

# HIV IN MANHATTAN, NEW YORK CITY, 2021



HIV Epidemiology Program

New York City Department of Health and Mental Hygiene



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<https://www1.nyc.gov/site/doh/data/data-sets/epi-surveillance-slide-sets.page>

# TABLE OF CONTENTS (1)

## SLIDE NUMBER:

### **OVERALL**

5. HIV IN MANHATTAN, 2021

### **NEW DIAGNOSIS**

6. NEW HIV DIAGNOSES IN MANHATTAN, 2017-2021

7. NUMBER OF NEW HIV DIAGNOSES BY GENDER IN MANHATTAN, 2017-2021

8. NUMBER OF NEW HIV DIAGNOSES BY RACE/ETHNICITY IN MANHATTAN, 2017-2021

9. NUMBER OF NEW HIV DIAGNOSES BY AGE IN MANHATTAN, 2017-2021

10. NUMBER OF NEW HIV DIAGNOSES BY RACE/ETHNICITY AND AGE IN MANHATTAN, 2021

11. NUMBER OF NEW HIV DIAGNOSES BY TRANSMISSION CATEGORY IN MANHATTAN, 2017-2021

12. NUMBER OF NEW HIV DIAGNOSES BY AREA-BASED POVERTY LEVEL IN MANHATTAN, 2017-2021

13. PERCENTAGE OF NEW HIV DIAGNOSES AMONG PEOPLE BORN OUTSIDE THE US BY REGION OF BIRTH, MANHATTAN, 2021

# TABLE OF CONTENTS (2)

## SLIDE NUMBER:

### **PEOPLE NEWLY DIAGNOSED WITH HIV**

- 14. TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV IN NYC AND MANHATTAN, 2017-2021
- 15. TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY GENDER IN MANHATTAN, 2021
- 16. TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY RACE/ETHNICITY IN MANHATTAN, 2021
- 17. TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY AGE IN MANHATTAN, 2021
- 18. TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY TRANSMISSION CATEGORY IN MANHATTAN, 2021
- 19. TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY AREA-BASED POVERTY IN MANHATTAN, 2021
- 20. TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY REGION OF BIRTH IN MANHATTAN, 2021
- 21. MAP OF TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY UHF NEIGHBORHOOD IN NYC, 2021
- 22. VIRAL SUPPRESSION WITHIN 3 AND 6 MONTHS OF NEW HIV DIAGNOSIS IN NYC AND MANHATTAN, 2021
- 23. VIRAL SUPPRESSION WITHIN 3 MONTHS AMONG PEOPLE NEWLY DIAGNOSED WITH HIV IN NYC AND MANHATTAN, 2017-2021

# TABLE OF CONTENTS (3)

## SLIDE NUMBER:

### **PEOPLE LIVING WITH HIV (PLWH)**

- 24. VIRAL SUPPRESSION AMONG DIAGNOSED PLWH IN NYC AND MANHATTAN, 2017-2021
- 25. VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY GENDER IN MANHATTAN, 2021
- 26. VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY RACE/ETHNICITY IN MANHATTAN, 2021
- 27. VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY AGE IN MANHATTAN, 2021
- 28. VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY TRANSMISSION CATEGORY IN MANHATTAN, 2021
- 29. VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY AREA-BASED POVERTY LEVEL IN MANHATTAN, 2021
- 30. VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY REGION OF BIRTH IN MANHATTAN, 2021
- 31. MAP OF VIRAL SUPPRESSION BY UHF NEIGHBORHOOD IN NYC, 2021
- 32. PROPORTION OF PLWH IN MANHATTAN ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2021

### **DEATHS**

- 33. AGE-ADJUSTED DEATH RATES AMONG PLWH IN NYC OVERALL AND BY BOROUGH, 2017-2021
- 34. CAUSES OF DEATH AMONG PWH IN MANHATTAN, 2020

