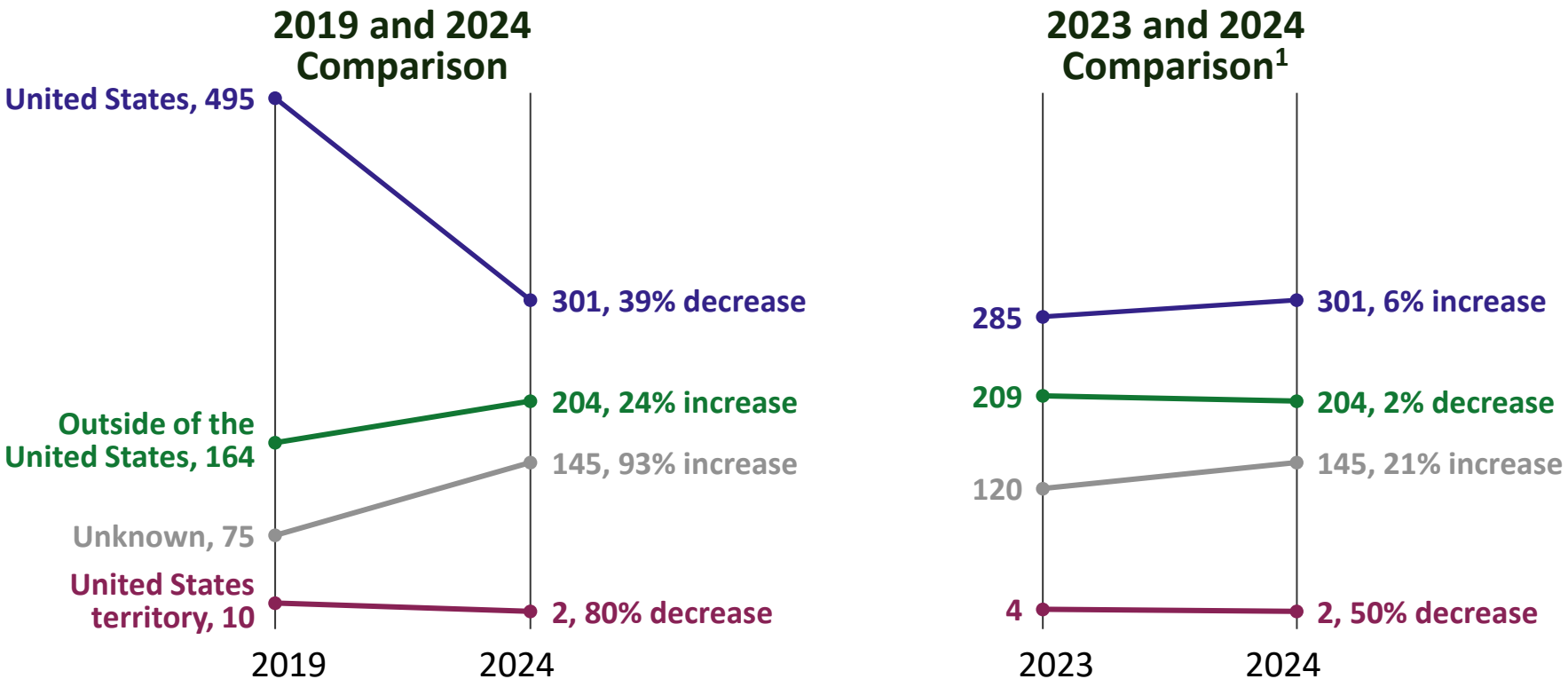
[1]The number of people newly diagnosed with HIV with an unknown place of birth increased due to changes in access to medical records after the emergence of COVID-19 in New York City.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

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



From 2019 to 2024, the number of people ages 13 to 29 newly diagnosed with HIV increased among those who were born outside of the United States (24%) and among those with an unknown place of birth (93%). From 2023 to 2024, an increase occurred among people with an unknown place of birth (21%). 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.

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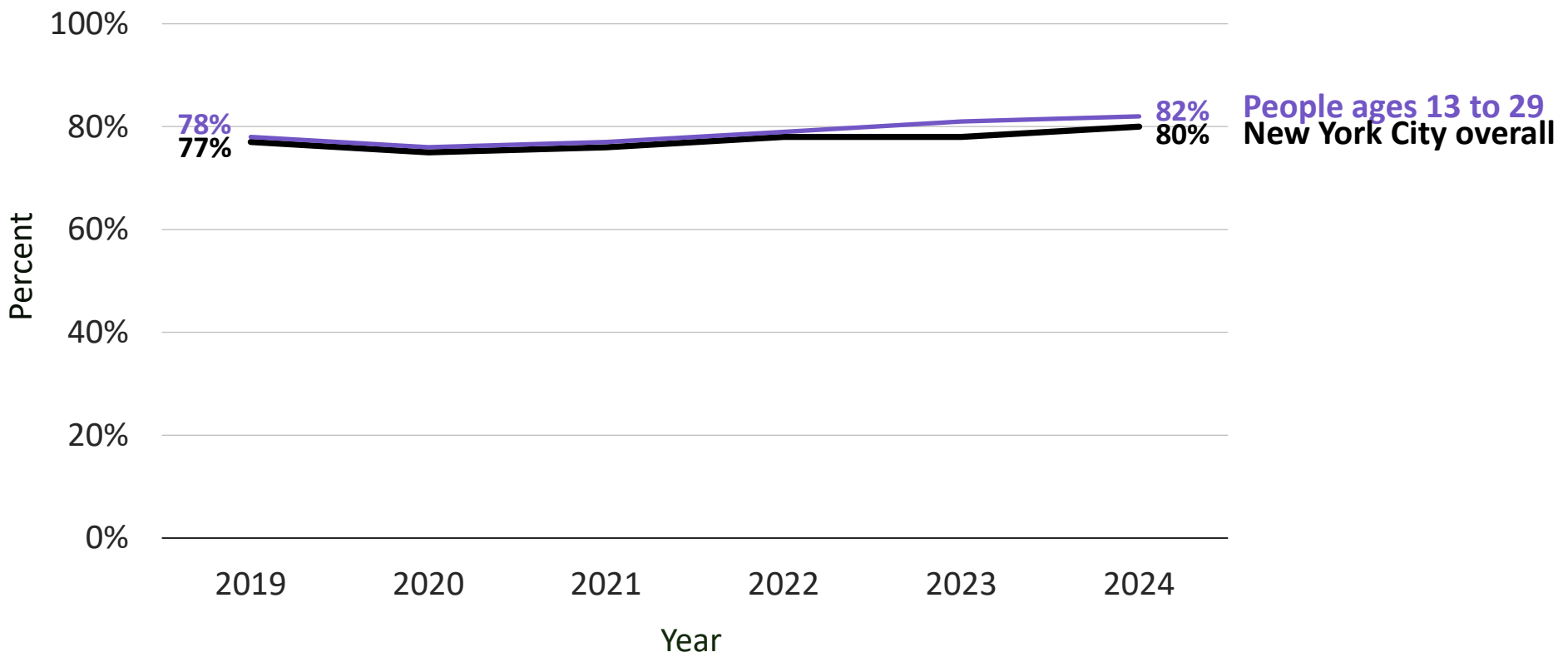
[1]One-year increases or decreases are not indicative of a trend and should be interpreted with caution.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.

