

People With HIV – Brooklyn, 2024

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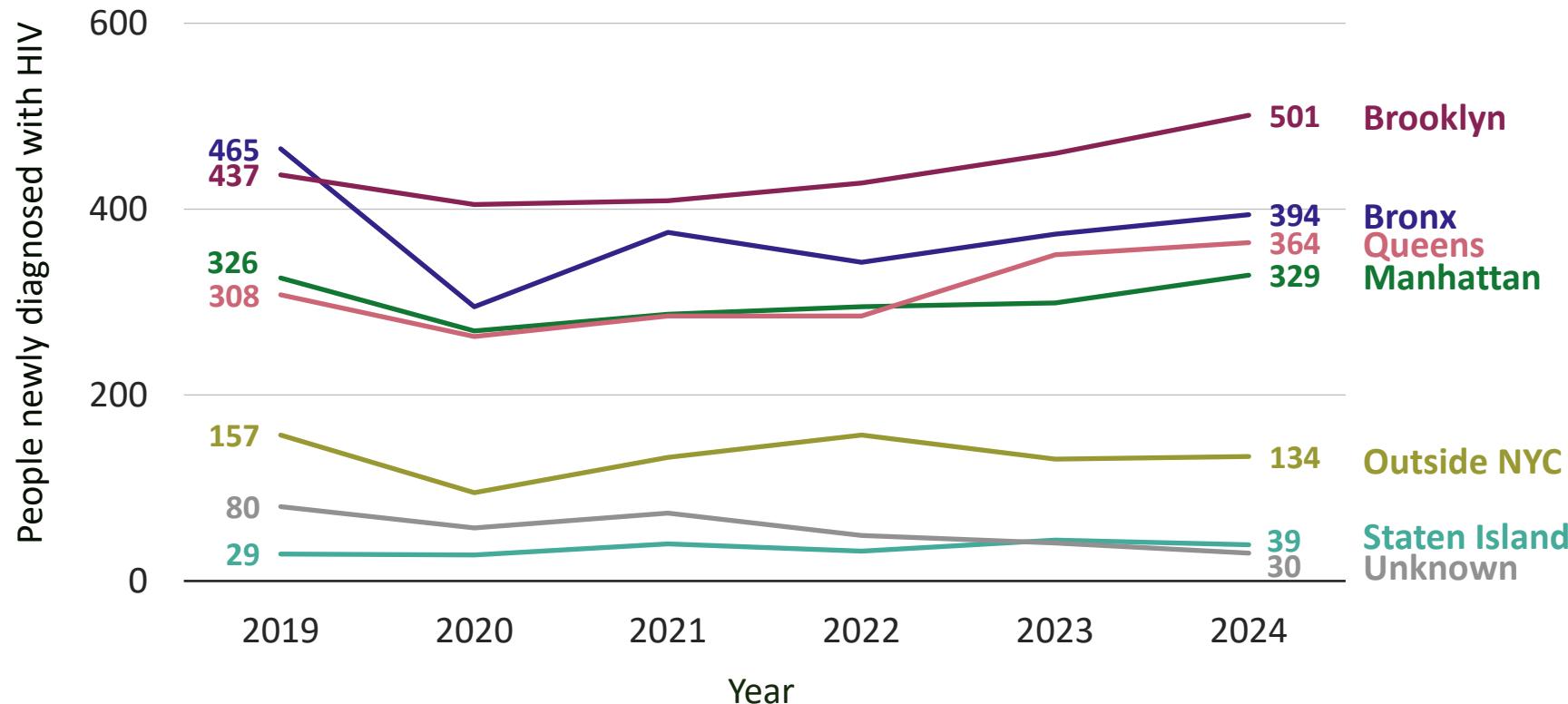
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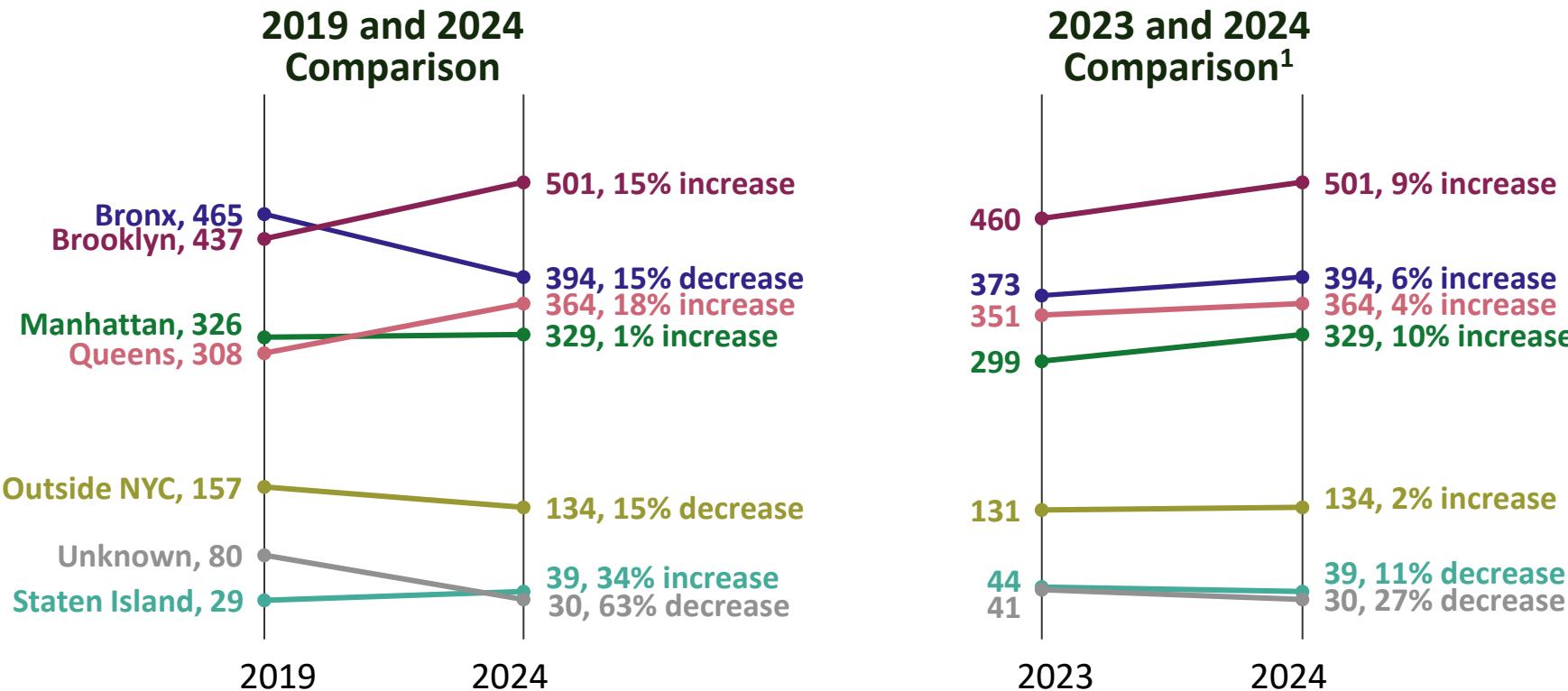
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Number of People Newly Diagnosed With HIV by Borough of Residence – New York City, 2019-2024



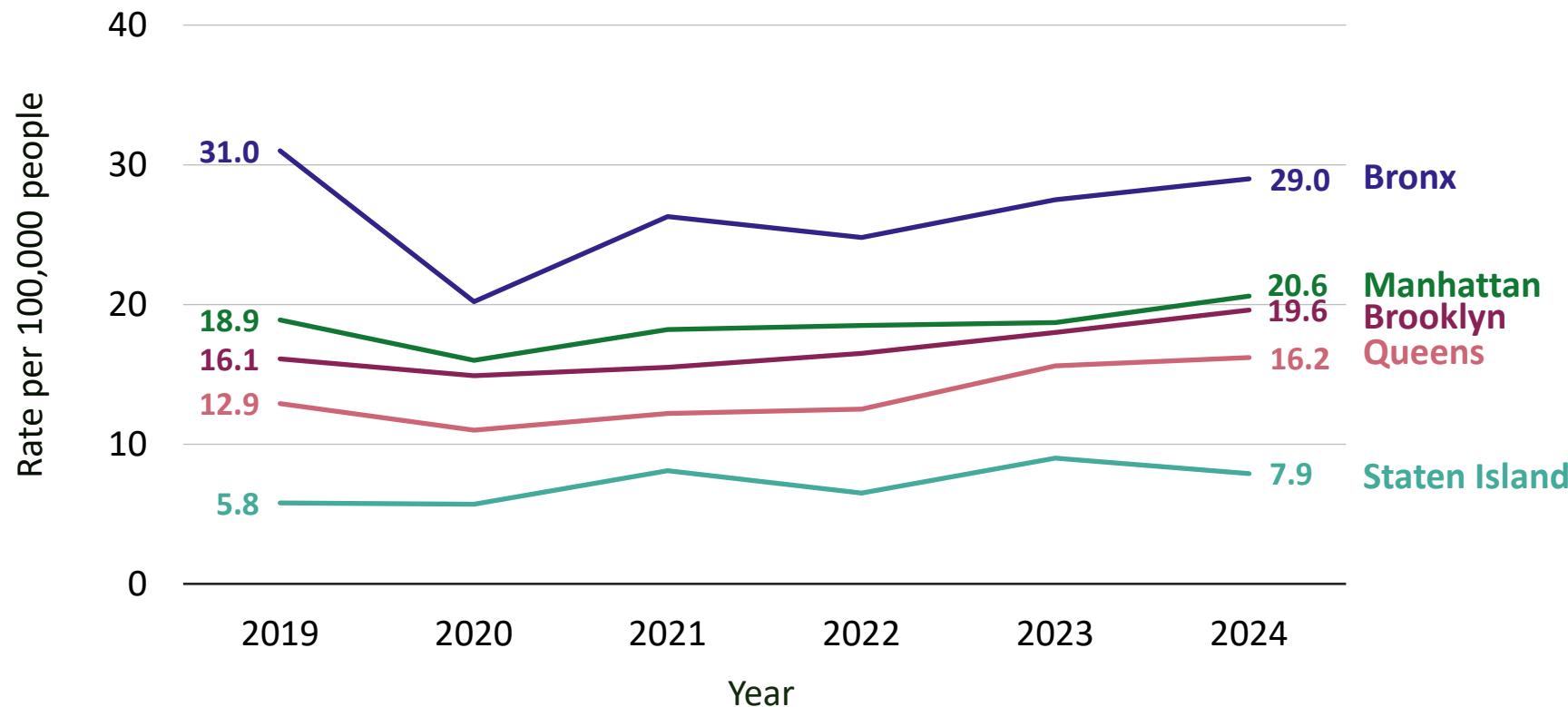
People residing in Brooklyn and the Bronx consistently experienced the highest number of new HIV diagnoses, accounting for a combined 50% of new diagnoses in 2024. The number of people newly diagnosed with HIV increased among people residing in Staten Island, Queens, and Brooklyn from 2019 to 2024. The number of people newly diagnosed with HIV in all other borough of residence groups decreased or remained relatively stable.

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



From 2019 to 2024, the number of people newly diagnosed with HIV increased among residents of Staten Island (34%), Queens (18%), and Brooklyn (15%), and decreased among residents of the Bronx (15%). From 2023 to 2024, increases were seen among residents of all boroughs except for Staten Island, which decreased by 11%.

Rate of New HIV Diagnoses^{1,2} per 100,000 People by Borough of Residence – New York City, 2019-2024



People in the Bronx consistently experienced the highest rate of new HIV diagnoses. From 2019 to 2024, the rate of new HIV diagnoses increased among people residing in Brooklyn (22%), Manhattan (9%), Queens (26%), and Staten Island (36%); the number of Staten Island residents newly diagnosed with HIV remains relatively low, the rate should be interpreted with caution.

People residing in the Bronx experienced a steep decline from 2019 to 2020 and then an increase from 2020 to 2024.

Basic Statistics of HIV – Brooklyn, 2024

- **501 people newly diagnosed with HIV¹**
 - Including 117 people concurrently diagnosed with AIDS² (23.4% of diagnoses)
- **305 people newly diagnosed with AIDS³**
- **There are an estimated 23,000 people with HIV⁴**
- **386 deaths⁵ among people with HIV**
 - 6.9 deaths per 1,000 people with HIV⁶

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.

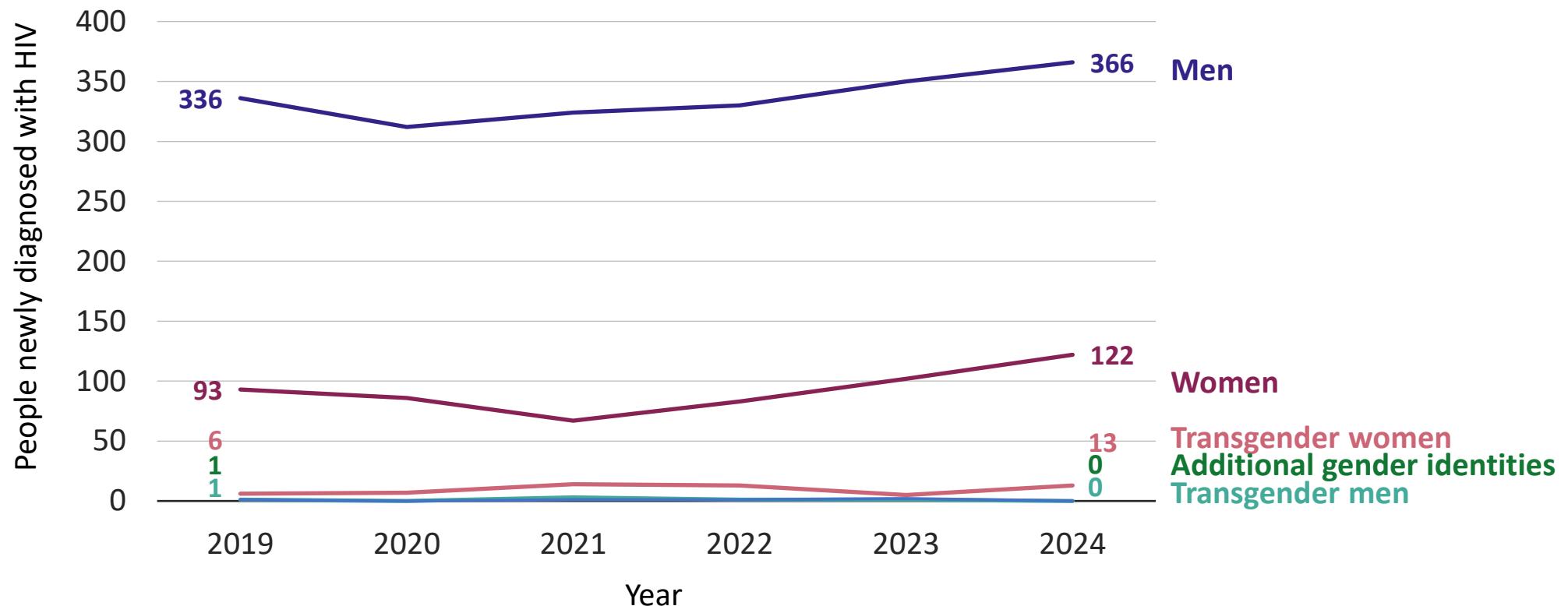
⁴Approximate value calculated as the number of people with HIV divided by the estimated proportion of people with HIV who had been diagnosed, see Technical Notes for more details.

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.