### **OTHER**

- 35. HOW TO FIND OUR DATA
- 36-37. APPENDIX: DEFINITIONS AND STATISTICAL NOTES

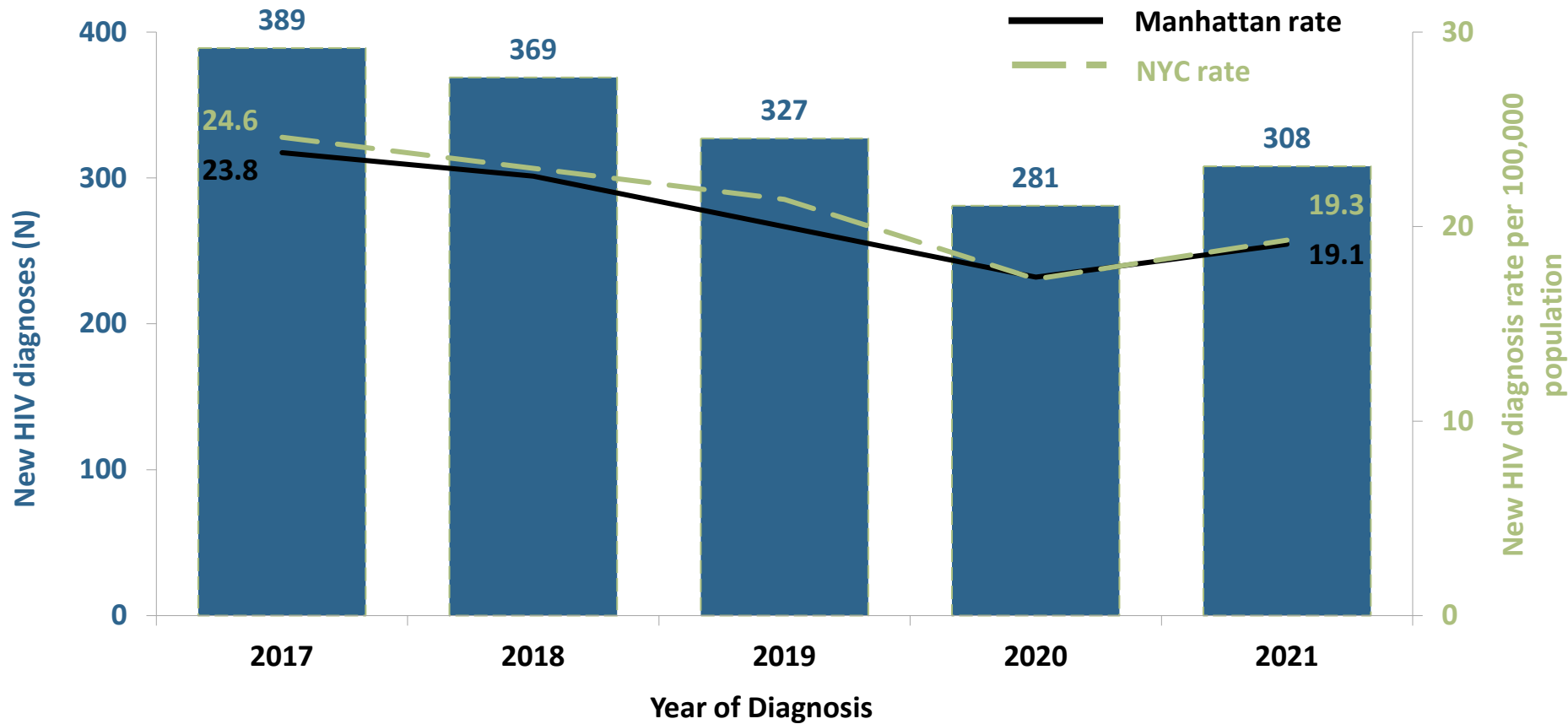
- 38. TECHNICAL NOTES: HIV CARE CONTINUUM