Care Outcomes Among People Ages 13 to 29 Newly Diagnosed With HIV

New York City

NYC Health

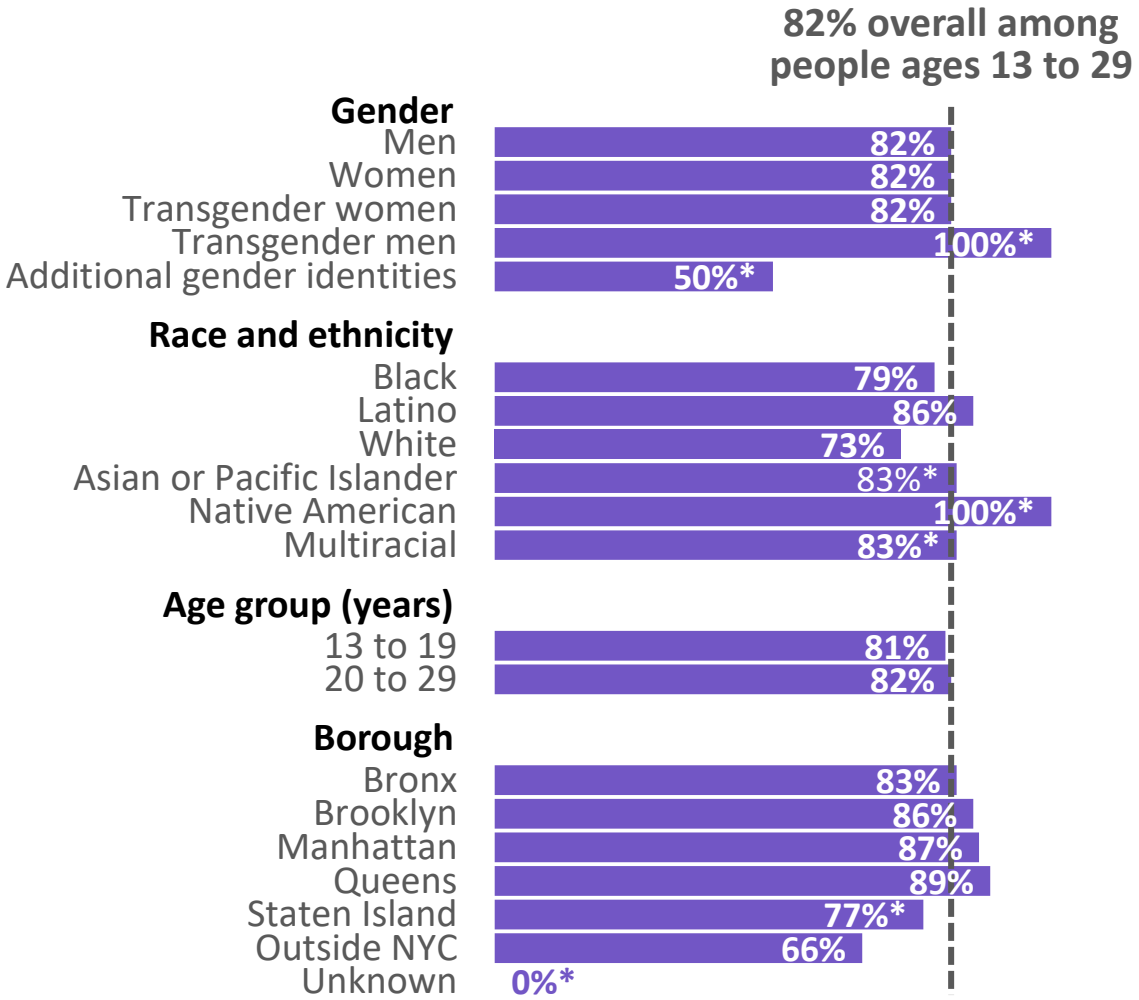
Initiation of Care[1] Within 30 Days of Diagnosis Among People Ages 13 to 29 and Overall – New York City, 2019-2024

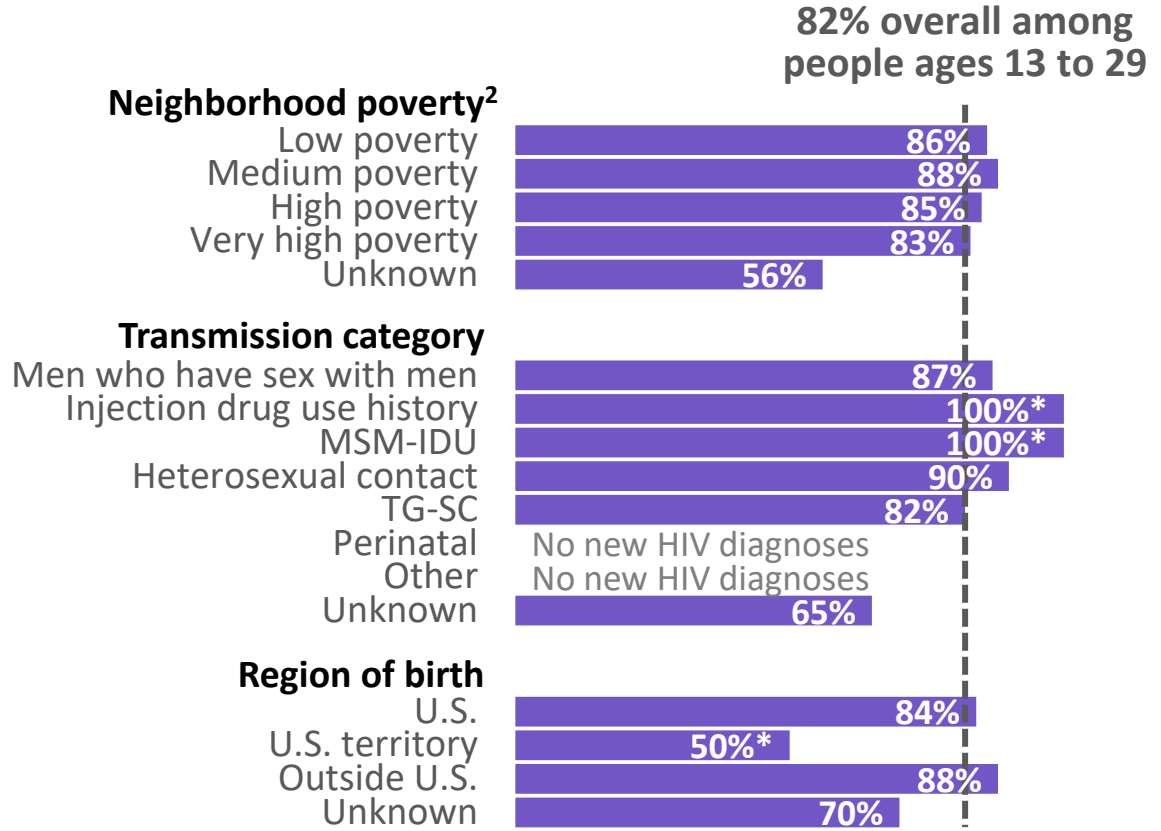


From 2019 to 2024, initiation of care within 30 days of diagnosis among people ages 13 to 29 newly diagnosed with HIV increased by four percentage points and was approximately equal to New York City overall.