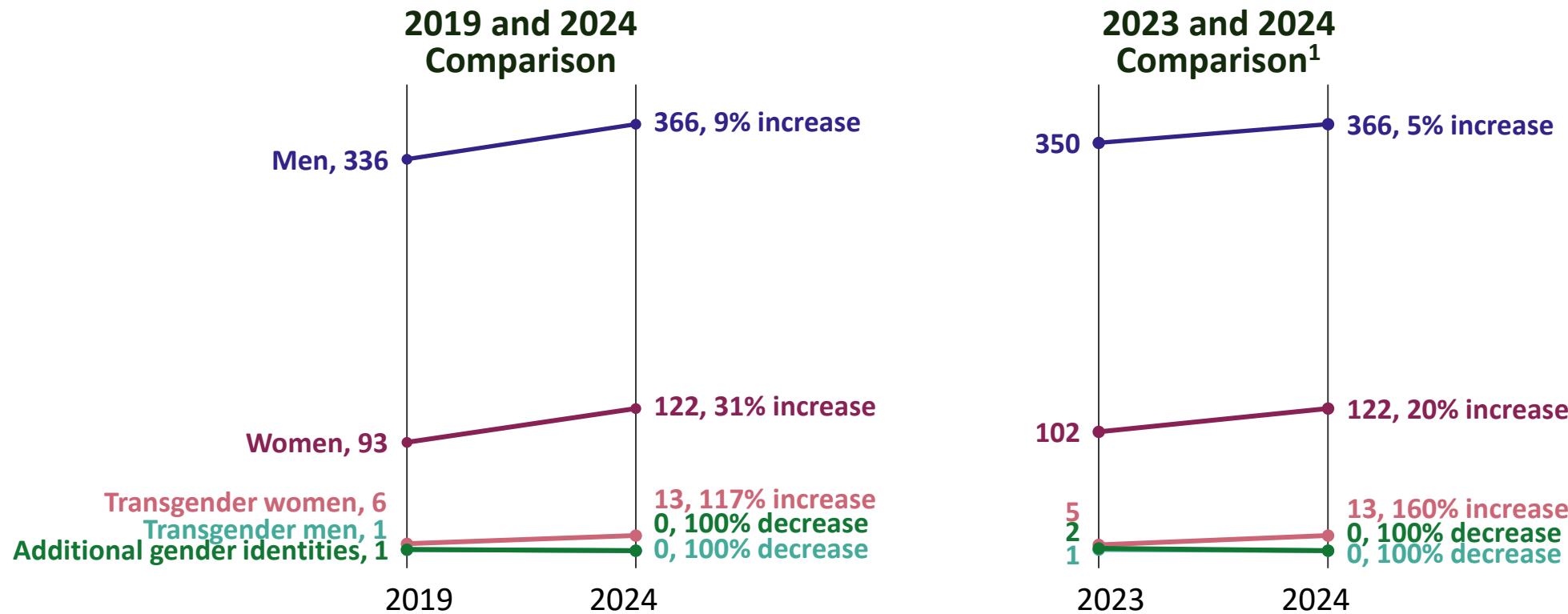
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.

Number of People Newly Diagnosed With HIV by Gender – Brooklyn, 2019-2024



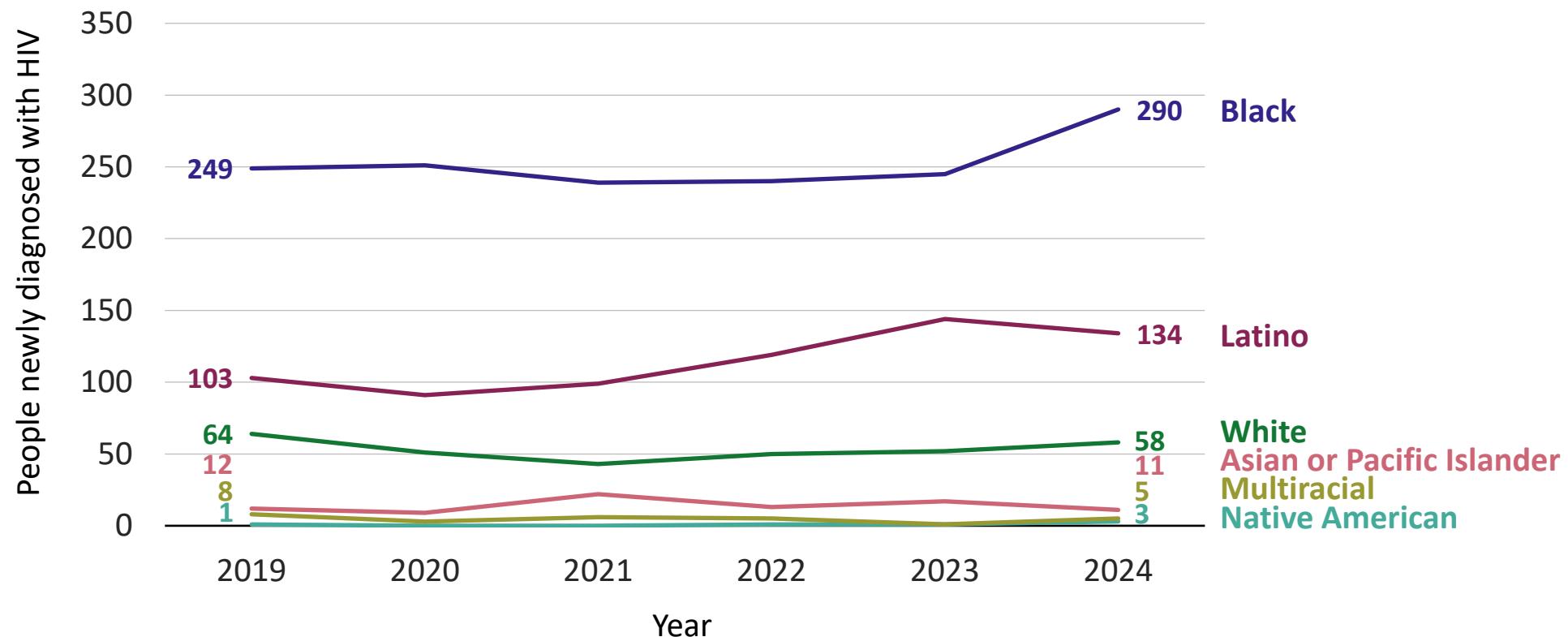
Men consistently experienced the highest number of new HIV diagnoses in Brooklyn, representing 73% of new diagnoses in 2024, similar to the citywide proportion of 75%. From 2019 to 2024, the number of people newly diagnosed with HIV increased among men, women, and transgender women in Brooklyn. The number of new HIV diagnoses in all other gender groups remained relatively stable.

Number of People Newly Diagnosed With HIV and Percent Change by Gender – Brooklyn in 2019, 2023, and 2024



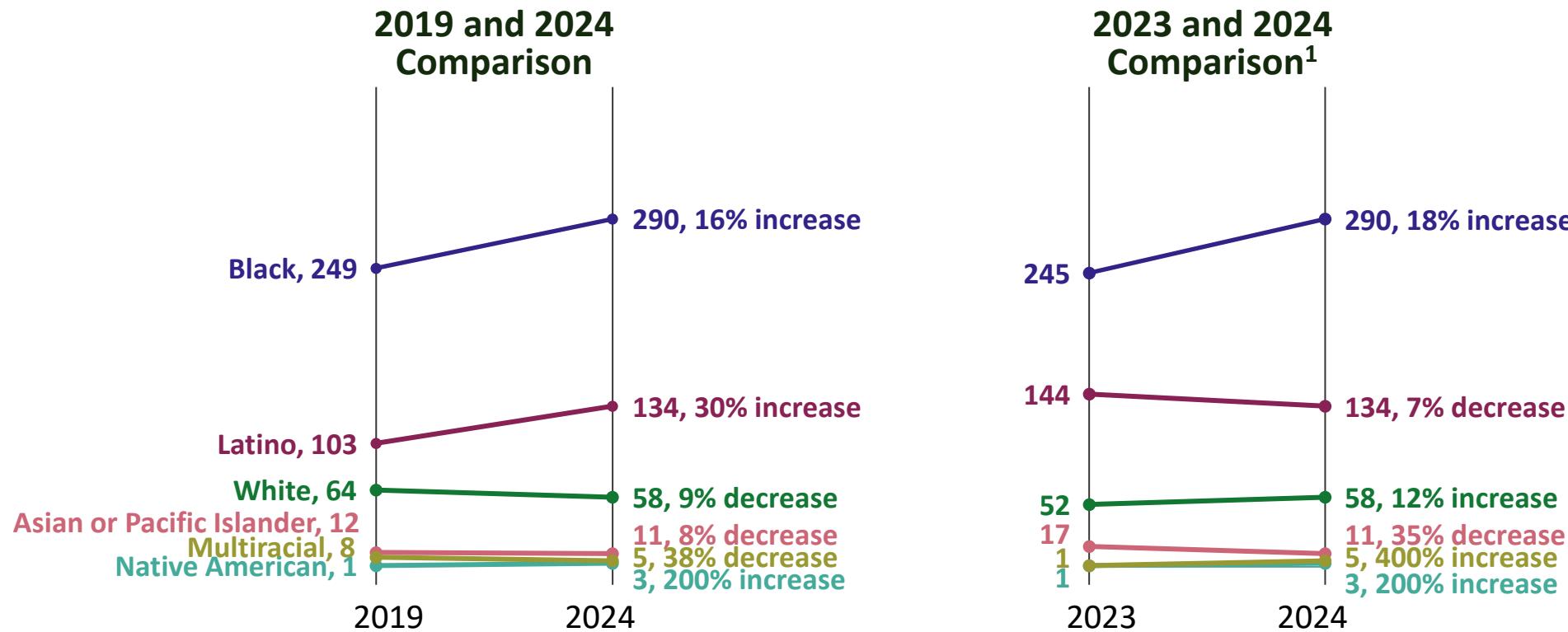
From 2019 to 2024, the number of people newly diagnosed with HIV increased among men (9%), women (31%) and transgender women (117%) in Brooklyn. From 2023 to 2024, increases occurred among women (20%) and transgender women (67%). All other gender groups experienced relatively low numbers of people newly diagnosed with HIV.

Number of People Newly Diagnosed With HIV by Race and Ethnicity – Brooklyn, 2019-2024



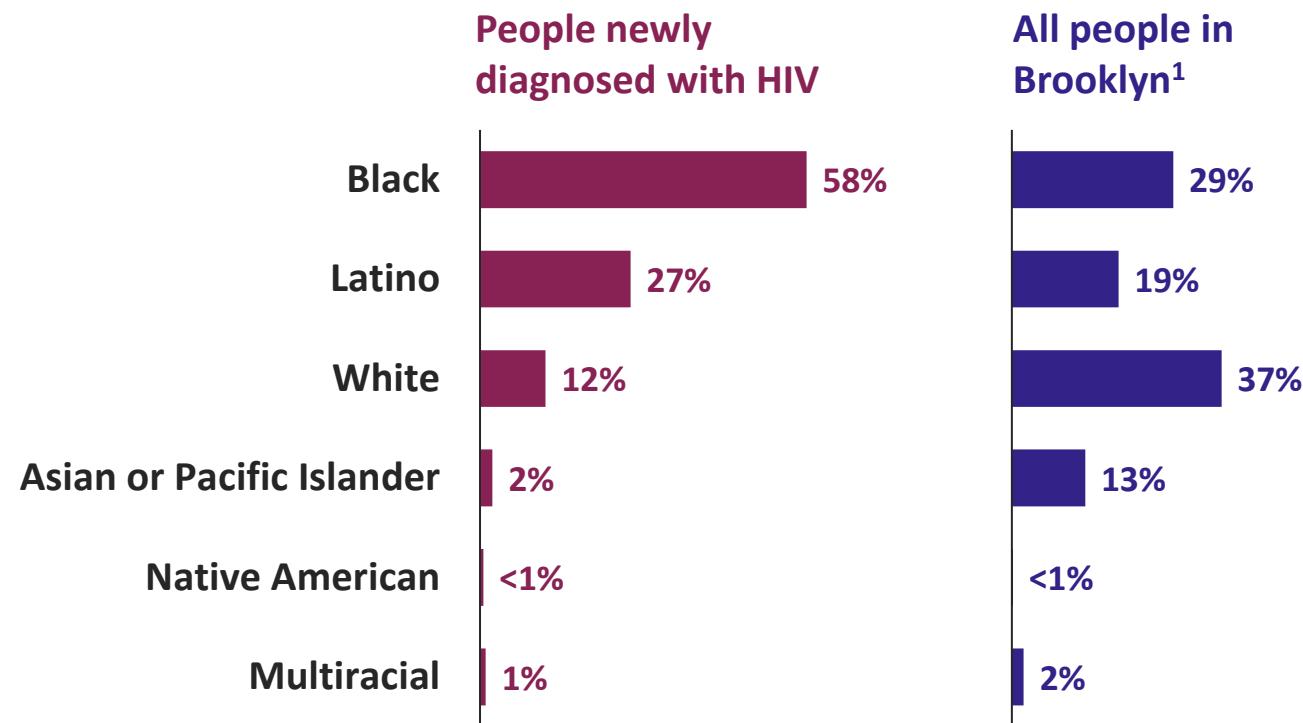
Black people consistently experienced the highest number of new HIV diagnoses in Brooklyn, representing 58% of new diagnoses in 2024, higher than the citywide proportion of 44%. From 2019 to 2024, the number of people newly diagnosed with HIV increased among Black people and Latino people in Brooklyn. The number of new HIV diagnoses in all other race and ethnicity groups decreased or remained relatively stable.

Number of People Newly Diagnosed With HIV and Percent Change by Race and Ethnicity – Brooklyn in 2019, 2023, and 2024



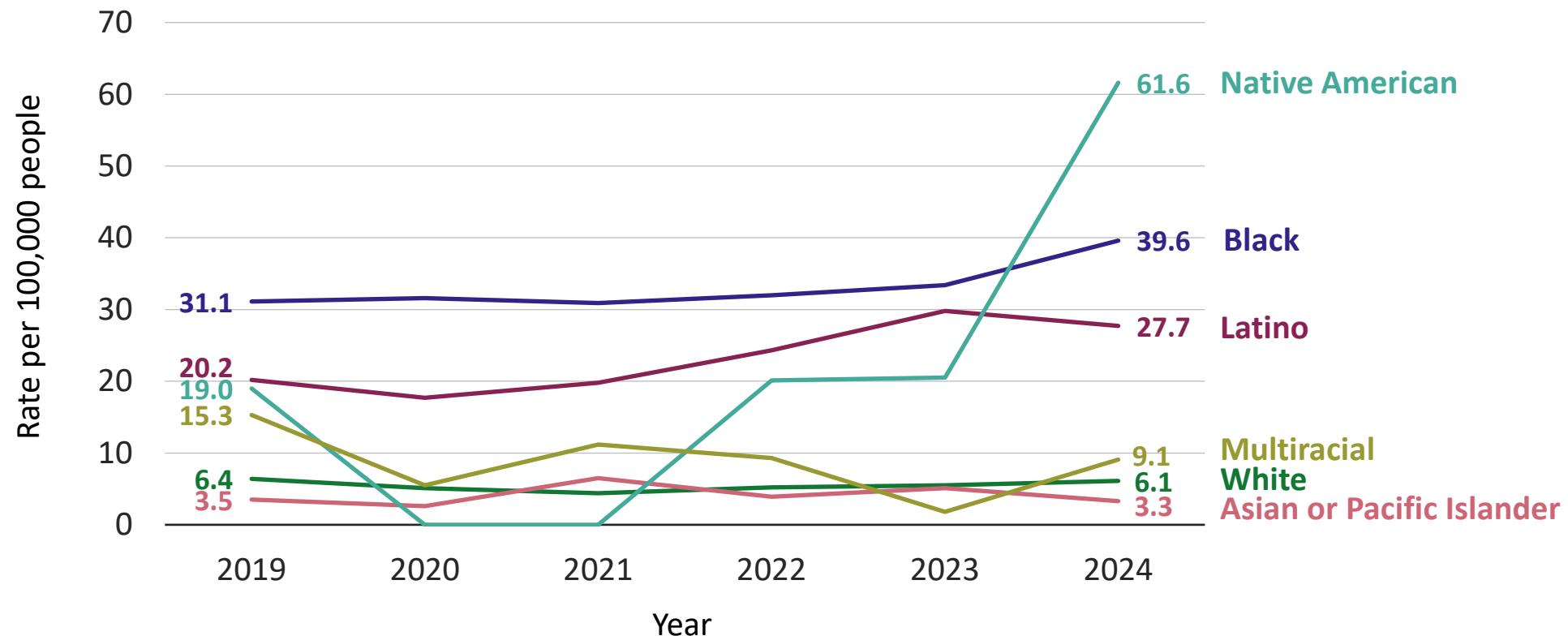
From 2019 to 2024, the number of people newly diagnosed with HIV increased among Black people (16%) and Latino people (30%) in Brooklyn. Black people experienced a relatively large increase from 2023 to 2024 (18%).