# HIV IN MANHATTAN, 2021

## BASIC STATISTICS

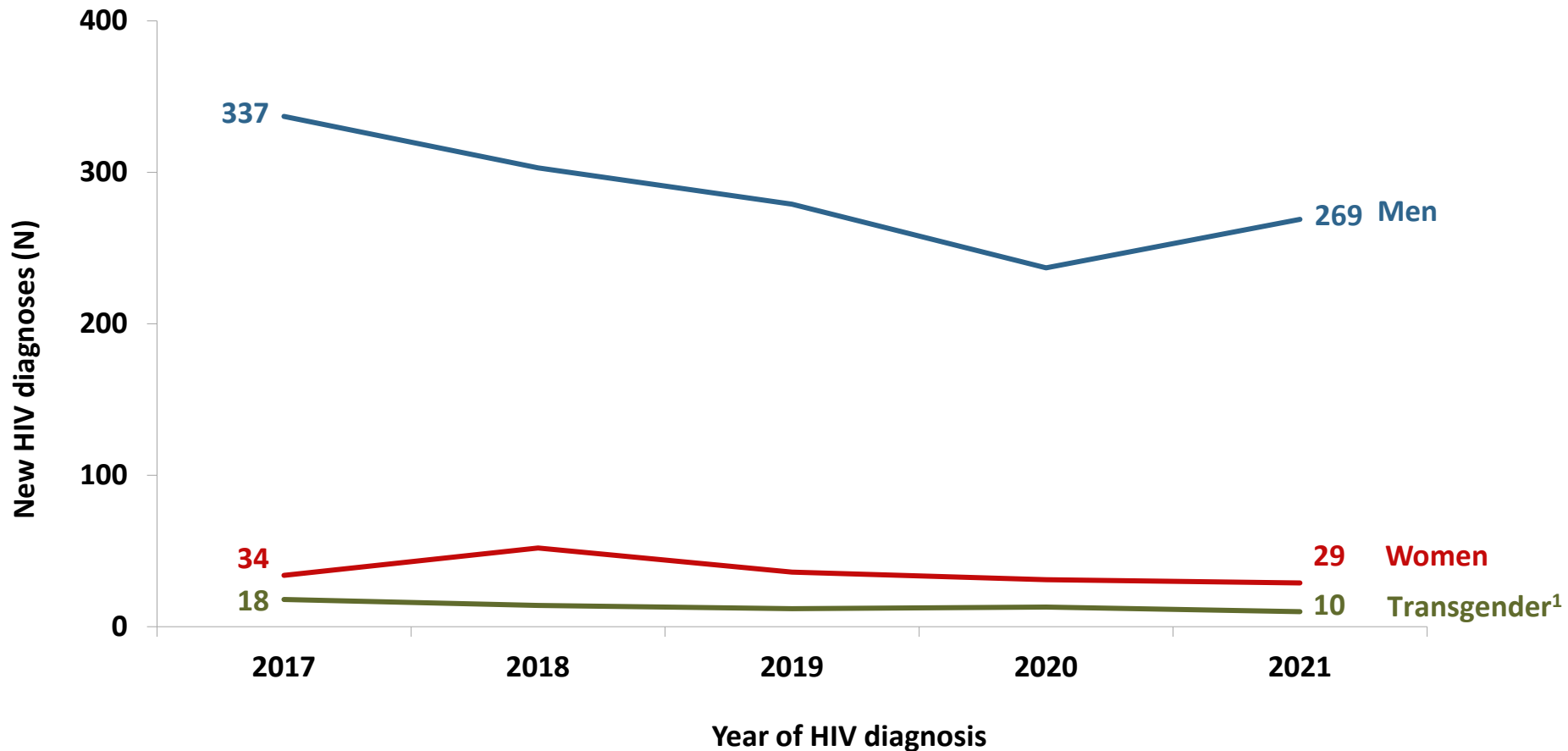
- **20% of all New Yorkers live in Manhattan**
- **308 new HIV diagnoses**
  - 22% of all HIV diagnoses in NYC
  - Includes 57 HIV diagnoses concurrent with an AIDS diagnosis (19%)
- **192 new AIDS diagnoses**
- **381 deaths among people with HIV**
  - 6.9 deaths per 1,000 people with HIV<sup>1</sup>