[1]Initiation of care is defined as receiving a CD4, viral load, or genotype test after an HIV diagnosis. People diagnosed at death have been excluded.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Initiation of Care[1] Within 30 Days of Diagnosis Among People Ages 13 to 29 by Demographic Group – New York City, 2024

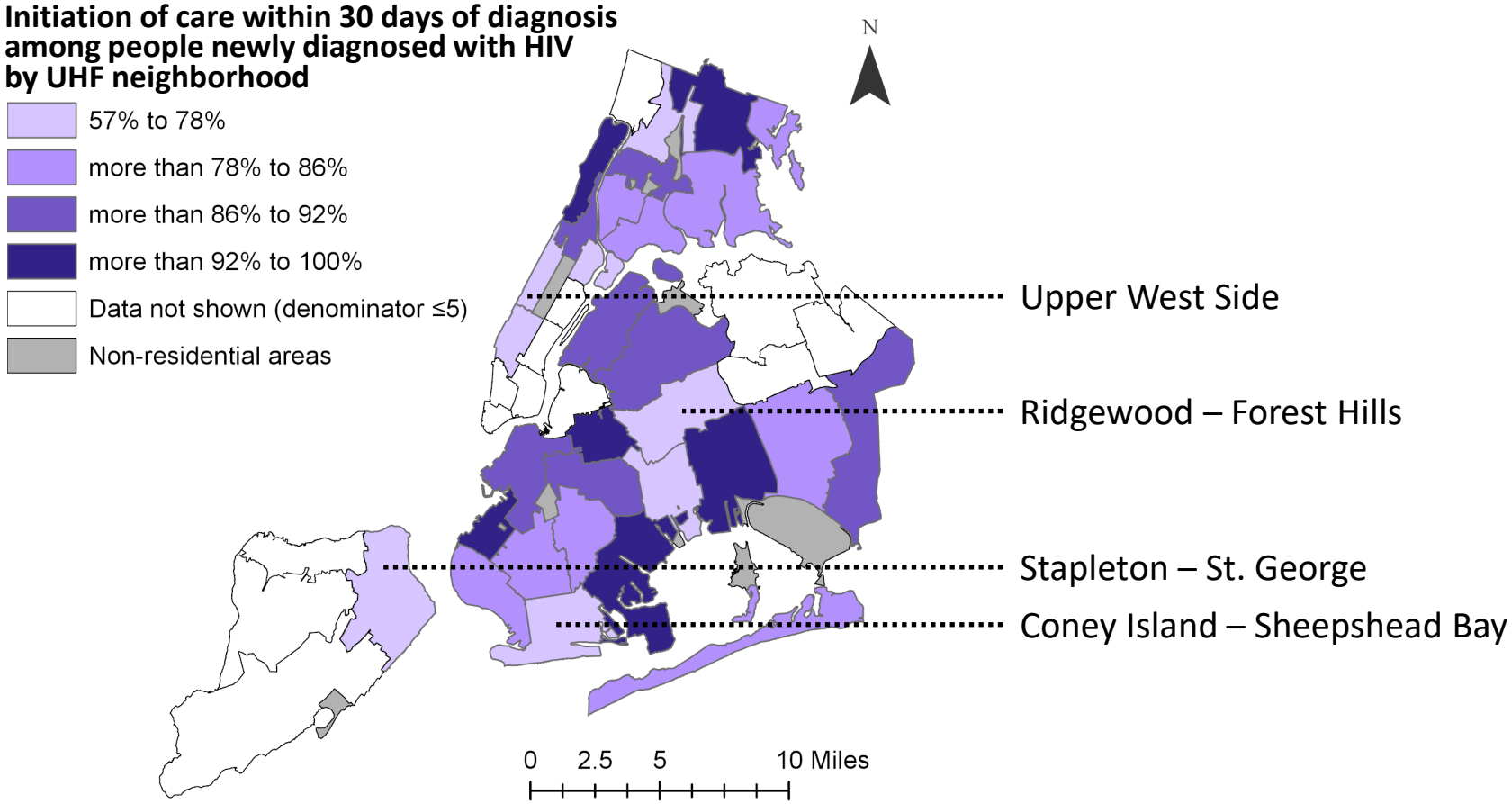




Differences in initiation of care within 30 days of diagnosis exist across demographic groups among people ages 13 to 29.

*Data should be interpreted with caution because of small population size.
MSM-IDU=Men who have sex with men and inject drugs; TG-SC=Transgender people with sexual contact.
[1]Initiation of care is defined as receiving a CD4, viral load, or genotype test after an HIV diagnosis. People diagnosed at death have been excluded.
[2]Neighborhood 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, 2024.

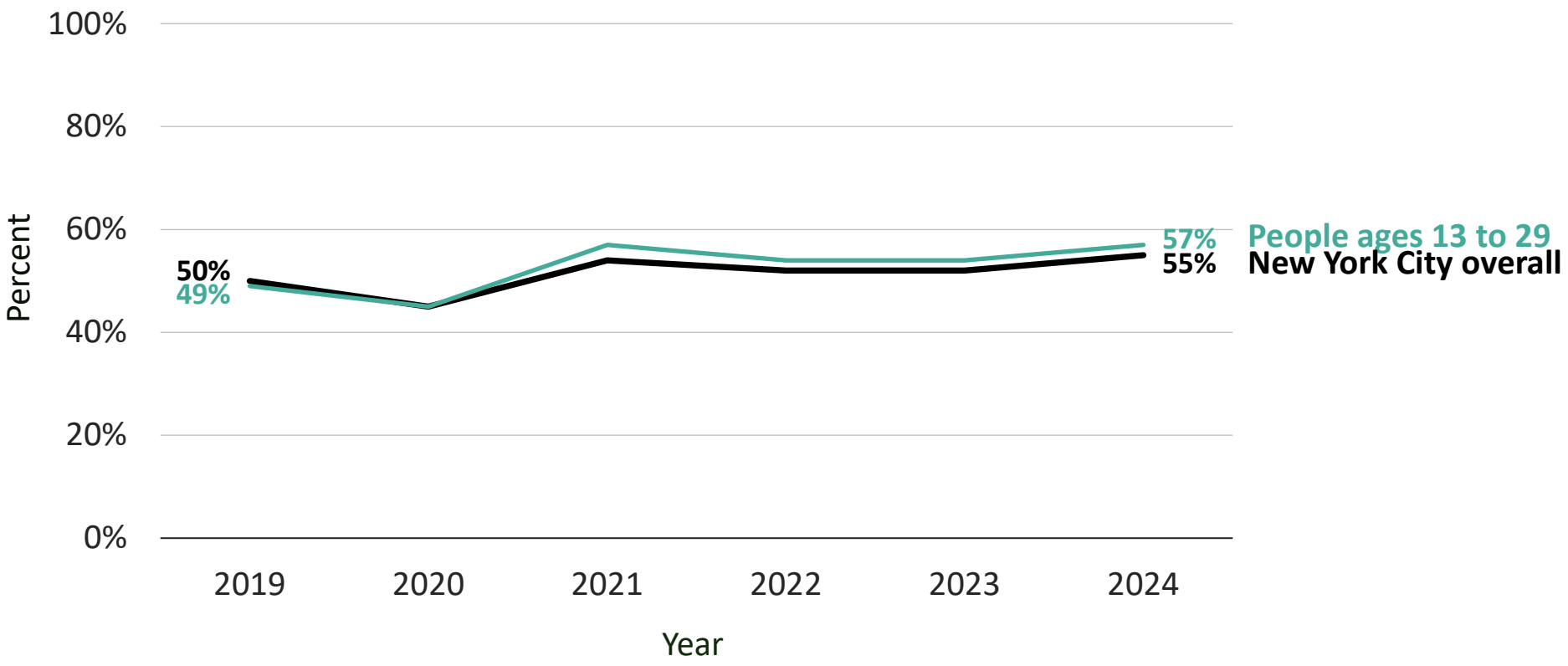
Initiation of Care[1] Within 30 Days of Diagnosis Among People Ages 13 to 29 by United Hospital Fund Neighborhood – New York City, 2024



The neighborhoods with the lowest proportions of initiation of care within 30 days of diagnosis among people ages 13 to 29 were Stapleton – St. George (57%), Ridgewood – Forest Hills (75%), the Upper West Side (75%), and Coney Island – Sheepshead Bay (75%).