Proportion of People Newly Diagnosed With HIV and All People¹ by Race and Ethnicity – Brooklyn, 2024



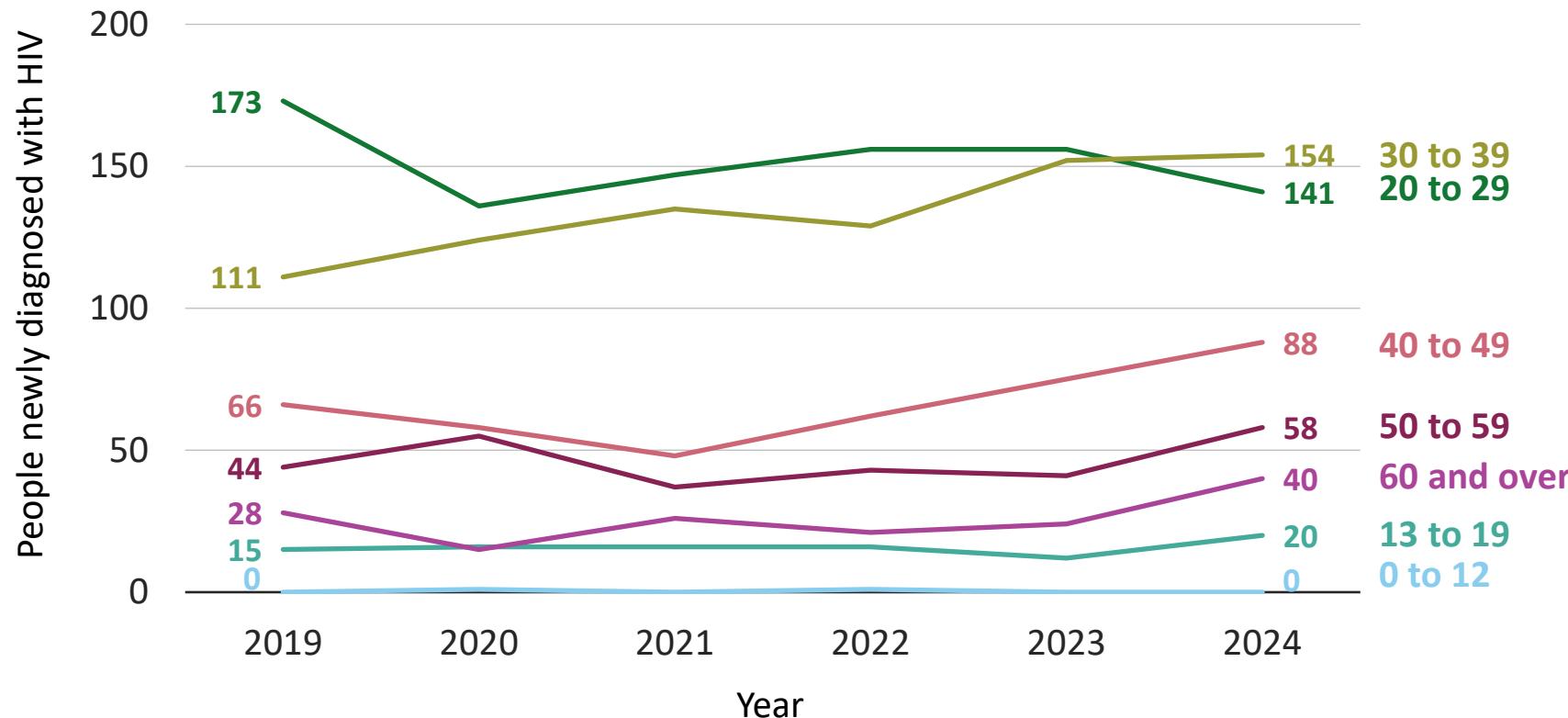
The proportions of new HIV diagnoses among Black people and Latino people were higher than their respective proportions among all people in Brooklyn.

Rate of New HIV Diagnoses¹ per 100,000 People by Race and Ethnicity – Brooklyn, 2019-2024



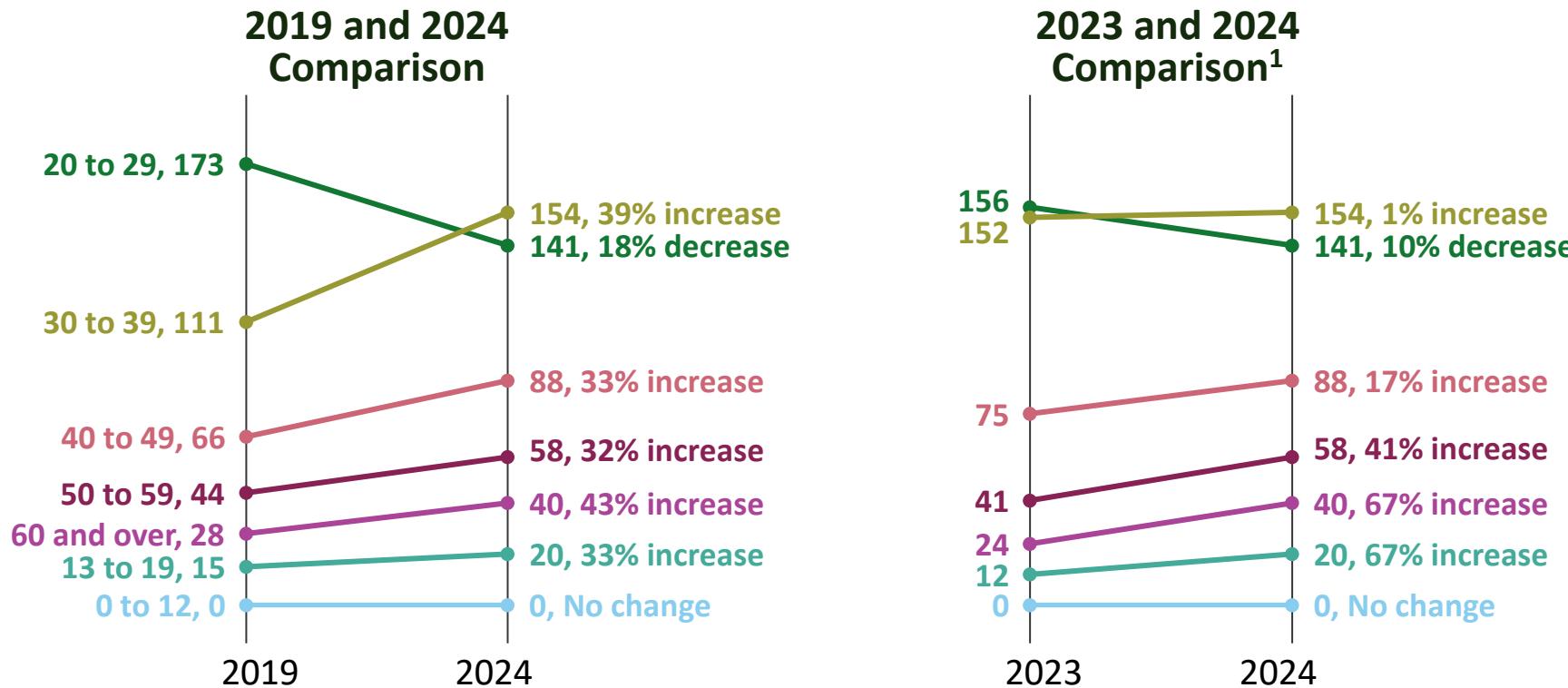
Black and Latino people predominantly experienced the highest rates of new HIV diagnoses in Brooklyn. The rate of new HIV diagnoses per 100,000 people increased among Black people (27%) and Latino people (37%). The rate fluctuated among Native American people; three people were newly diagnosed with HIV in 2024, and the rate should be interpreted with caution. The rate of new HIV diagnoses in all other race and ethnicity groups decreased or remained relatively stable.

Number of People Newly Diagnosed With HIV by Age Group – Brooklyn, 2019-2024



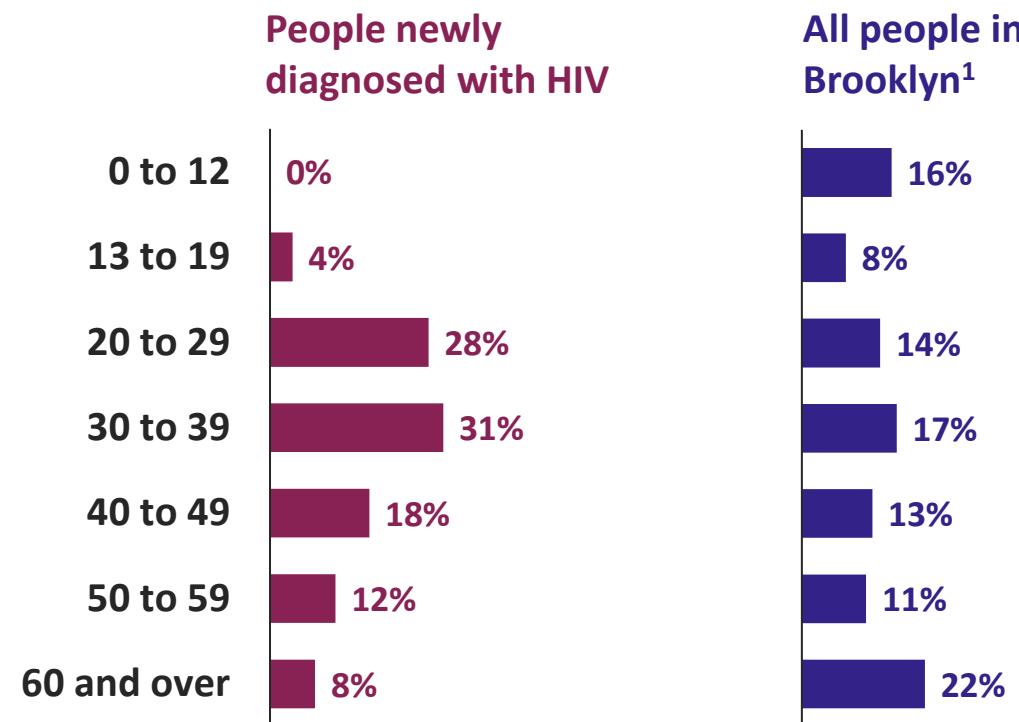
People ages 20 to 39 consistently experienced the highest number of new HIV diagnoses in Brooklyn, representing a combined 59% of new diagnoses in 2024, lower than the citywide proportion of 66%. From 2019 to 2024, the number of people newly diagnosed with HIV increased among people ages 30 to 39, 40 to 49, 50 to 59, and 60 and over in Brooklyn. The number of new HIV diagnoses in all other age groups either decreased or remained relatively stable.

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



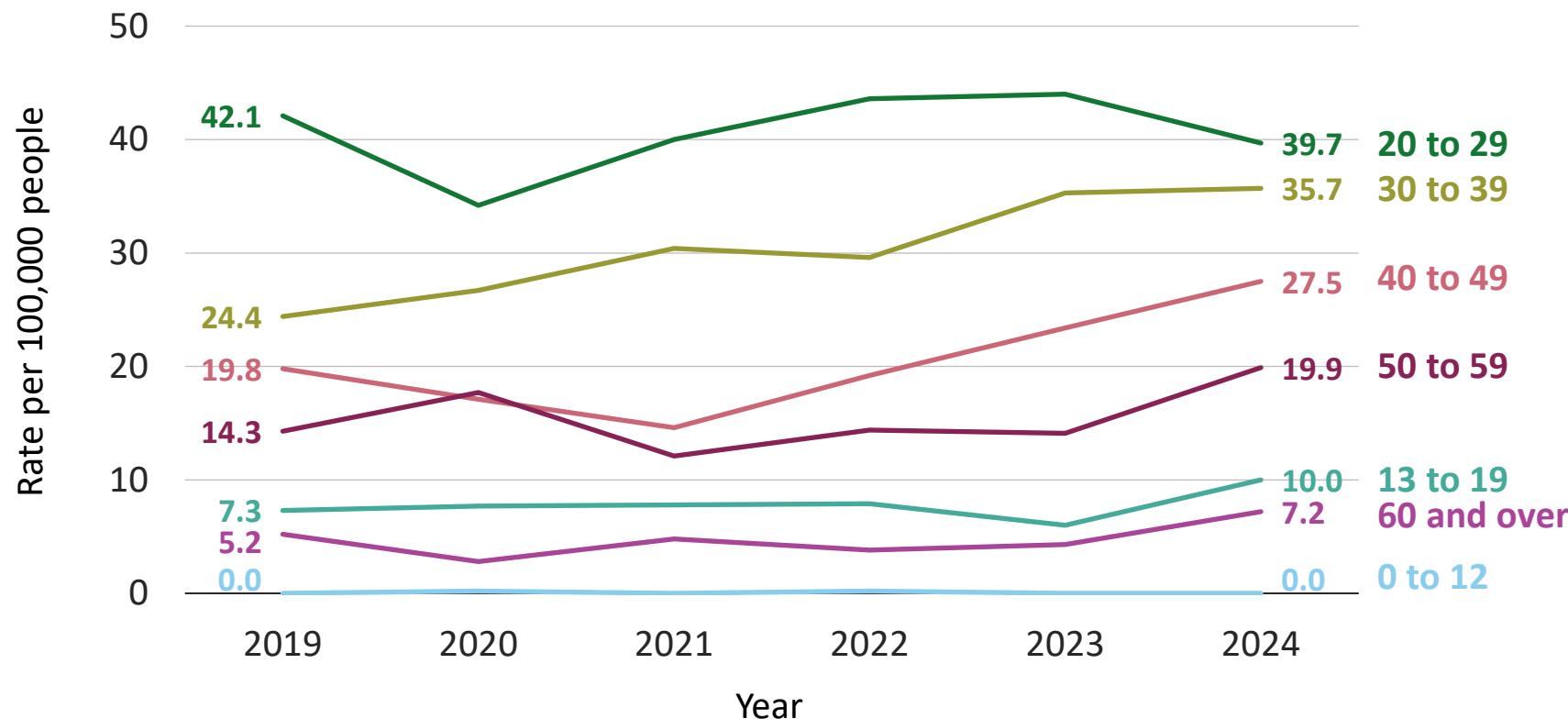
From 2019 to 2024, the number of people newly diagnosed with HIV increased among people ages 30 to 39 (39%), 40 to 49 (33%), 50 to 59 (32%), and 60 and over (43%) in Brooklyn. From 2023 to 2024, the . From 2023 to 2024, most age groups experienced an increase in Brooklyn, with the largest percent increase among people ages 60 and over (67%).