[1]Initiation of care is defined as receiving a CD4, viral load, or genotype test after an HIV diagnosis. People diagnosed at death have been excluded.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

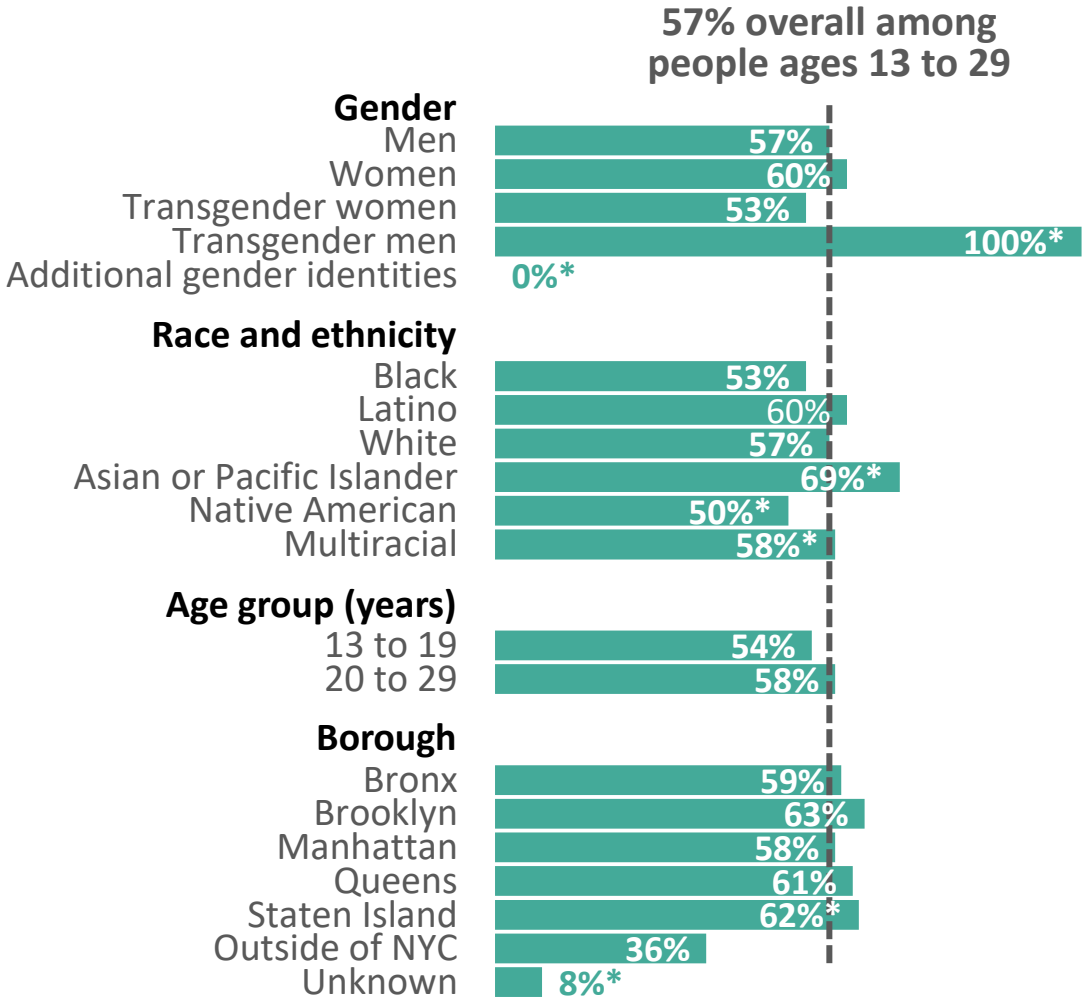
Viral Suppression[1] **Within Three Months of Diagnosis** Among People Ages 13 to 29 and Overall – New York City, 2019-2024

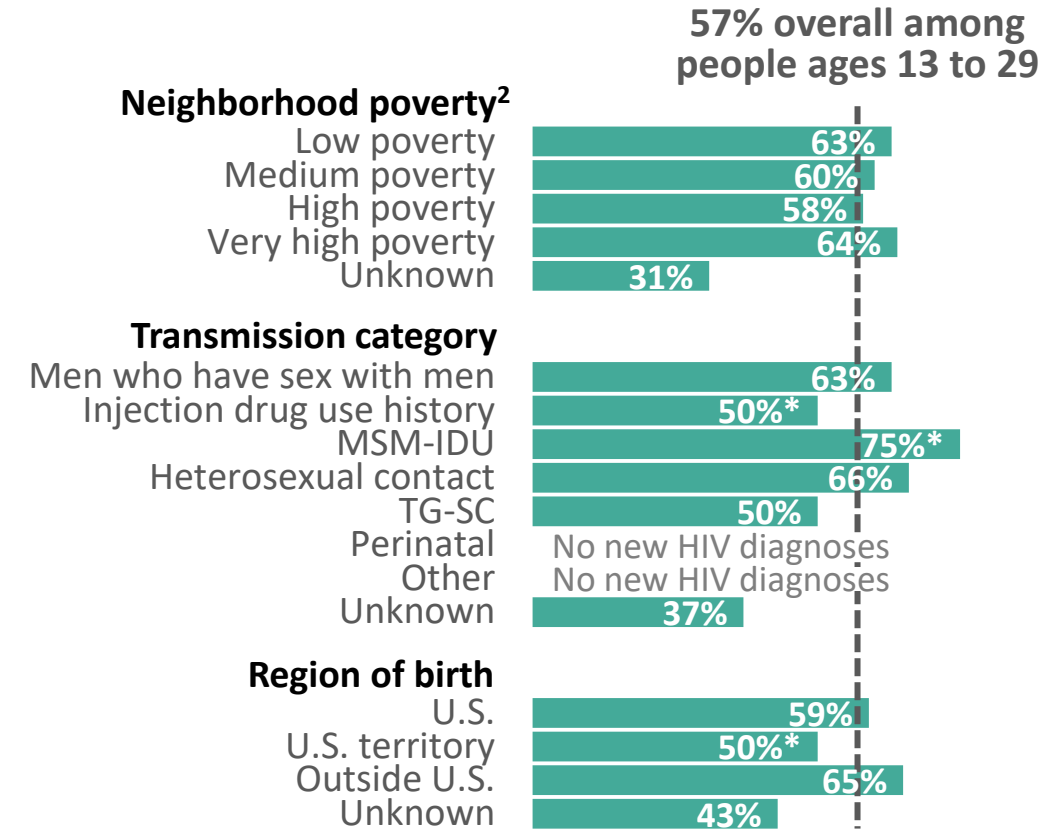


From 2019 to 2024, viral suppression within three months of an HIV diagnosis among people ages 13 to 29 increased by eight percentage points and was approximately equal to New York City overall.

[1]Viral 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. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Viral Suppression[1] **Within Three Months of Diagnosis** Among People Ages 13 to 29 by Demographic Group – New York City, 2024

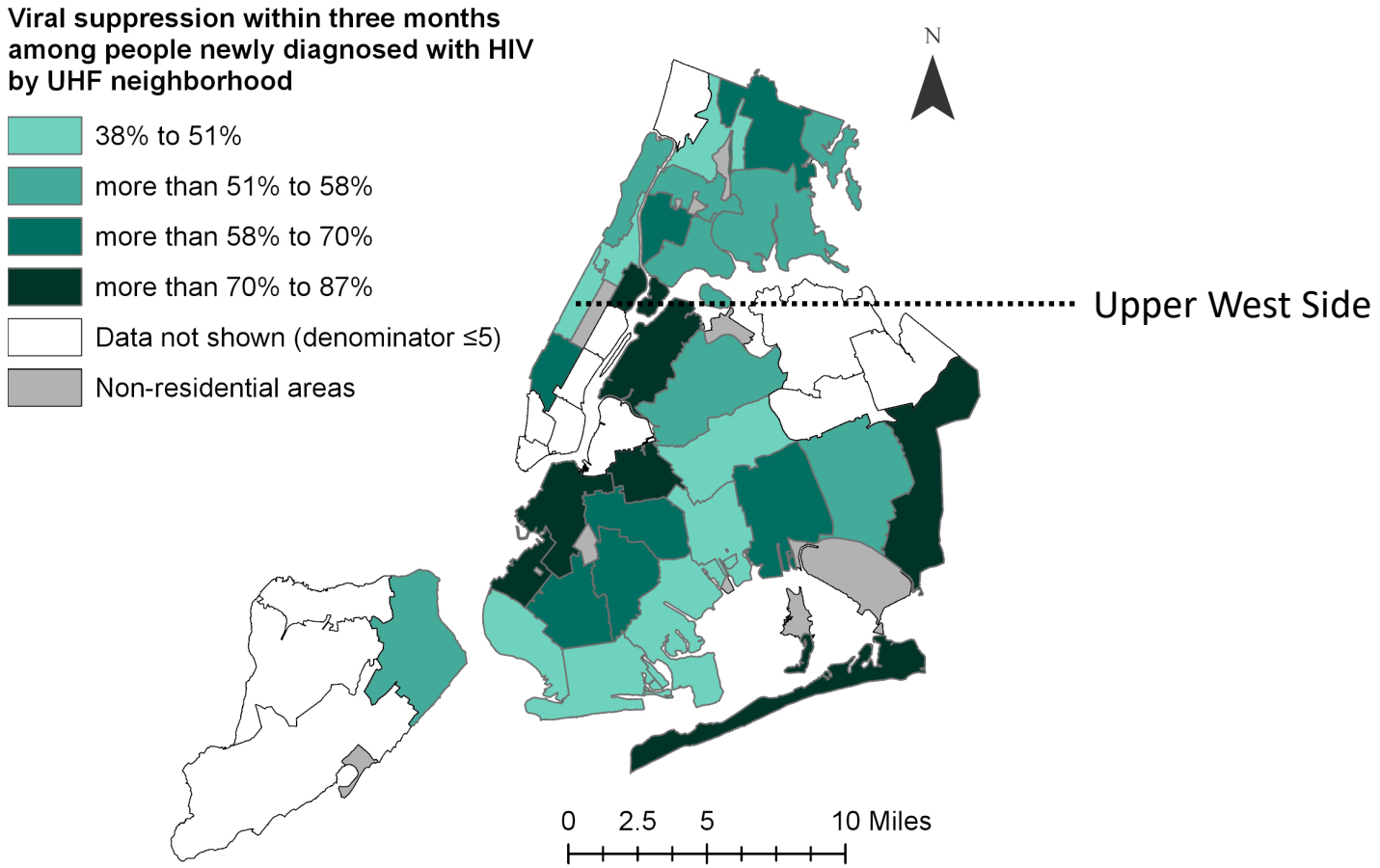




Differences in viral suppression within three months of an HIV diagnosis exist across demographic groups among people ages 13 to 29.

*Data should be interpreted with caution because of small population size.
MSM-IDU=Men who have sex with men and inject drugs; TG-SC=Transgender people with sexual contact.
[1]Viral 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.
[2]Neighborhood 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, 2024.

Viral Suppression[1] **Within Three Months of Diagnosis** Among People Ages 13 to 29 by United Hospital Fund Neighborhood – New York City, 2024



The neighborhood with the lowest proportion of people ages 13 to 29 virally suppressed within three months of an HIV diagnosis was the Upper West Side (38%).

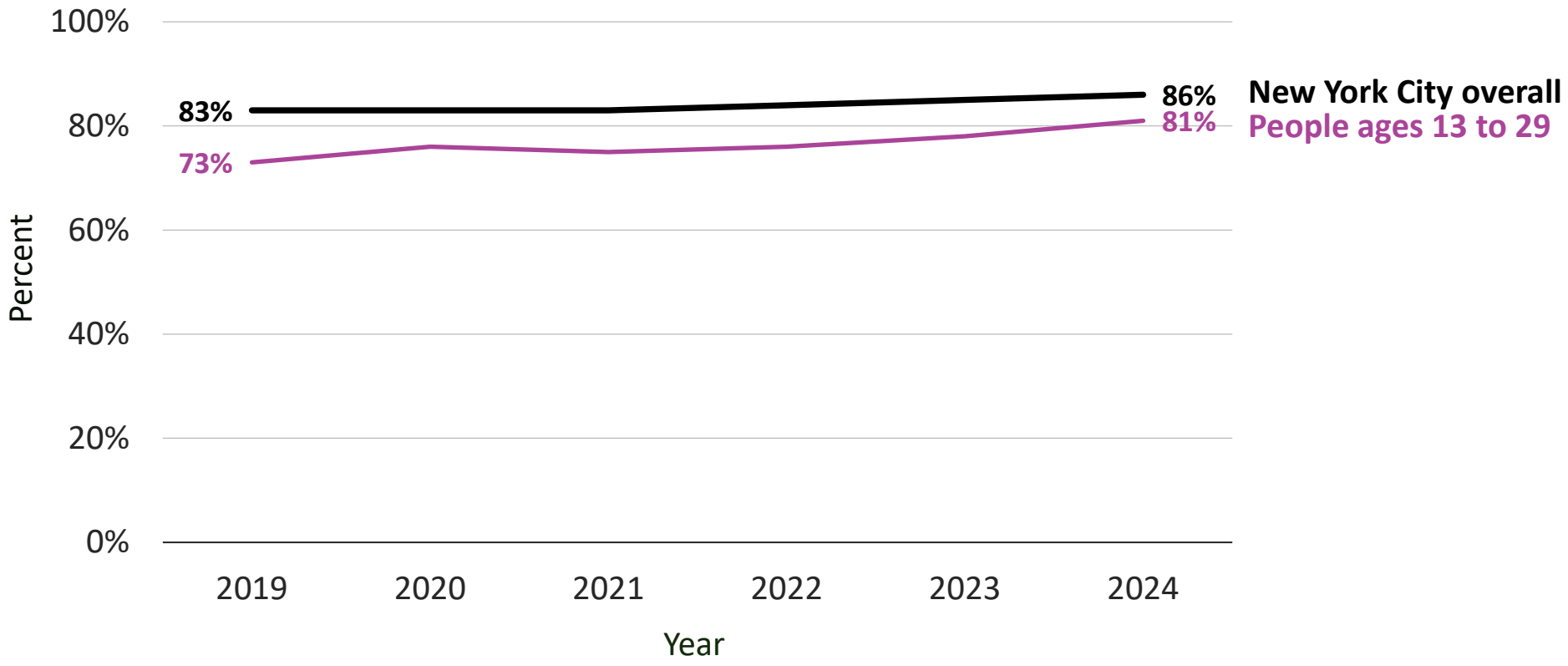
[1]Viral suppression is defined as an HIV viral load in the calendar year <200 copies/mL within three months of diagnosis. People diagnosed at death have been excluded.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Care Outcomes Among People With HIV Ages 13 to 29