Proportion of People Newly Diagnosed With HIV and All People¹ by Age Group – Brooklyn, 2024



The proportions of new HIV diagnoses among people ages 20 to 49 were higher than their respective proportions among all people in Brooklyn.

Rate of New HIV Diagnoses¹ per 100,000 People by Age Group – Brooklyn, 2019-2024



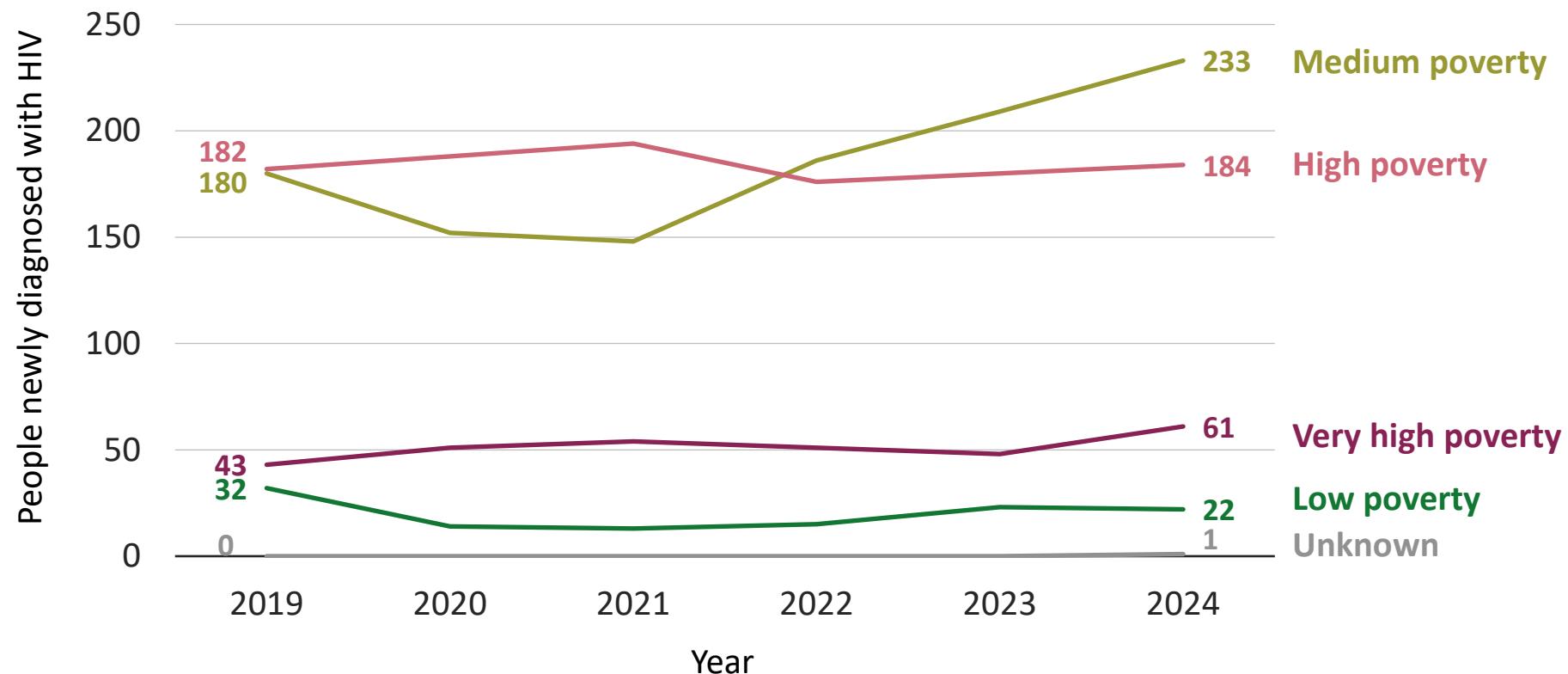
People ages 20 to 39 consistently experienced the highest rates of new HIV diagnoses in Brooklyn. From 2019 to 2024, the rate of new HIV diagnoses per 100,000 people increased among people ages 30 to 39 (46%), 40 to 49 (39%), 50 to 59 (39%), and 60 and over (38%) in Brooklyn. The rate of new HIV diagnoses in all other age groups decreased or remained relatively stable.

Number of People Newly Diagnosed With HIV by Race and Ethnicity and Age Group – Brooklyn, 2024



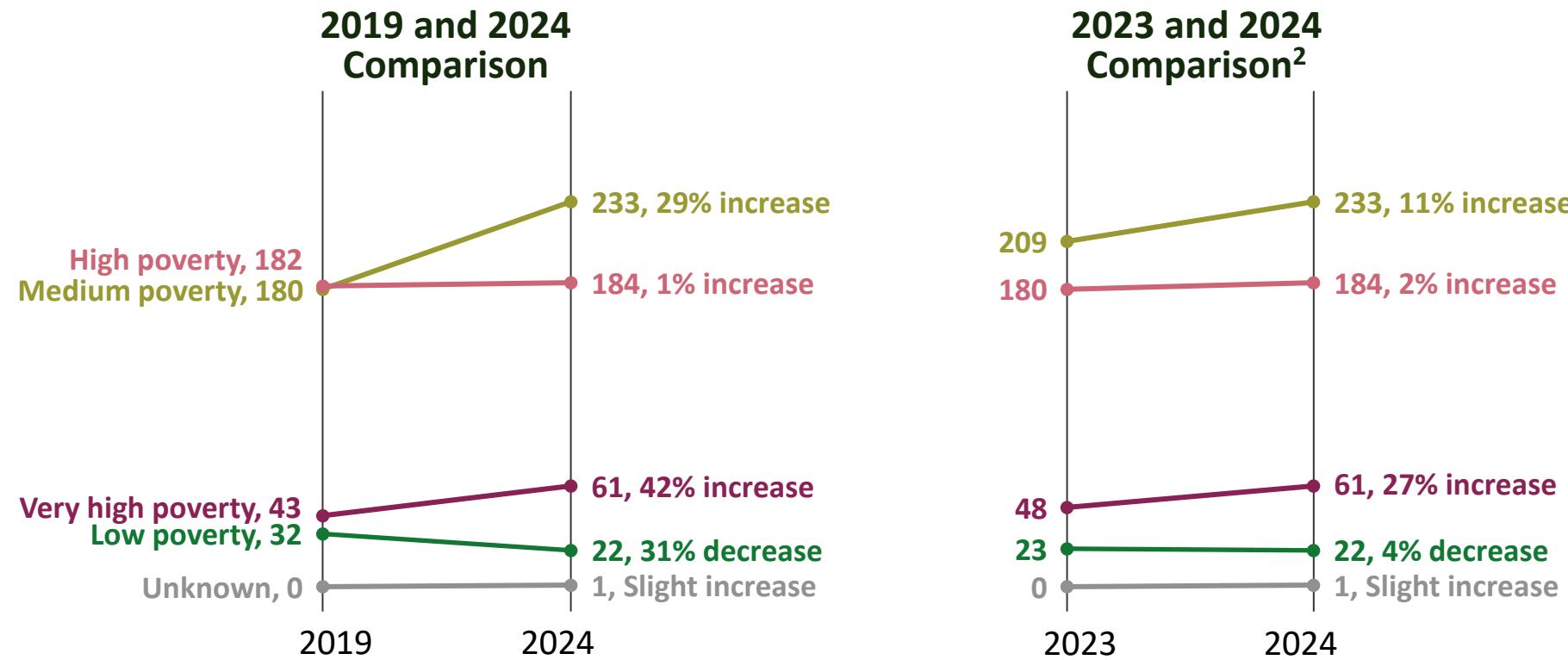
Black and Latino people ages 20 to 39 in Brooklyn experienced the highest number of people newly diagnosed with HIV in 2024, representing a combined 50% of new diagnoses in 2024, lower than the citywide proportion of 56%.

Number of People Newly Diagnosed With HIV by Neighborhood Poverty Level¹ – Brooklyn, 2019-2024



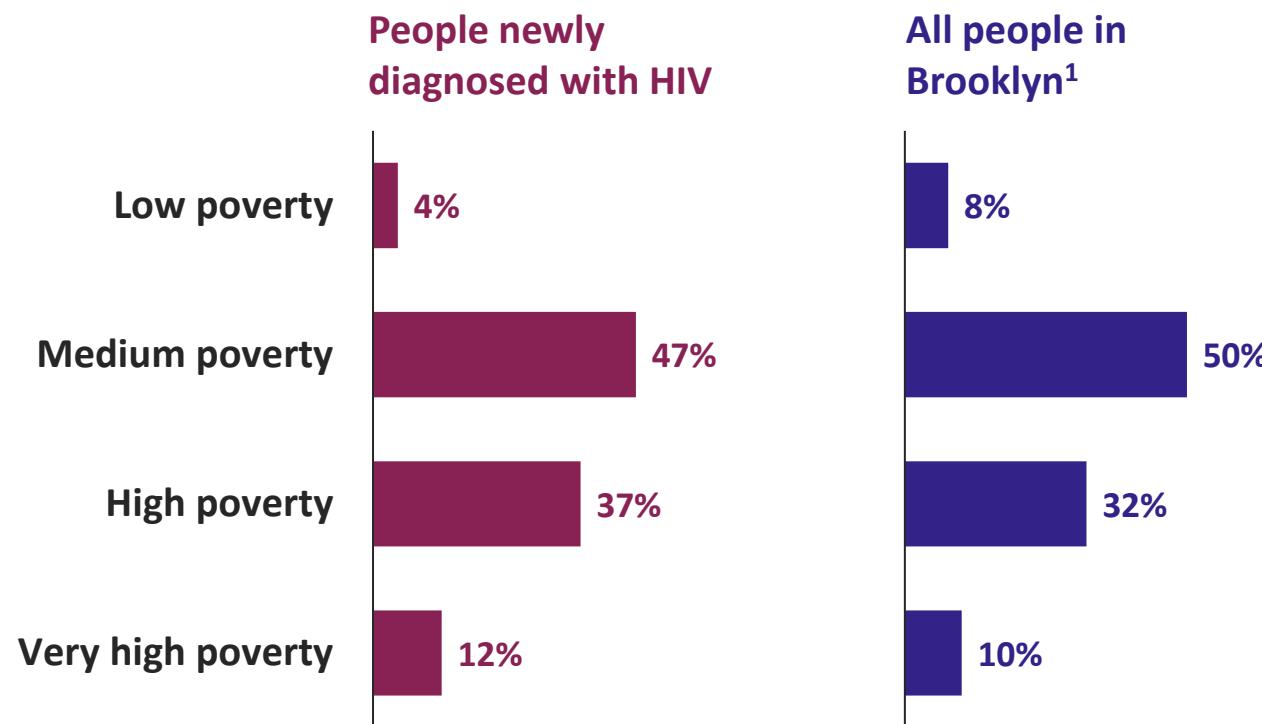
People residing in medium-poverty neighborhoods experienced the highest number of new HIV diagnoses in 2024 in Brooklyn, representing 47% of new diagnoses, higher than the citywide proportion of 41%. From 2019 to 2024, the number of people newly diagnosed with HIV increased among people residing in medium-poverty neighborhoods and very-high-poverty neighborhoods in Brooklyn. The number of new HIV diagnoses in all other neighborhood poverty level groups decreased or remained relatively stable.

Number of People Newly Diagnosed With HIV and Percent Change by Neighborhood Poverty Level¹ – Brooklyn in 2019, 2023, and 2024



From 2019 to 2024, the number of people newly diagnosed with HIV increased among people residing in medium-poverty neighborhoods (29%) and in very-high-poverty neighborhoods (42%). From 2023 to 2024, increases also occurred among people residing in medium-poverty neighborhoods (11%) and very-high-poverty neighborhoods (27%).

Proportion of People Newly Diagnosed With HIV and All People¹ by Neighborhood Poverty Level^{2,3} – Brooklyn, 2024



The proportions of new HIV diagnoses among people residing in high- and very-high-poverty neighborhoods were higher than their respective proportions among all people in Brooklyn.

¹NYC population calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates.

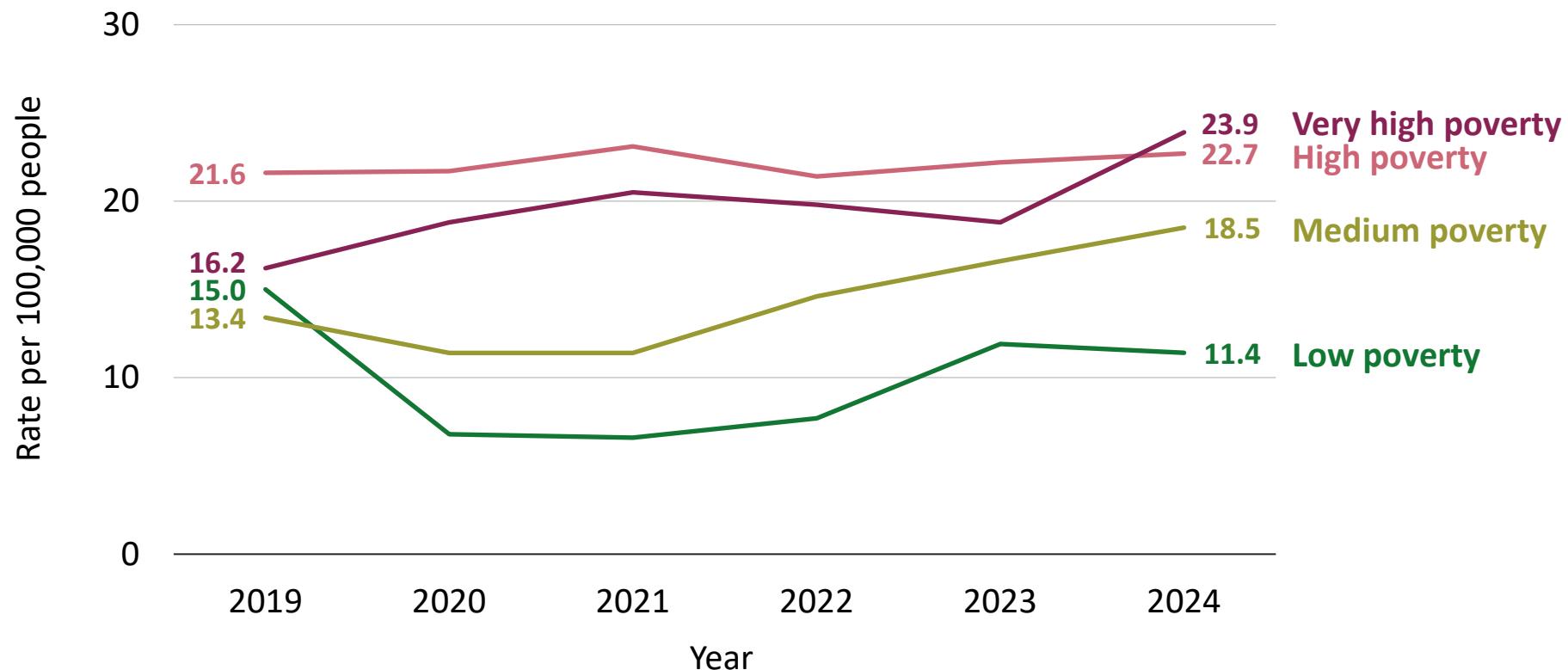
²Neighborhood poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.