New York City

NYC Health

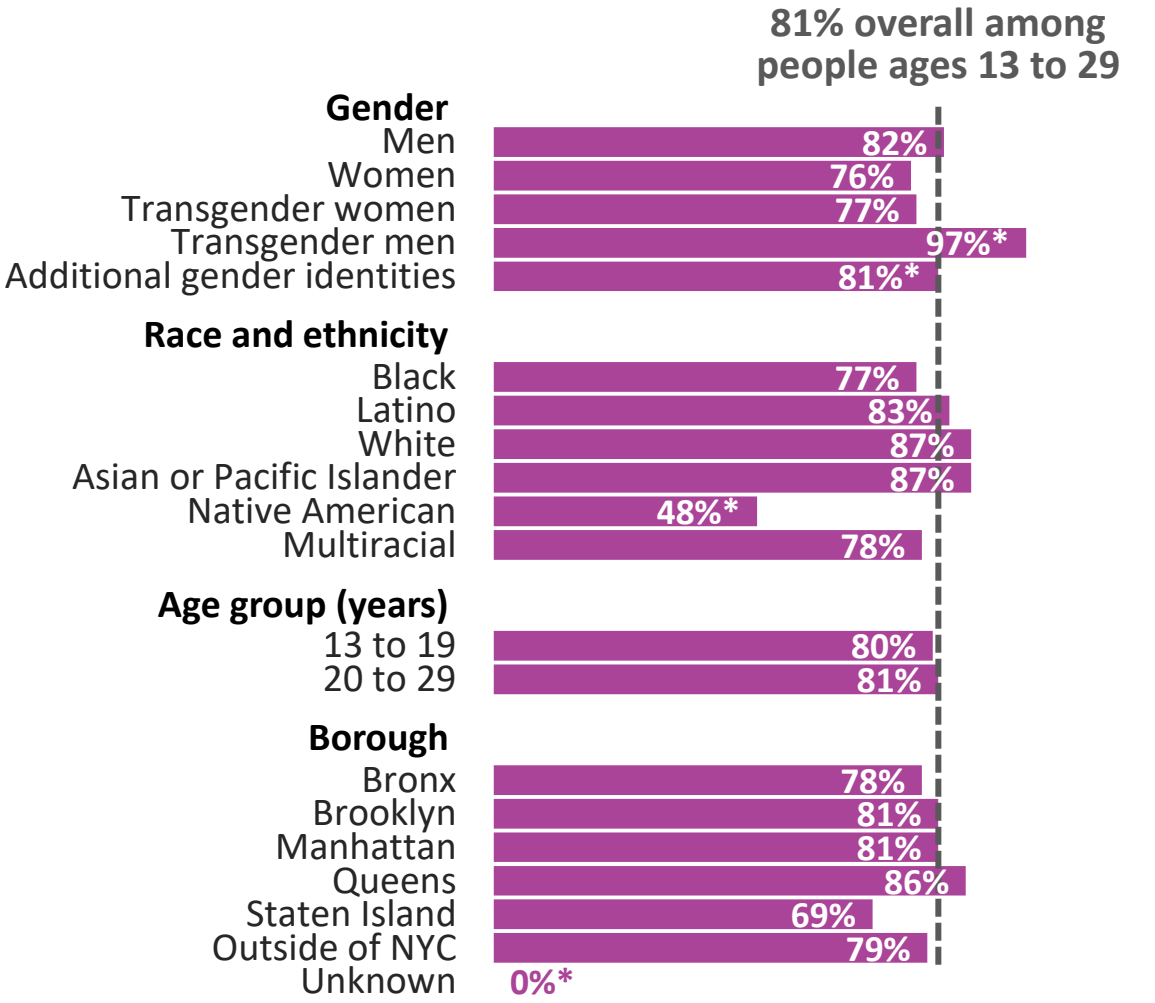
Viral Suppression[1] Among People Diagnosed With HIV[2] Ages 13 to 29 and Overall – New York City, 2019-2024

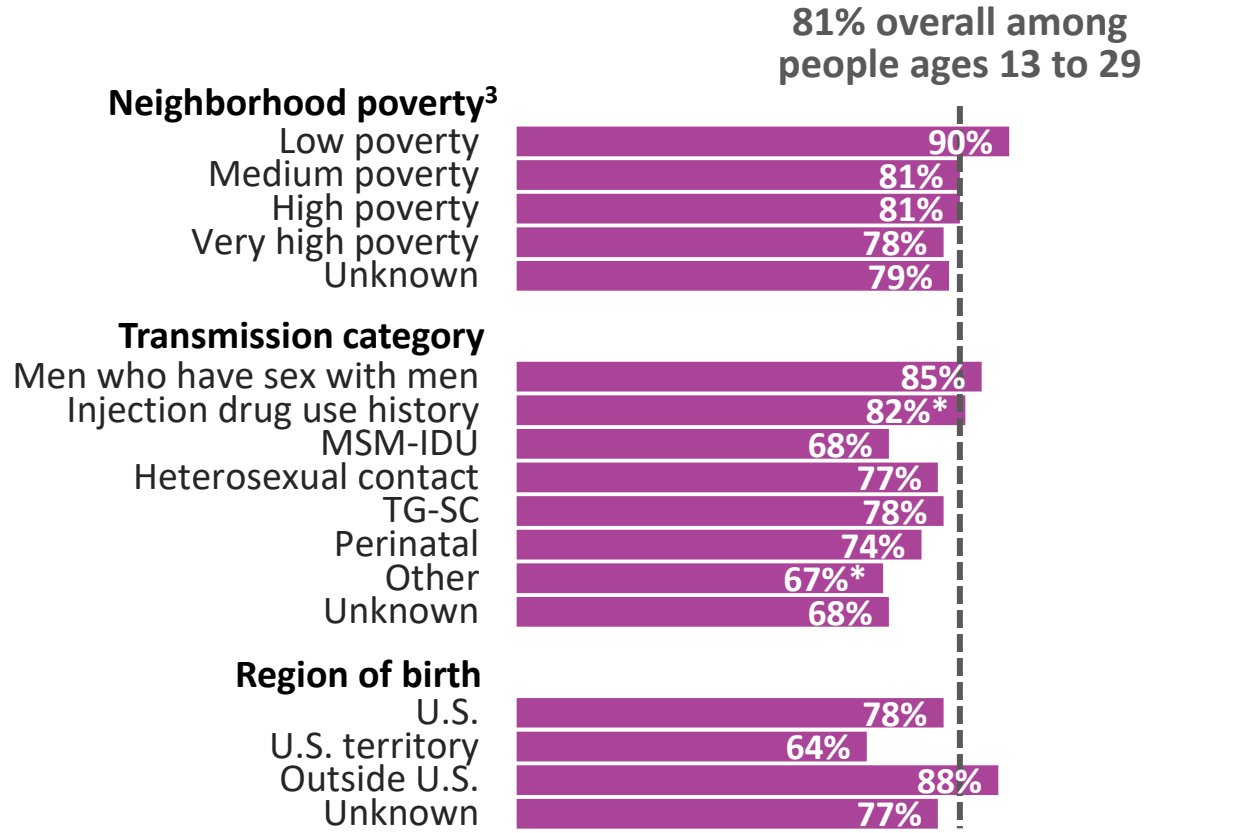


From 2019 to 2024, viral suppression among people ages 13 to 29 increased by eight percentage points and was lower than New York City overall.

[1]Viral suppression is defined as the last HIV viral load in the calendar year <200 copies/mL.
[2]People 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, 2024.

Viral Suppression[1] Among People Diagnosed With HIV[2] Ages 13 to 29 by Demographic Group – New York City, 2024





Differences in viral suppression exist across demographic groups among people ages 13 to 29.

*Data should be interpreted with caution because of small population size.
MSM-IDU=Men who have sex with men and inject drugs; TG-SC=Transgender people with sexual contact.
[1]Viral suppression is defined as the last HIV viral load in the calendar year <200 copies/mL. People diagnosed at death have been excluded.
[2]People diagnosed with HIV and viral suppression were calculated using the statistical weighting method. For more details and references, see Technical Notes.
[3]Neighborhood 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, 2024.

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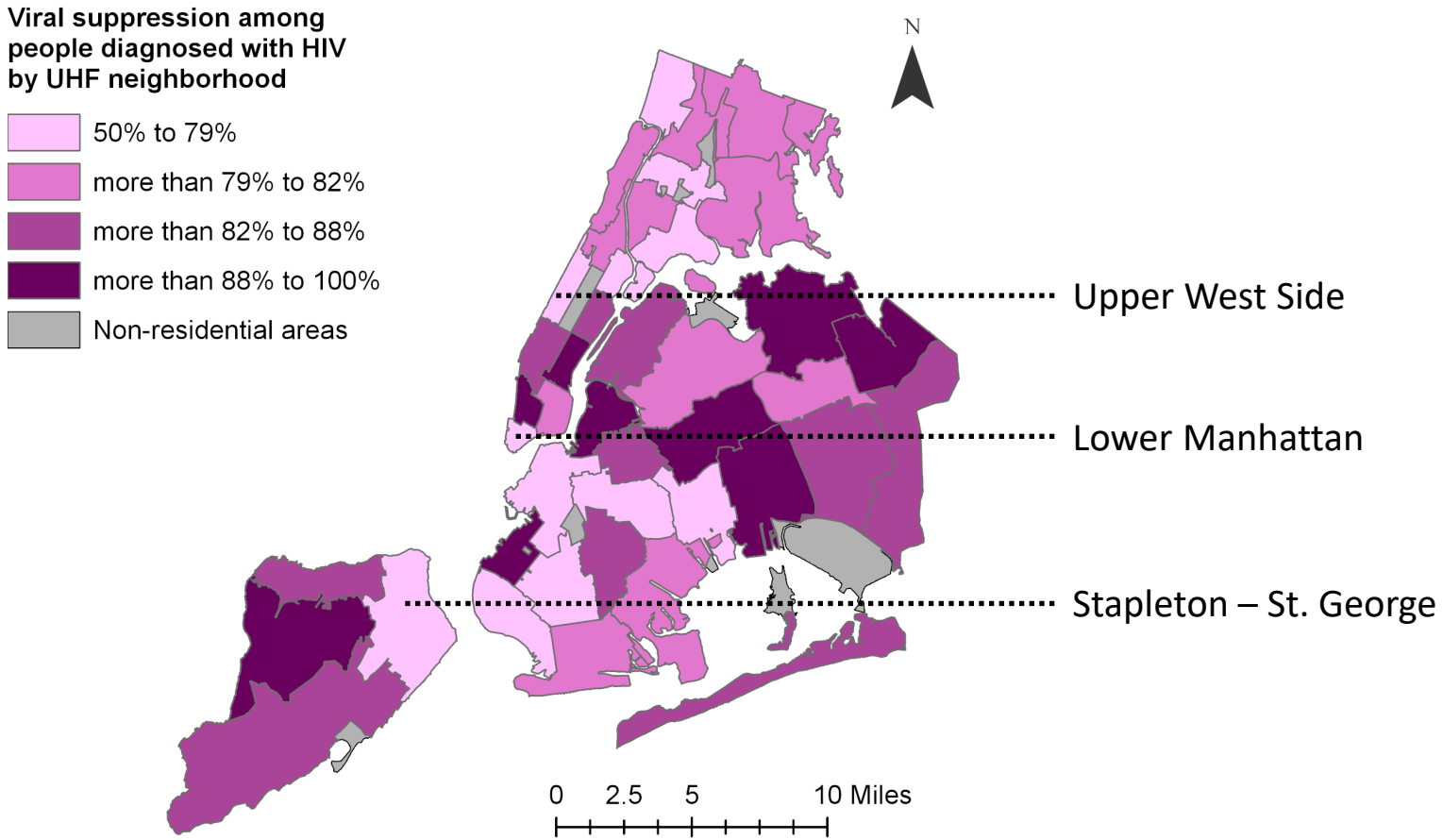
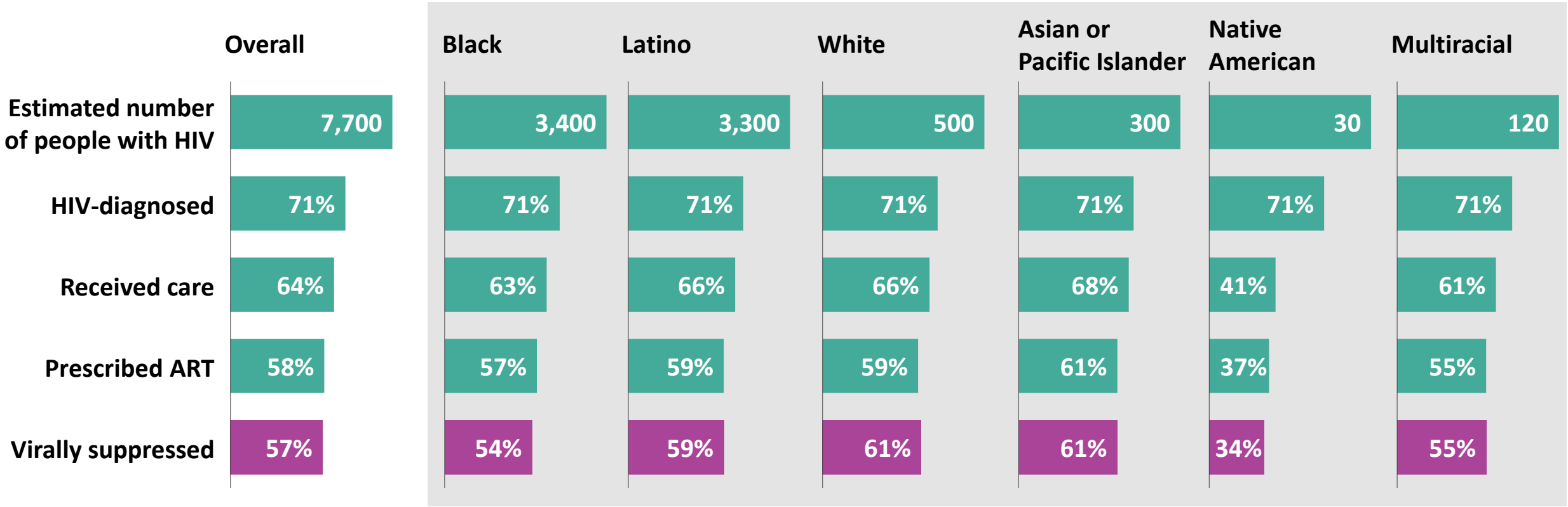
Viral Suppression[1] Among People Diagnosed With HIV[2] Ages 13 to 29 by United Hospital Fund Neighborhood – New York City, 2024



The neighborhoods with the lowest proportions of people virally suppressed among people ages 13 to 29 were Stapleton – St. George (50%), Lower Manhattan (61%), and the Upper West Side (70%).

[1]Viral suppression is defined as the last HIV viral load in the calendar year <200 copies/mL.
[2]People 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, 2024.