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

³Proportions exclude people living in neighborhoods with an unknown poverty level

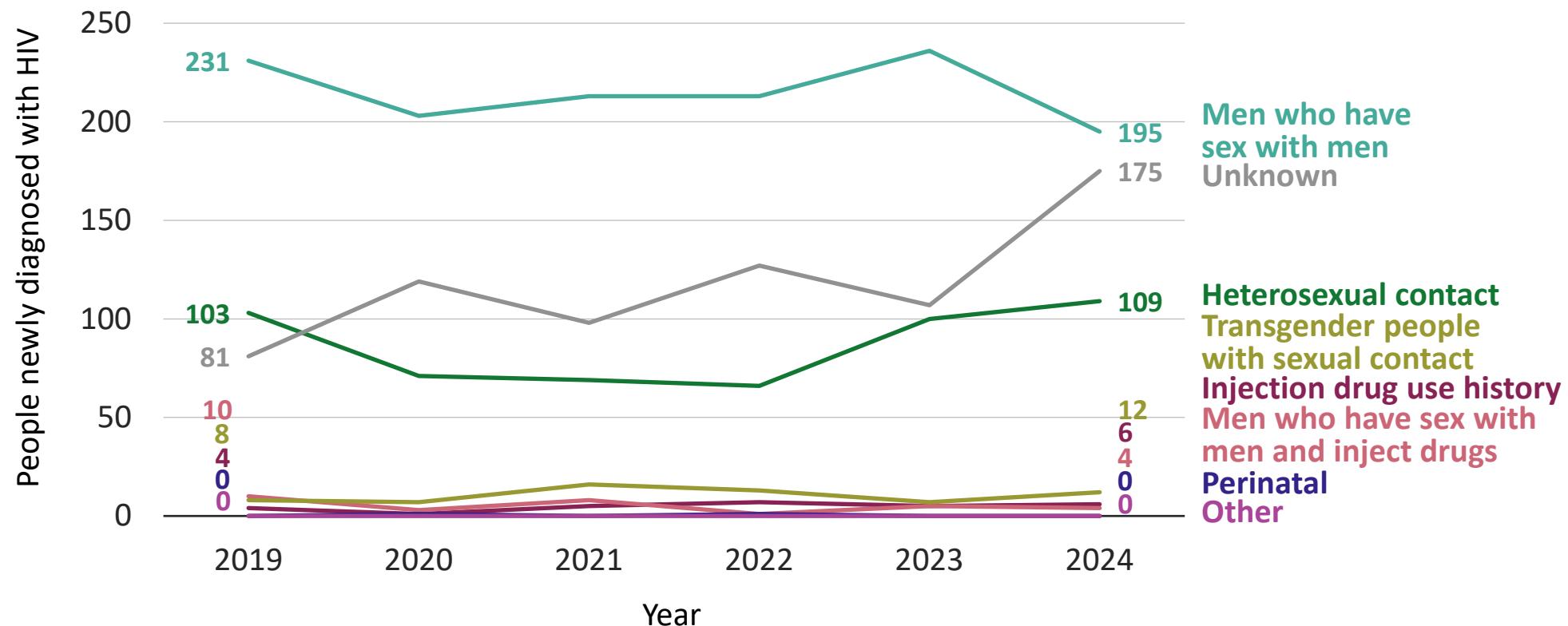
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.

Rate of New HIV Diagnoses¹ per 100,000 People by Neighborhood Poverty Level² – Brooklyn, 2019-2024



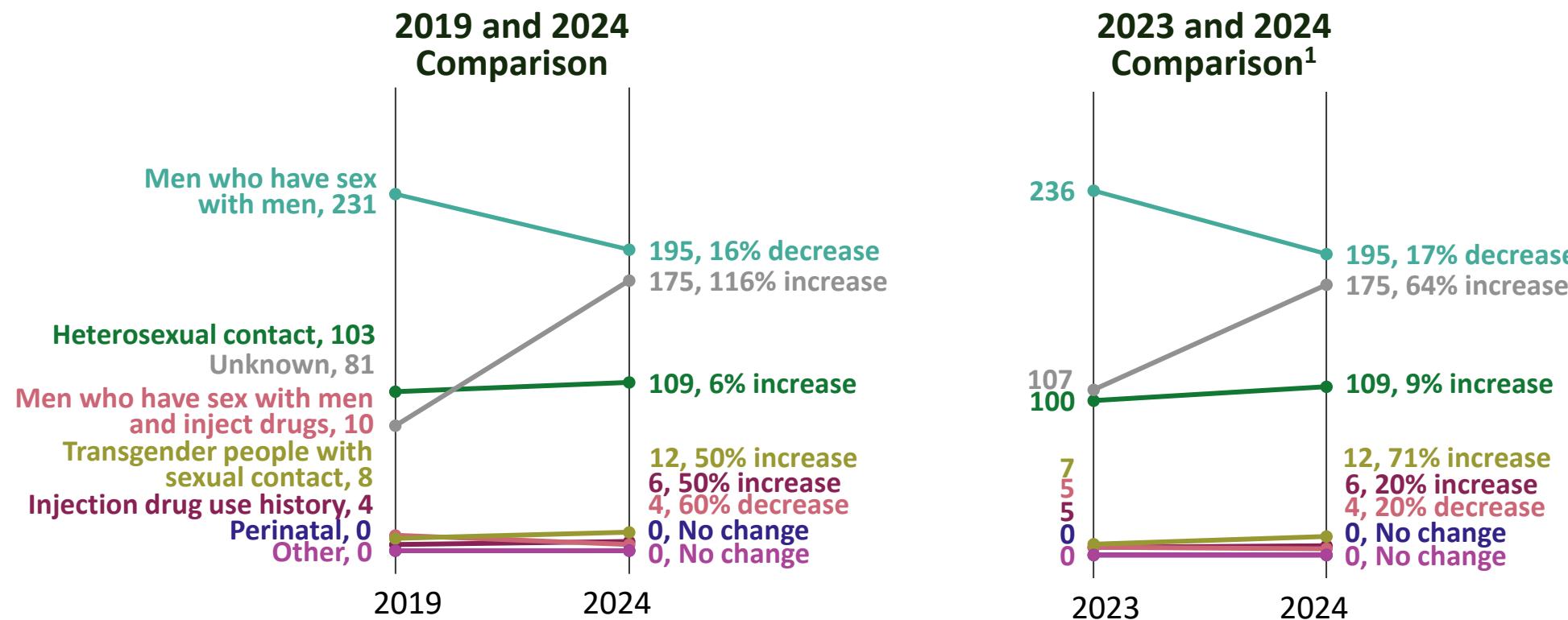
People residing in high- and very-high-poverty neighborhoods consistently experienced the highest rates of new HIV diagnoses in Brooklyn. From 2019 to 2024, the rate of new HIV diagnoses per 100,000 people increased among people residing in medium-poverty neighborhoods (38%) and in very-high-poverty neighborhoods (48%) in Brooklyn. The rate of new HIV diagnoses in all other neighborhood poverty level groups either decreased or remained relatively stable.

Number of People Newly Diagnosed With HIV by Transmission Category – Brooklyn, 2019-2024



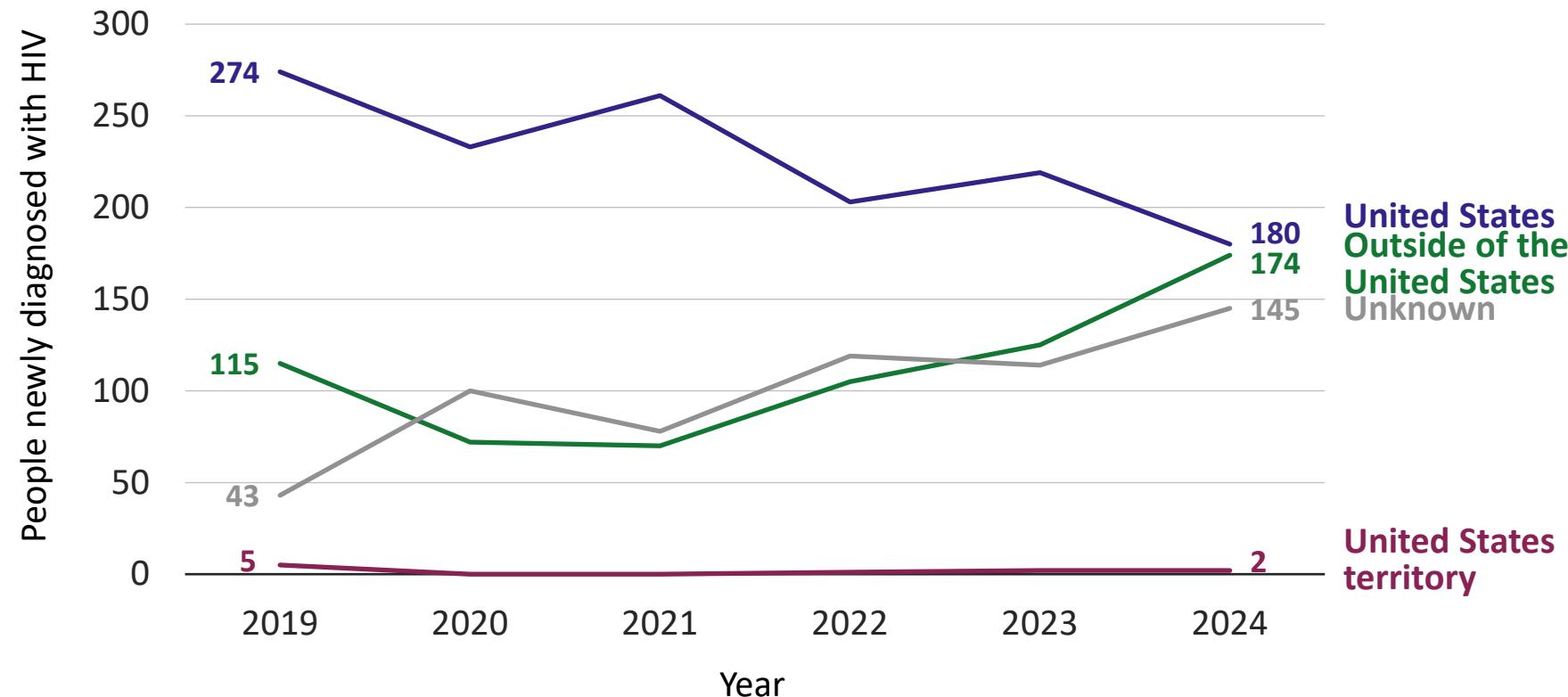
Men who have sex with men consistently experienced the highest number of new HIV diagnoses in Brooklyn, representing 60% of new diagnoses among people for whom data on transmission category were available in 2024, lower than the citywide proportion of 65%. From 2019 to 2024, the number of people newly diagnosed with HIV increased among those with an unknown transmission category in Brooklyn. The number of people newly diagnosed with HIV in all other transmission category groups decreased or remained relatively stable.

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



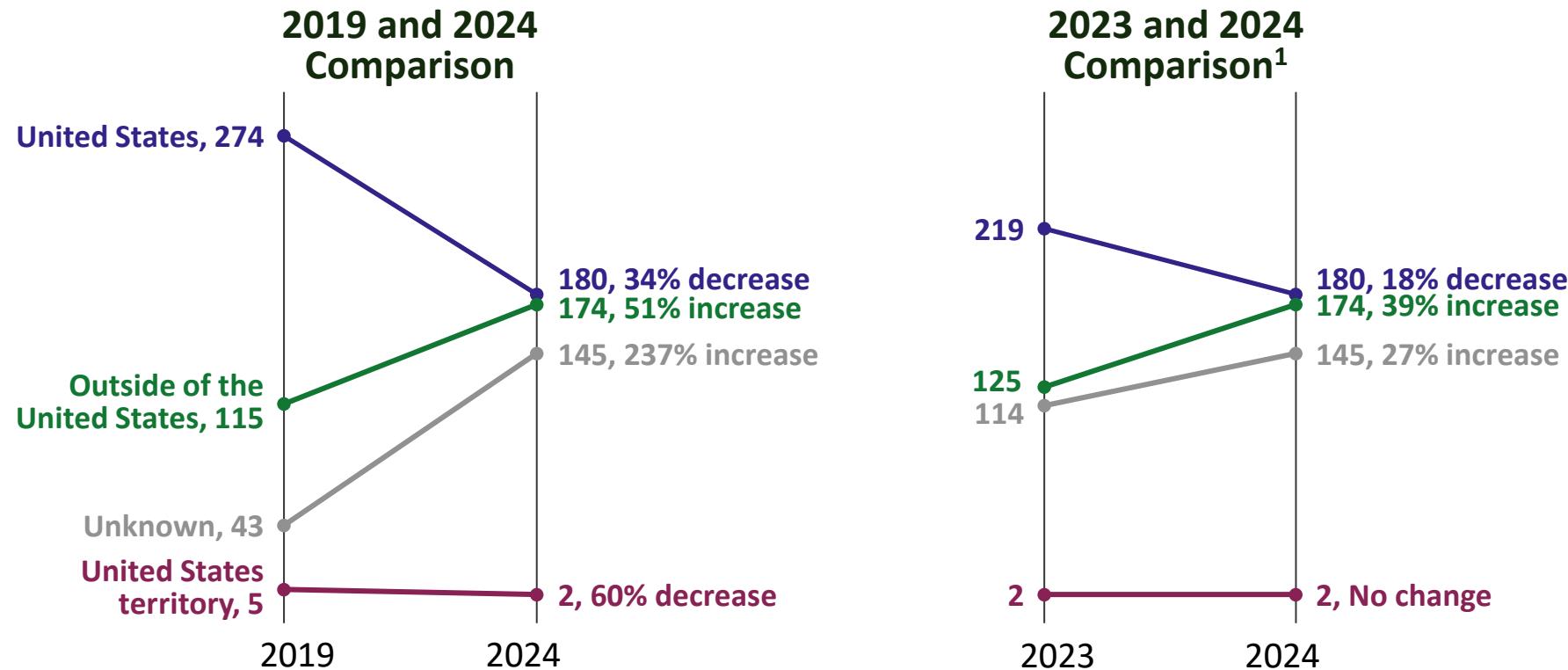
In Brooklyn, the number of people newly diagnosed with HIV increased among those with an unknown transmission category from 2019 to 2023 (116%) and 2023 to 2024 (64%). Due to the relatively large number of people with an unknown transmission category, percent change calculations for all other groups should be interpreted with caution.

Number of People Newly Diagnosed With HIV by Place of Birth – Brooklyn, 2019-2024



People born in the United States consistently experienced the highest number of new HIV diagnoses in Brooklyn, representing 36% of new diagnoses in 2024, slightly lower than the citywide proportion of 38%. From 2019 to 2024, the number of people newly diagnosed with HIV increased among people born outside of the United States and people with an unknown place of birth. The number of new HIV diagnoses in all other place of birth groups either decreased or remained relatively stable.