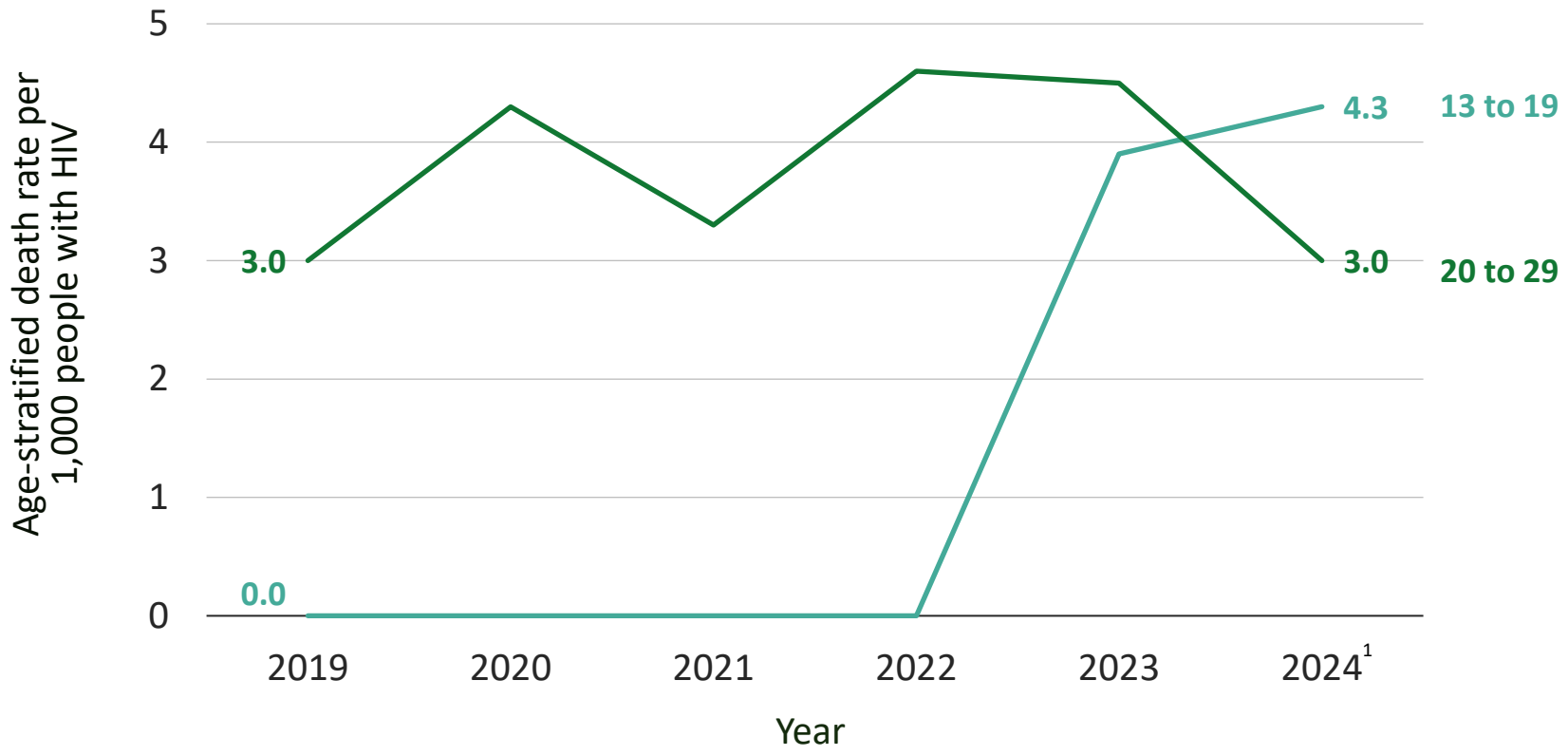
Proportion of People With HIV Ages 13 to 29 in Stages of the HIV Care Continuum[1,2]
Overall and by Race and Ethnicity[3] – New York City, 2024



Of approximately 7,700 people ages 13 to 29 with HIV in 2024, 57% had a suppressed viral load. This was lower than the citywide proportion of people with a suppressed viral load of 81%. There were differences in the HIV care continuum among people ages 13 to 29 by race and ethnicity in 2024.

[1]The 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.
[2]Proportions 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)
[3]The 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.

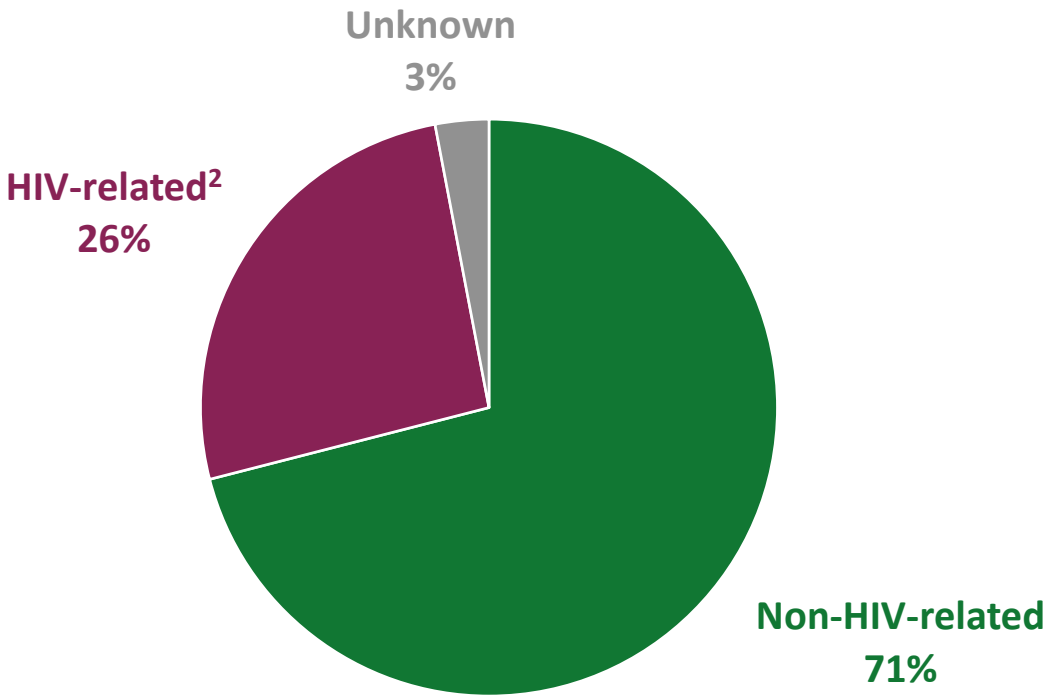
Death Rate per 1,000 People With HIV Ages 13 to 29 by Age Group – New York City, 2019-2024



The death rate among people ages 20 to 29 fluctuated from 2019 to 2024. The death rate among people ages 13 to 19 increased, with one death among people in this age group in 2024; the count remained low, and the rate should be interpreted with caution.

[1]Death data for 2024 are incomplete.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Proportion of Deaths Among People With HIV Ages 13 to 29 by Cause of Death – New York City, 2023[1]



In 2023, 71% of deaths among people with HIV ages 13 to 29 were due to non-HIV-related causes. Among these, the top causes were accidents (42%), suicide (21%), and assault or homicide (8%).

[1]Cause of death data are not yet available for 2024.
[2]ICD10 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, 2024.

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.

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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 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]

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[1]Source: 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 [2]Toprani 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]

NYC Health

[1]Petoumenos K, Worm SW. HIV infection, aging and cardiovascular disease: epidemiology and prevention. Sex Health. 2011;8(4):465-473. doi:10.1071/SH11020 [2]Deeken JF, Tjen-A-Looi A, Rudek MA, et al. The rising challenge of non-AIDS-defining cancers in HIV-infected patients. Clin Infect Dis. 2012;55(9):1228-1235. doi:10.1093/cid/cis613

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]

NYC Health

[1]Source: 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 [2]Source: NYC HIV Surveillance Registry; method: Xia Q, Kersanske LS, Wiewel EW, et al. Proportions of patients with HIV retained in care and virally suppressed in New York City and the United States: higher than we thought. J Acquir Immune Defic Syndr. 2015;68(3):351-358. doi:10.1097/QAI.0000000000000464 [3]Source: NYC HIV Surveillance Registry. [4]Source: NYC HIV Surveillance Registry and NYC MMP.

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 Law[1] 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.

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

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.

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[1]For further details on applicable NYS Public Health Law, see health.ny.gov/diseases/aids/providers/regulations/partner_services/

Appendix: Acknowledgements

This report was prepared by the HIV Epidemiology Program in the NYC Health Department's Bureau of Hepatitis, HIV, and Sexually Transmitted Infections. We would like to acknowledge staff in the HIV Epidemiology Program's Surveillance Unit, ACE Team, Core HIV Surveillance Special Projects, and Data Support Unit, whose work is the foundation of this report.

The HIV Epidemiology Program's work depends on the participation of NYC providers, New Yorkers with HIV, community members and multiple other contributors. To them we are immensely indebted. Thank you.