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



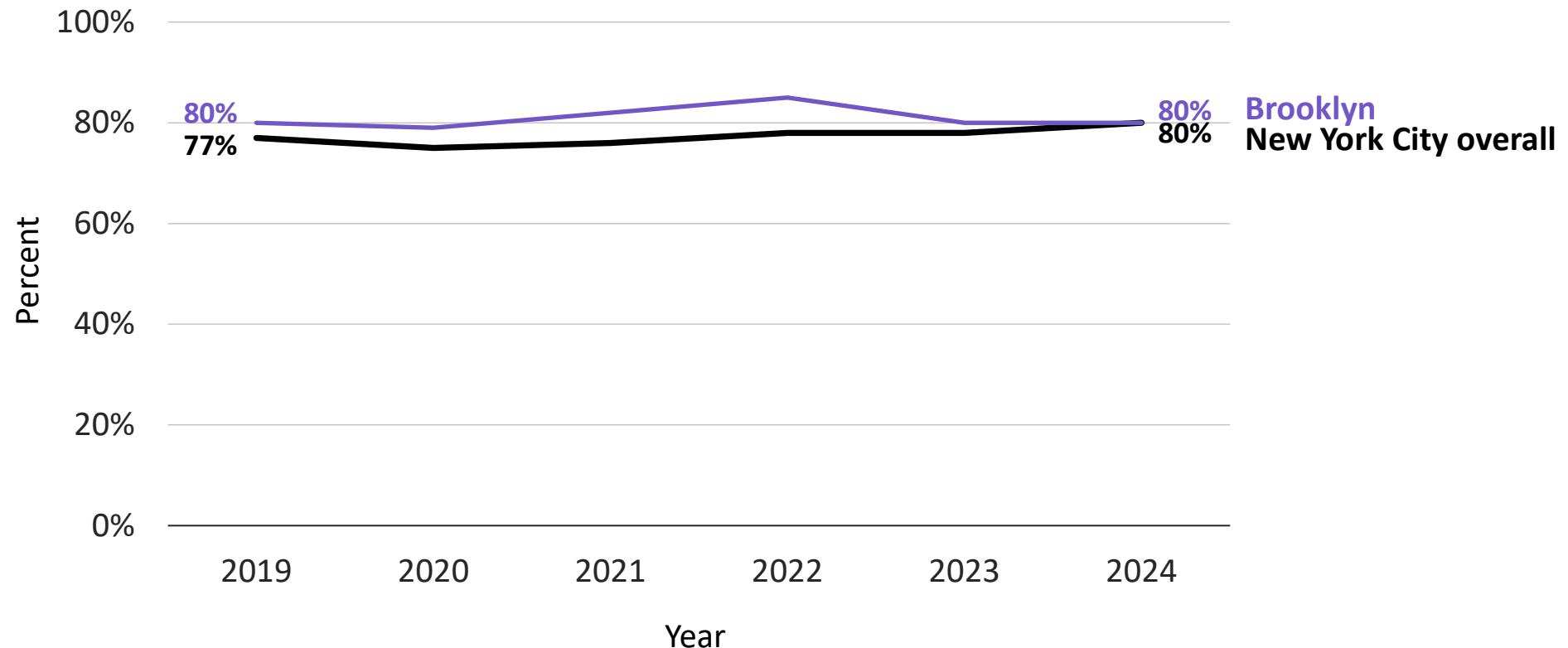
From 2019 to 2024, the number of people newly diagnosed with HIV increased among people born outside of the United States (51%) and people with an unknown place of birth (237%). From 2023 to 2024, these same groups experienced increases in the number of people newly diagnosed with HIV. Due to the relatively 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 People Newly Diagnosed With HIV

Brooklyn

Initiation of Care¹ Within 30 Days of Diagnosis

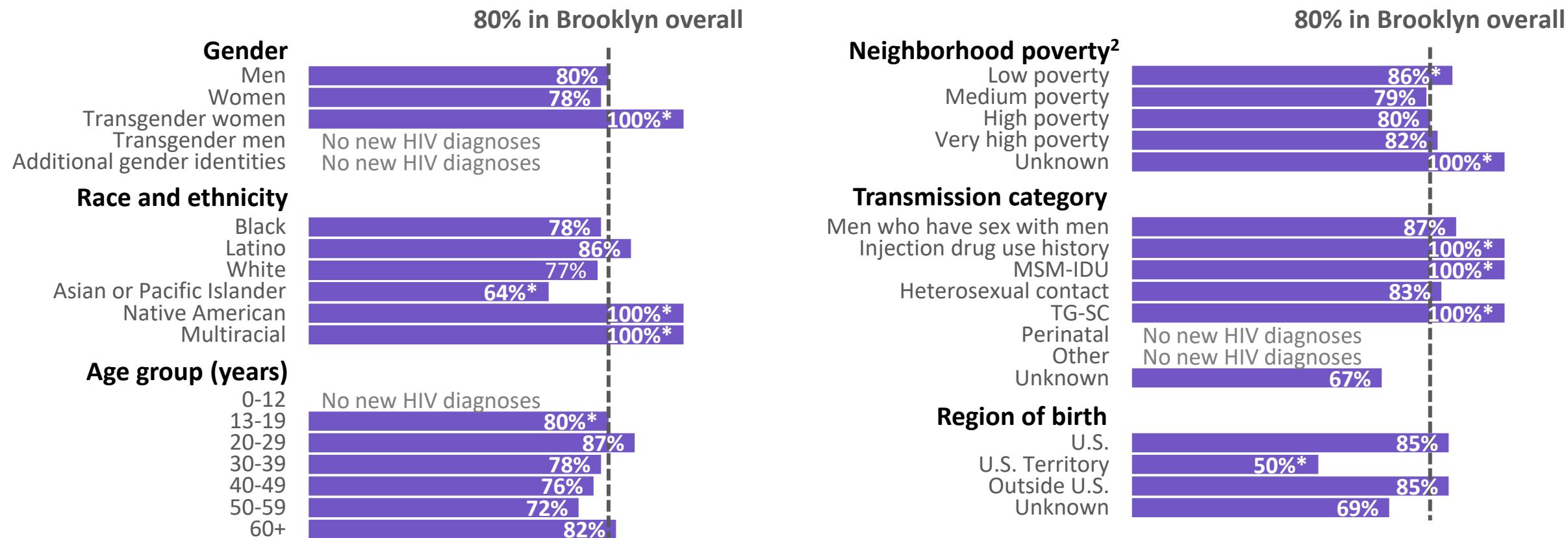
– Brooklyn and New York City Overall, 2019-2024



From 2019 to 2024, initiation of care within 30 days of diagnosis remained relatively stable in Brooklyn and was approximately equal to the proportion in New York City overall.

Initiation of Care¹ Within 30 Days of Diagnosis

by Demographic Group – Brooklyn, 2024



Differences in initiation of care within 30 days of diagnosis exist across demographic groups in Brooklyn.

*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.

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.

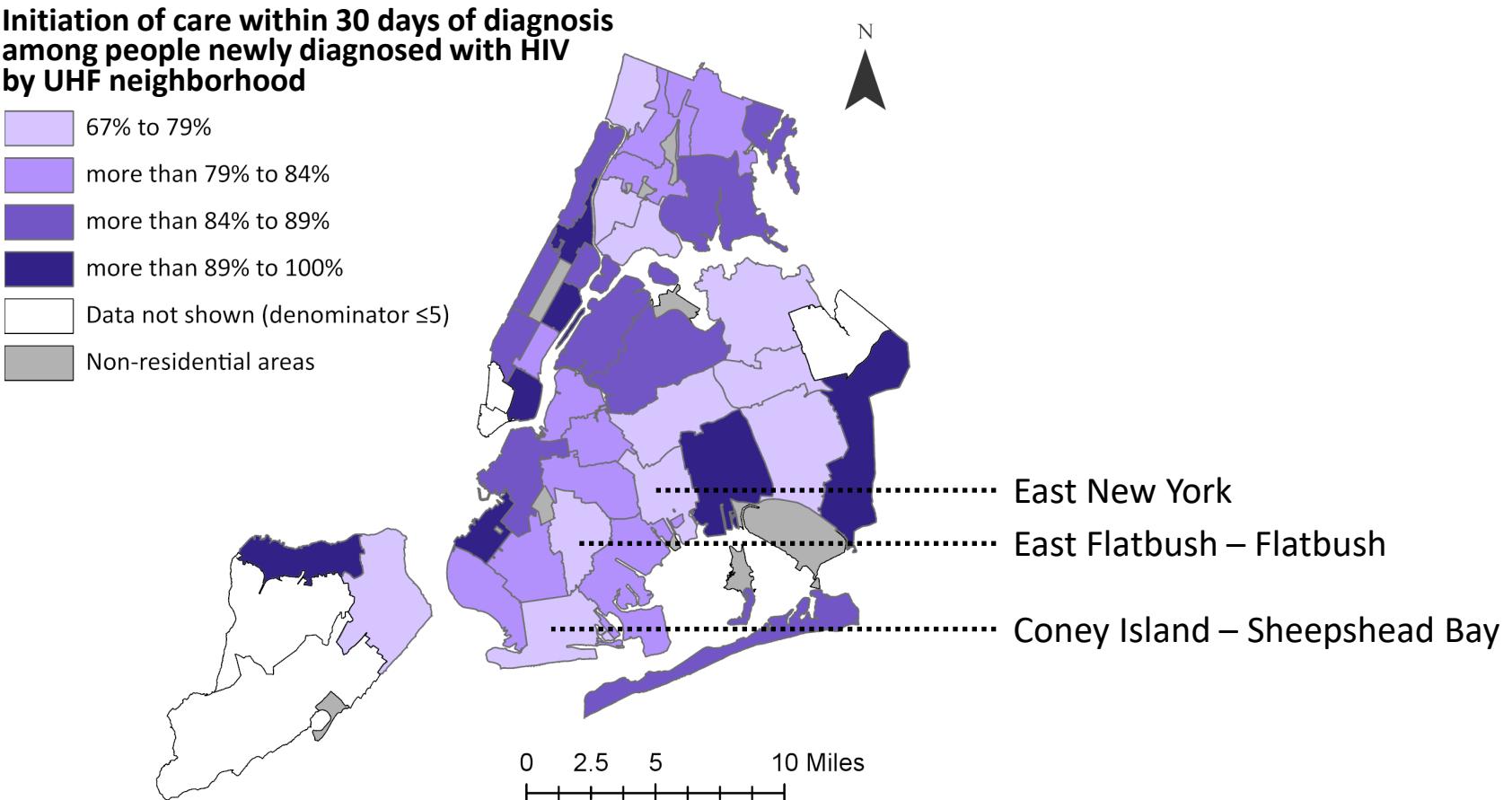
²Neighborhood poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.

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.

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

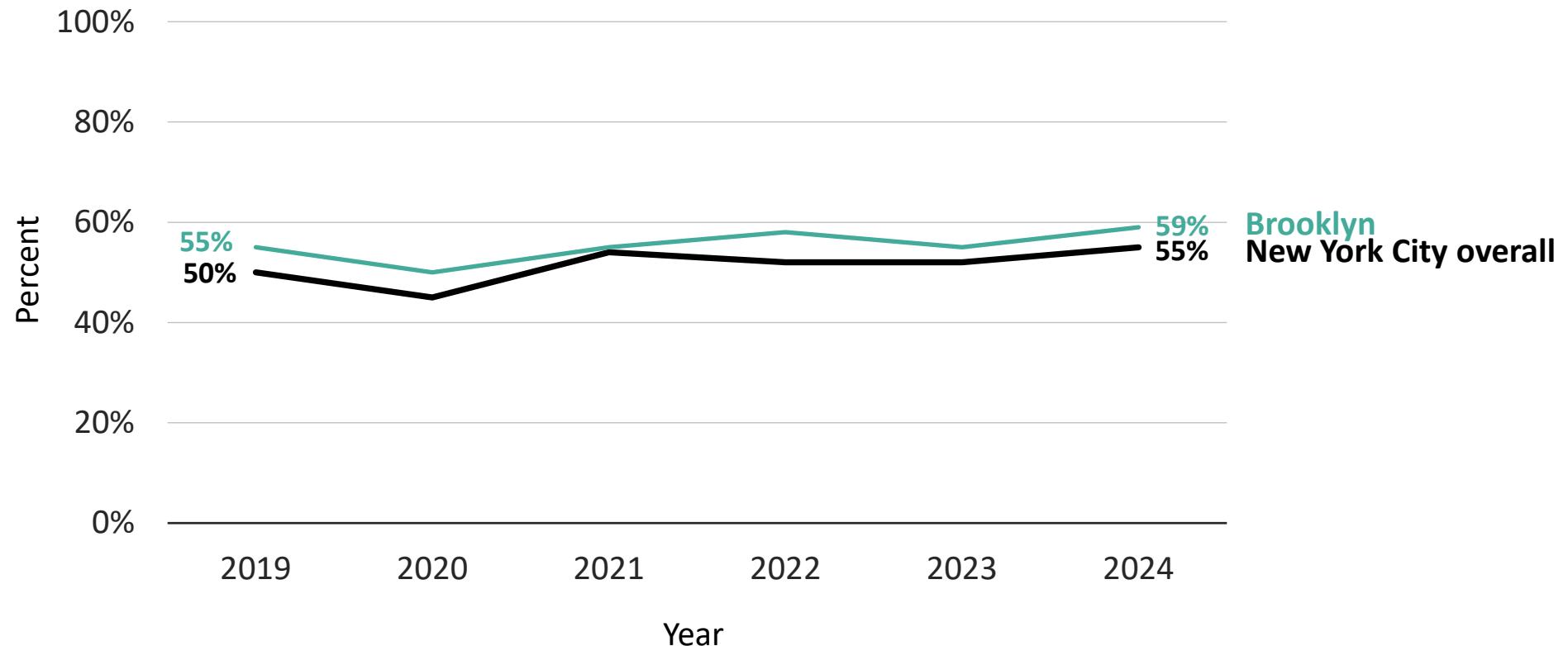
by United Hospital Fund Neighborhood – Brooklyn, 2024



The neighborhoods in Brooklyn with the lowest proportions of initiation of care within 30 days of diagnosis were East New York (69%), Coney Island – Sheepshead Bay (72%), and East Flatbush – Flatbush (79%).

Viral Suppression¹ Within Three Months of Diagnosis

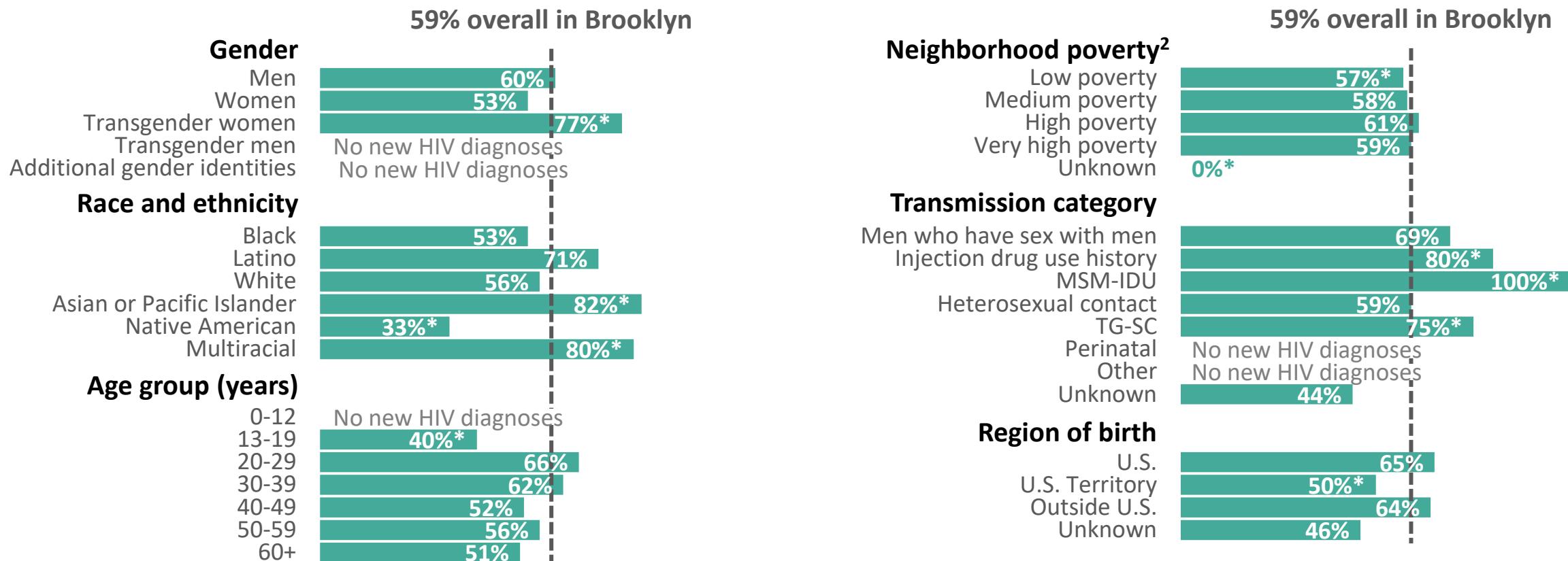
– Brooklyn and New York City Overall, 2019-2024



From 2019 to 2024, viral suppression within three months of an HIV diagnosis remained relatively stable in Brooklyn and was slightly higher than the proportion in New York City overall.

Viral Suppression¹ Within Three Months of Diagnosis

by Demographic Group – Brooklyn, 2024



Differences in viral suppression within three months of an HIV diagnosis exist across demographic groups in Brooklyn.

*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.

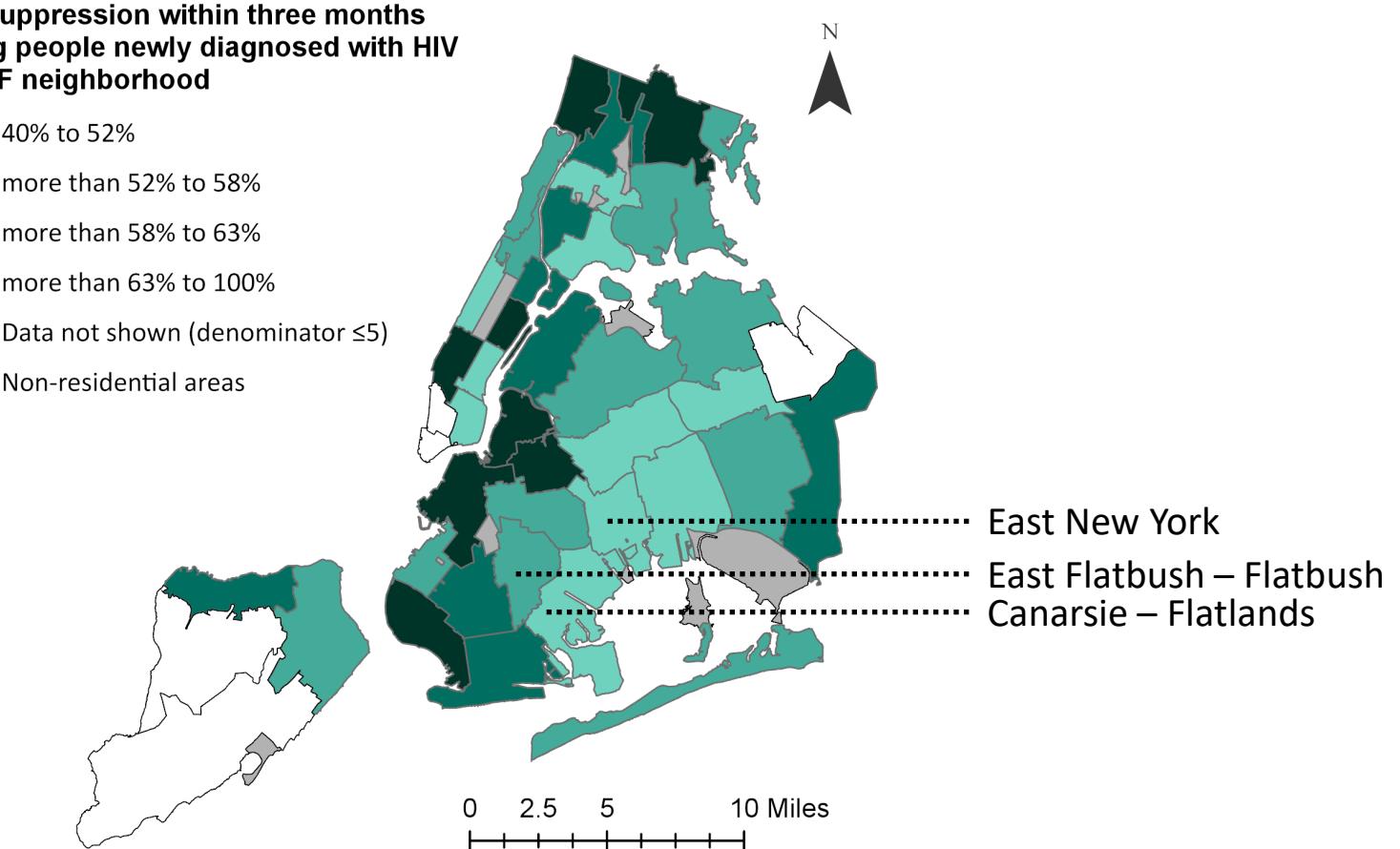
¹Viral suppression is defined as an HIV viral load in the calendar year <200 copies/mL within three months of diagnosis. People diagnosed at death have been excluded.

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.

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

Viral Suppression¹ Within Three Months of Diagnosis by United Hospital Fund Neighborhood – Brooklyn, 2024

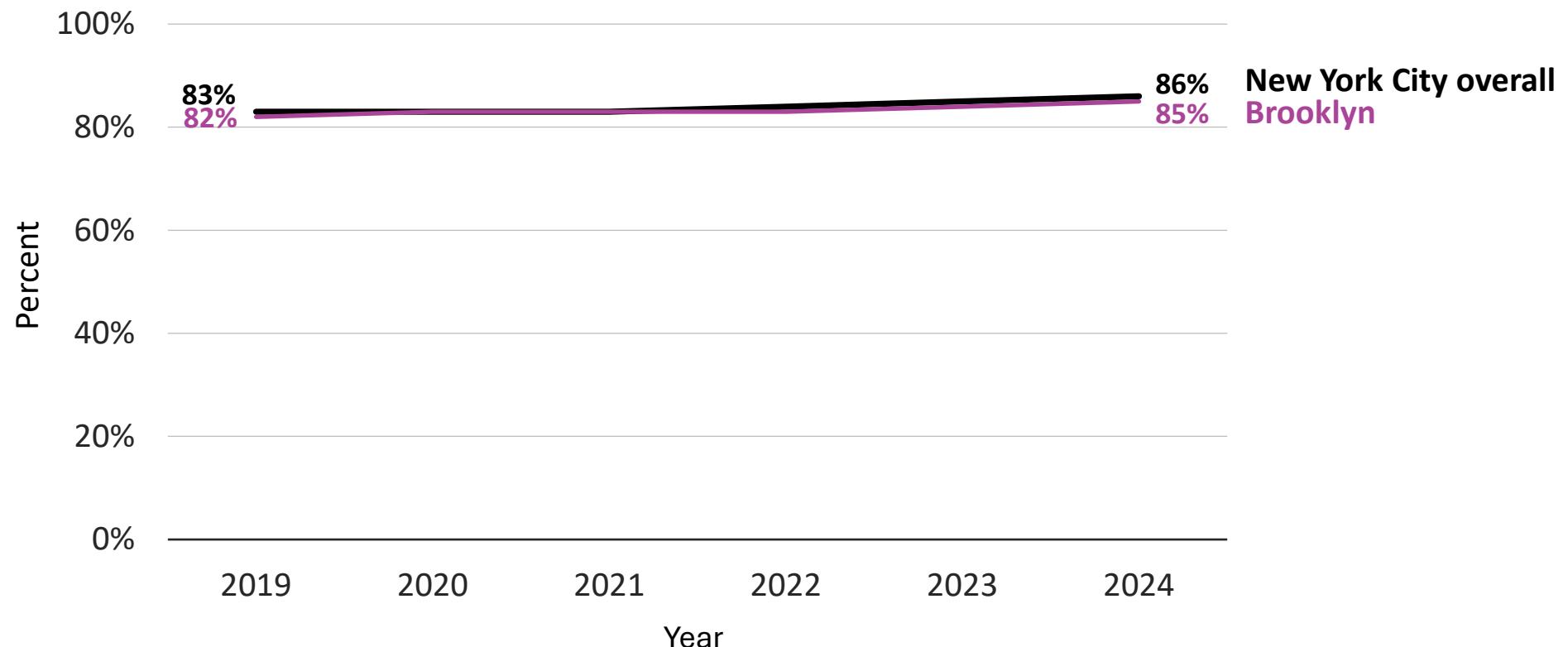


The neighborhoods in Brooklyn with the lowest proportions of people virally suppressed within three months of an HIV diagnosis were Canarsie – Flatlands (51%), East New York (52%), and East Flatbush – Flatbush (54%).

Care Outcomes Among People With HIV

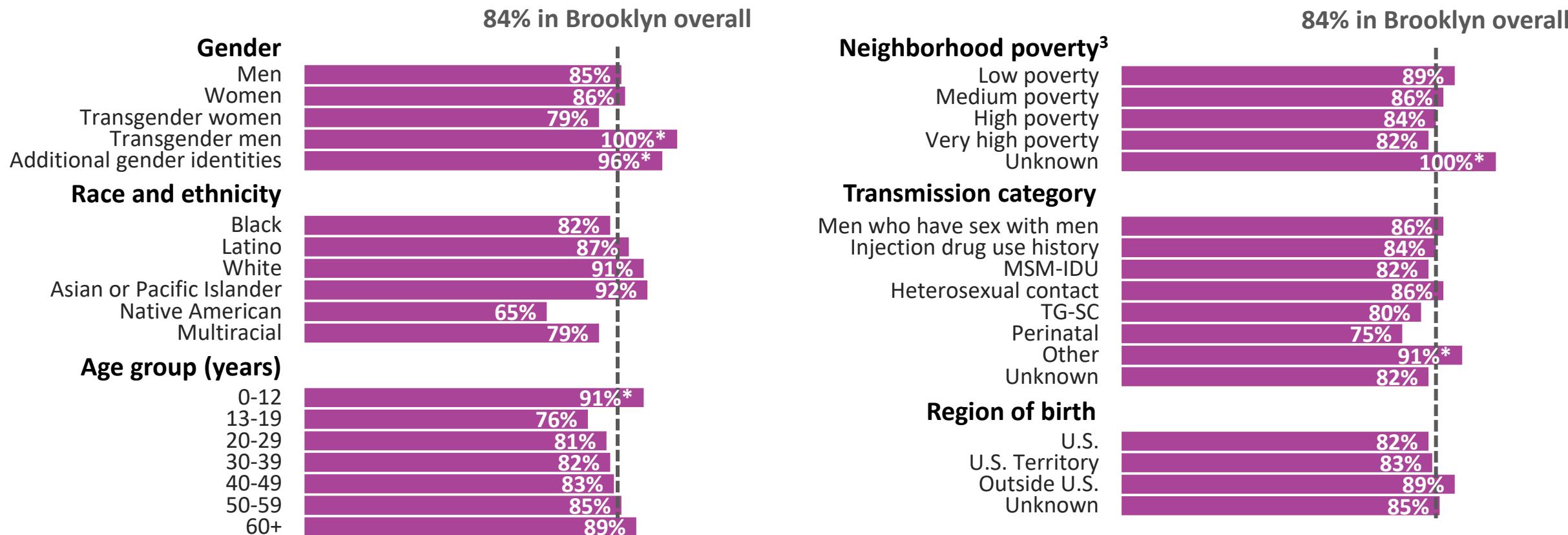
Brooklyn

Viral Suppression¹ Among People Diagnosed With HIV² – Brooklyn and New York City Overall, 2019-2024



From 2019 to 2024, viral suppression increased by three percentage points in Brooklyn and was approximately equal to the proportion in New York City overall.

Viral Suppression¹ Among People Diagnosed With HIV² by Demographic Group – Brooklyn, 2024



Differences in viral suppression exist across demographic groups in Brooklyn.

*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.

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

²People diagnosed with HIV and viral suppression were calculated using the statistical weighting method. For more details and references, see Technical Notes.

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.

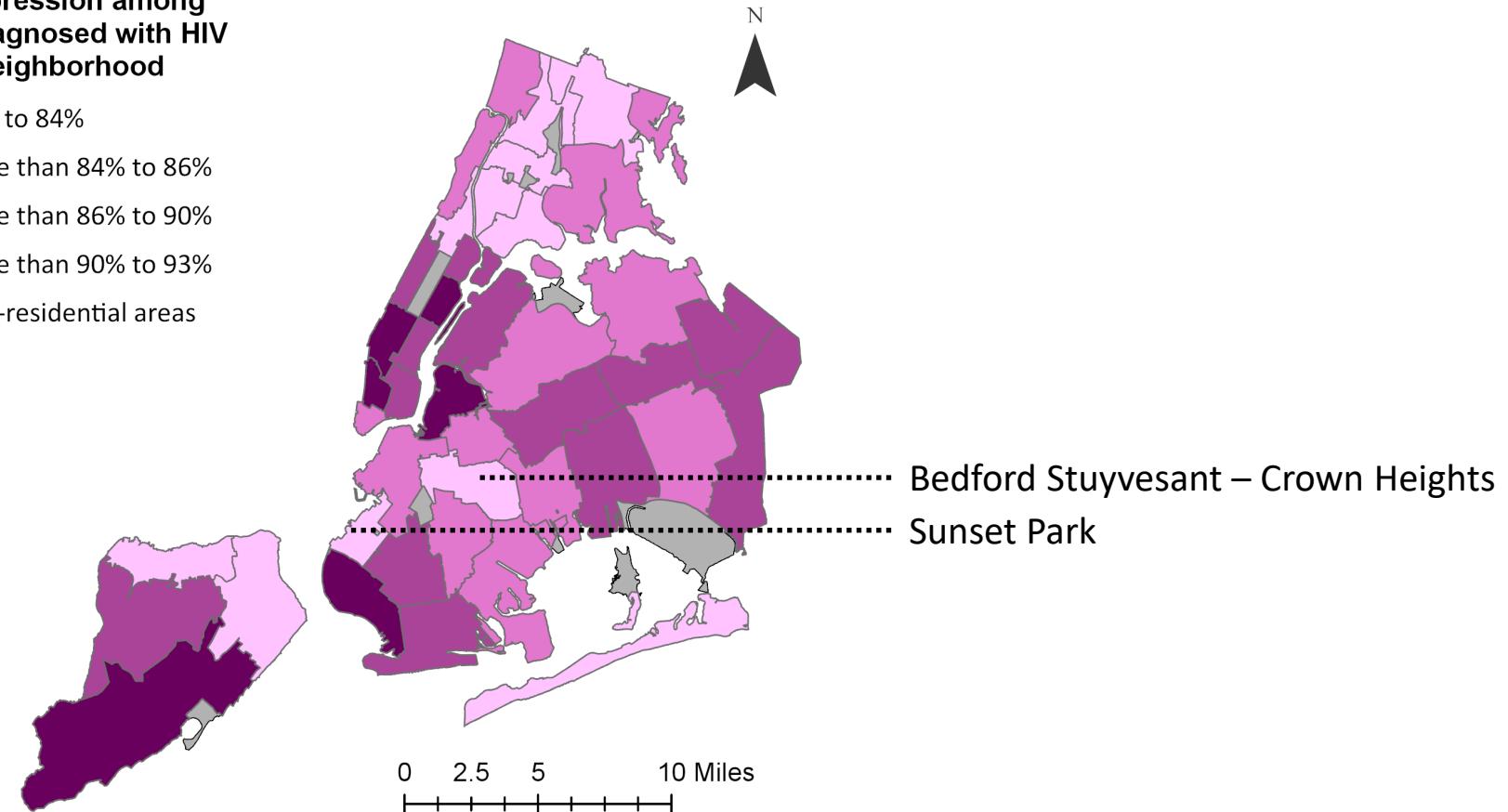
Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty=>30% below FPL.

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

Viral Suppression¹ Among People Diagnosed With HIV² by United Hospital Fund Neighborhood – Brooklyn, 2024

Viral suppression among people diagnosed with HIV by UHF neighborhood

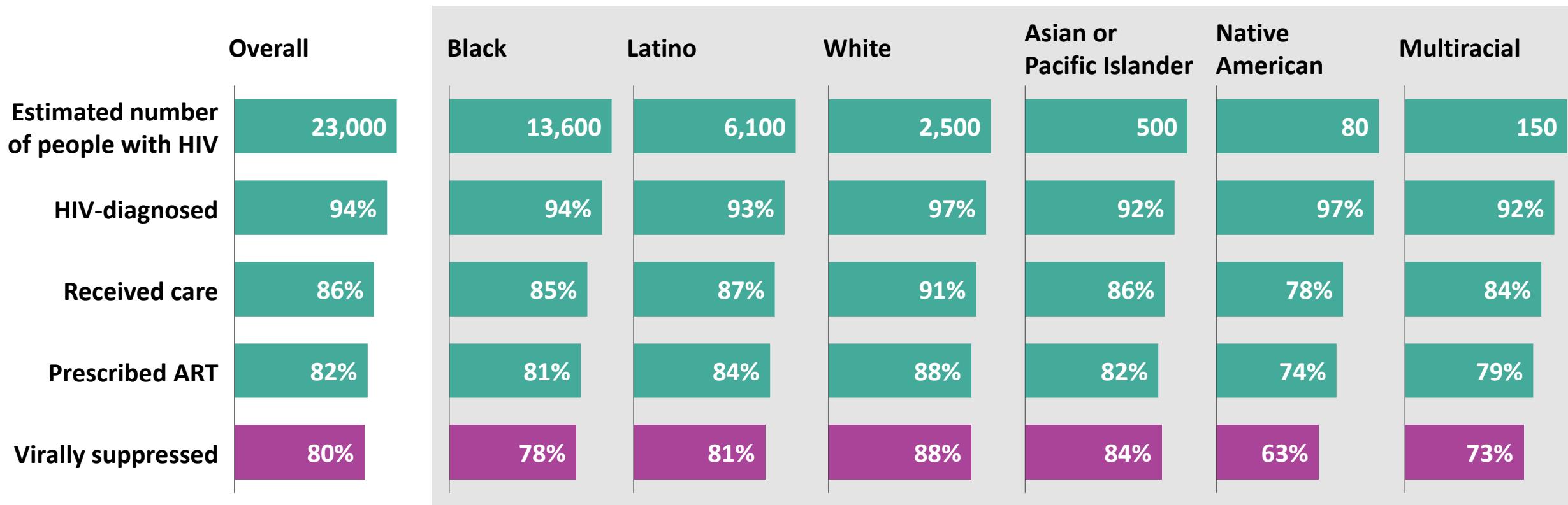
- 80% to 84%
- more than 84% to 86%
- more than 86% to 90%
- more than 90% to 93%
- Non-residential areas



The neighborhoods in Brooklyn with the lowest proportions of people virally suppressed were Bedford Stuyvesant – Crown Heights (81%) and Sunset Park (82%).

Proportion of People With HIV in Stages of the HIV Care Continuum^{1,2}

Overall and by Race and Ethnicity³ – Brooklyn, 2024



Of approximately 23,000 people with HIV in Brooklyn in 2024, 80% had a suppressed viral load, slightly lower than the citywide proportion of 81%. There were differences in the HIV care continuum by race and ethnicity in 2024.

¹The 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.

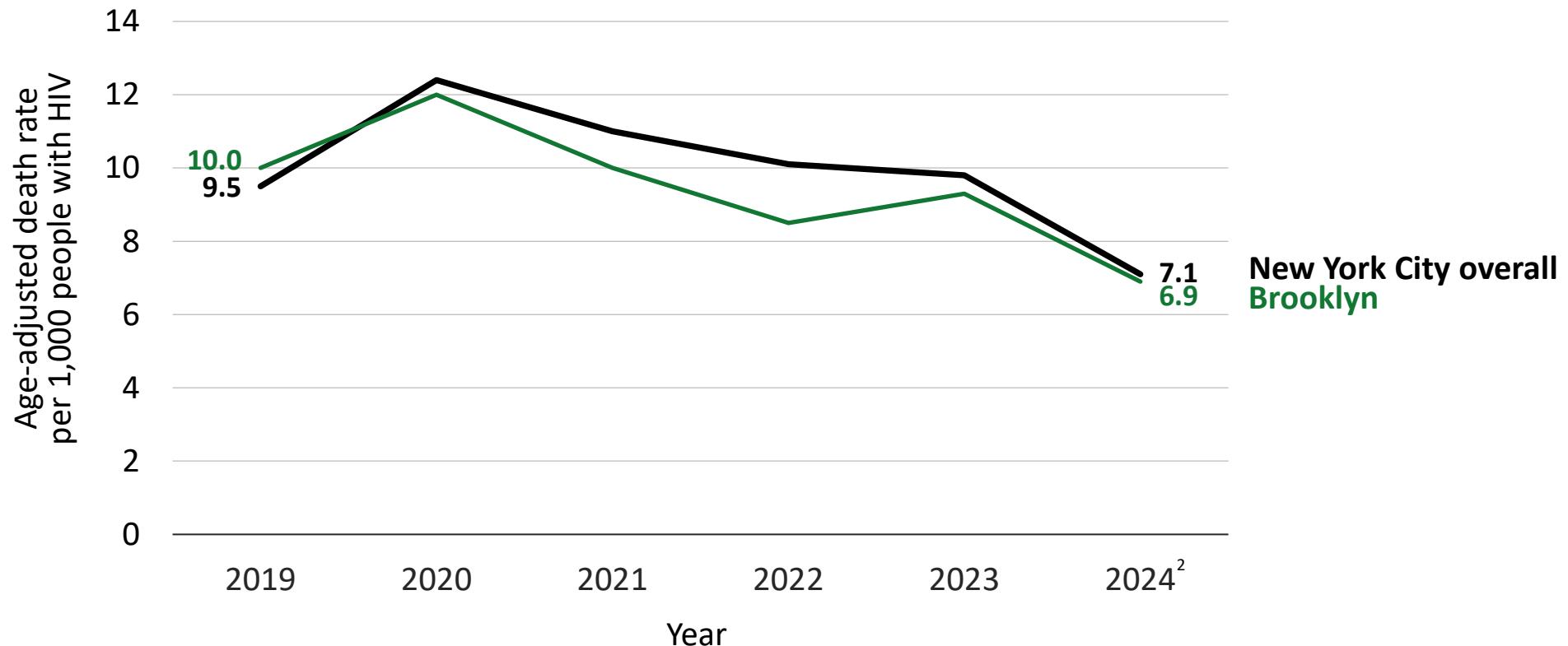
²Proportions in the care continuum may not align between stages due to the use of multiple data sources in calculations (e.g., proportion prescribed ART may be lower than the proportion virally suppressed)

³The 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 People With HIV – Brooklyn and New York City Overall, 2019-2024



In Brooklyn, the age-adjusted death rate declined 43% since the peak in 2020 and is now lower than the 2019 rate. The age-adjusted death rate in Brooklyn was similar to the citywide rate from 2019 to 2024.

Age-Adjusted¹ Death Rate per 1,000 People With HIV by Demographic Group – Brooklyn, 2024



Differences in the age-adjusted death rate exist across demographic groups in Brooklyn.

*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.

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.

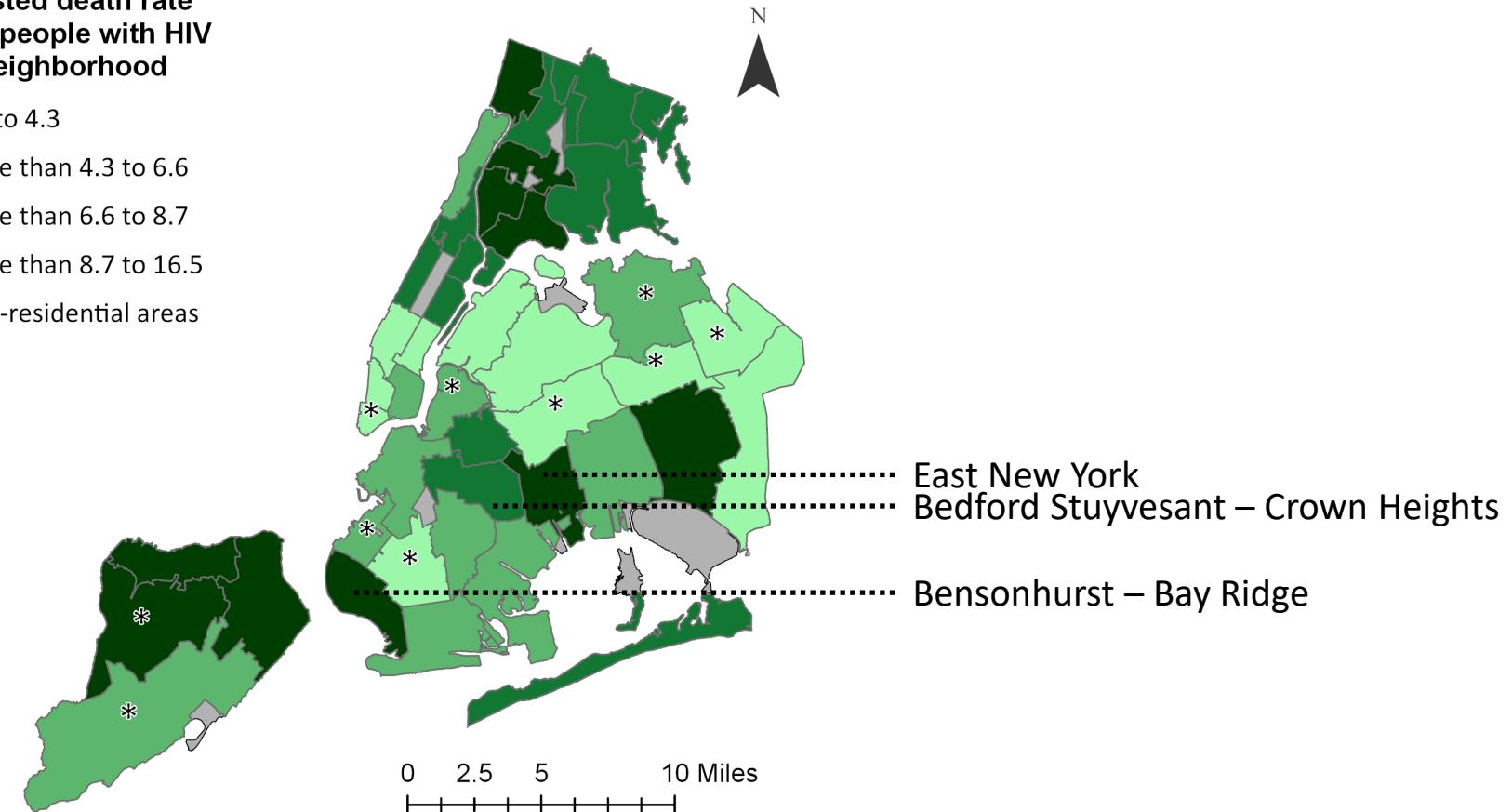
Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty=>30% below FPL.

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

Age-Adjusted¹ Death Rate per 1,000 People With HIV by United Hospital Fund Neighborhood – Brooklyn, 2024

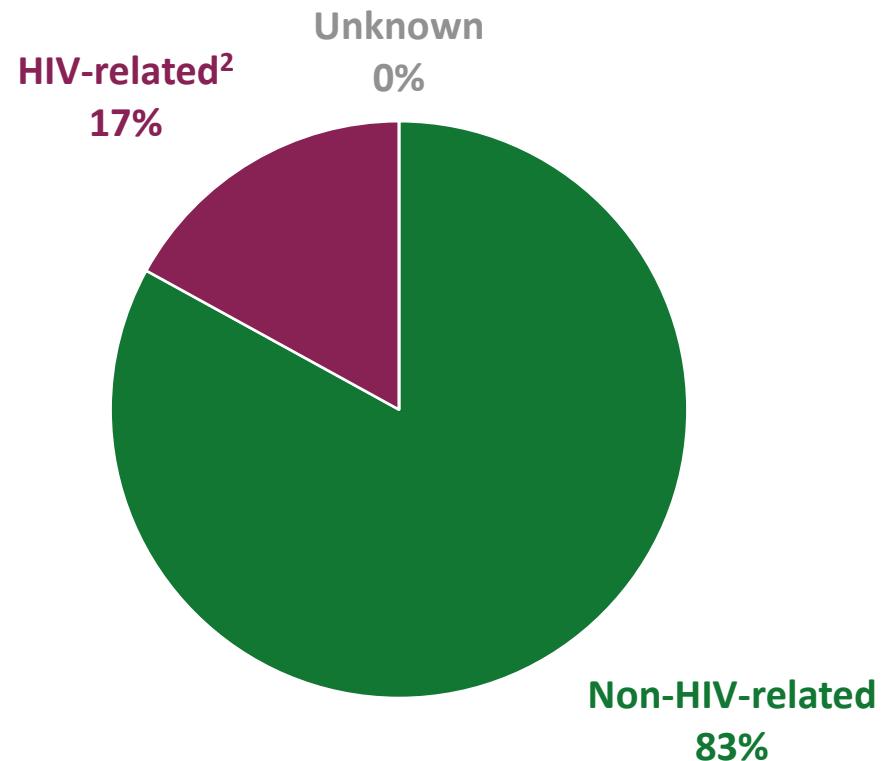
Age-adjusted death rate
per 1,000 people with HIV
by UHF neighborhood

- 0.5 to 4.3
- more than 4.3 to 6.6
- more than 6.6 to 8.7
- more than 8.7 to 16.5
- Non-residential areas



The neighborhoods in Brooklyn with the highest age-adjusted death rates were East New York (9.7 per 1,000),
Bensonhurst – Bay Ridge (9.2 per 1,000), and Bedford Stuyvesant – Crown Heights (8.2 per 1,000).

Proportion of Deaths Among People With HIV by Cause of Death – Brooklyn, 2023¹



In 2023, 83% of deaths among people with HIV in Brooklyn were due to non-HIV-related causes. Among these, the top causes were Cardiovascular disease (28%), non-HIV-related cancers (22%), and accidents (18%).

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

Appendix: Acknowledgements

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