# NEW HIV DIAGNOSES IN MANHATTAN, 2017-2021



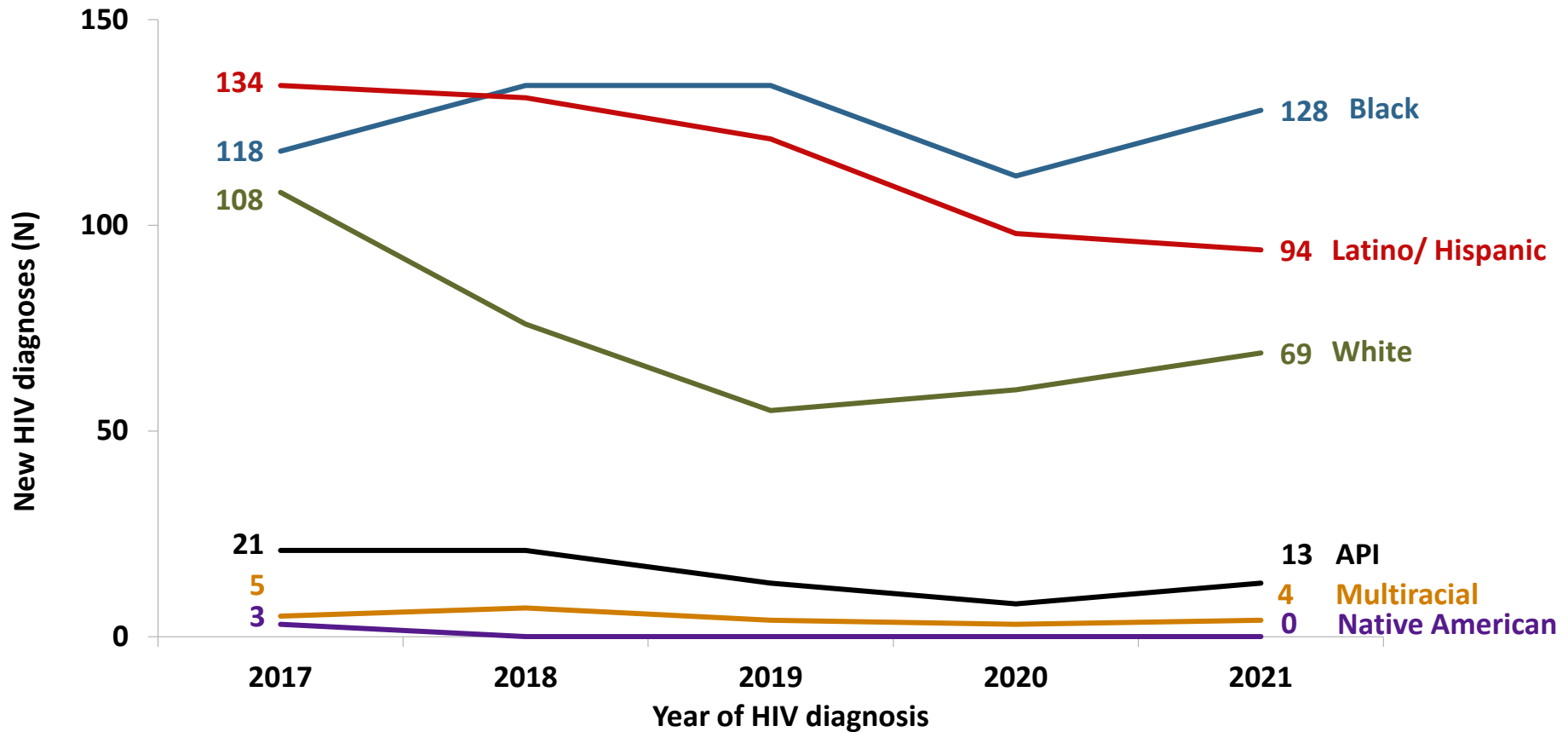
The number and rate of new HIV diagnoses decreased in Manhattan between 2017 and 2021, with a slight increase in 2021. The diagnosis rate has been slightly higher in Manhattan compared with NYC overall.

# NUMBER OF NEW HIV DIAGNOSES BY GENDER IN MANHATTAN, 2017-2021



Between 2017 and 2021 in Manhattan, the number of new HIV diagnoses decreased among men, while remaining relatively stable among women and transgender people.

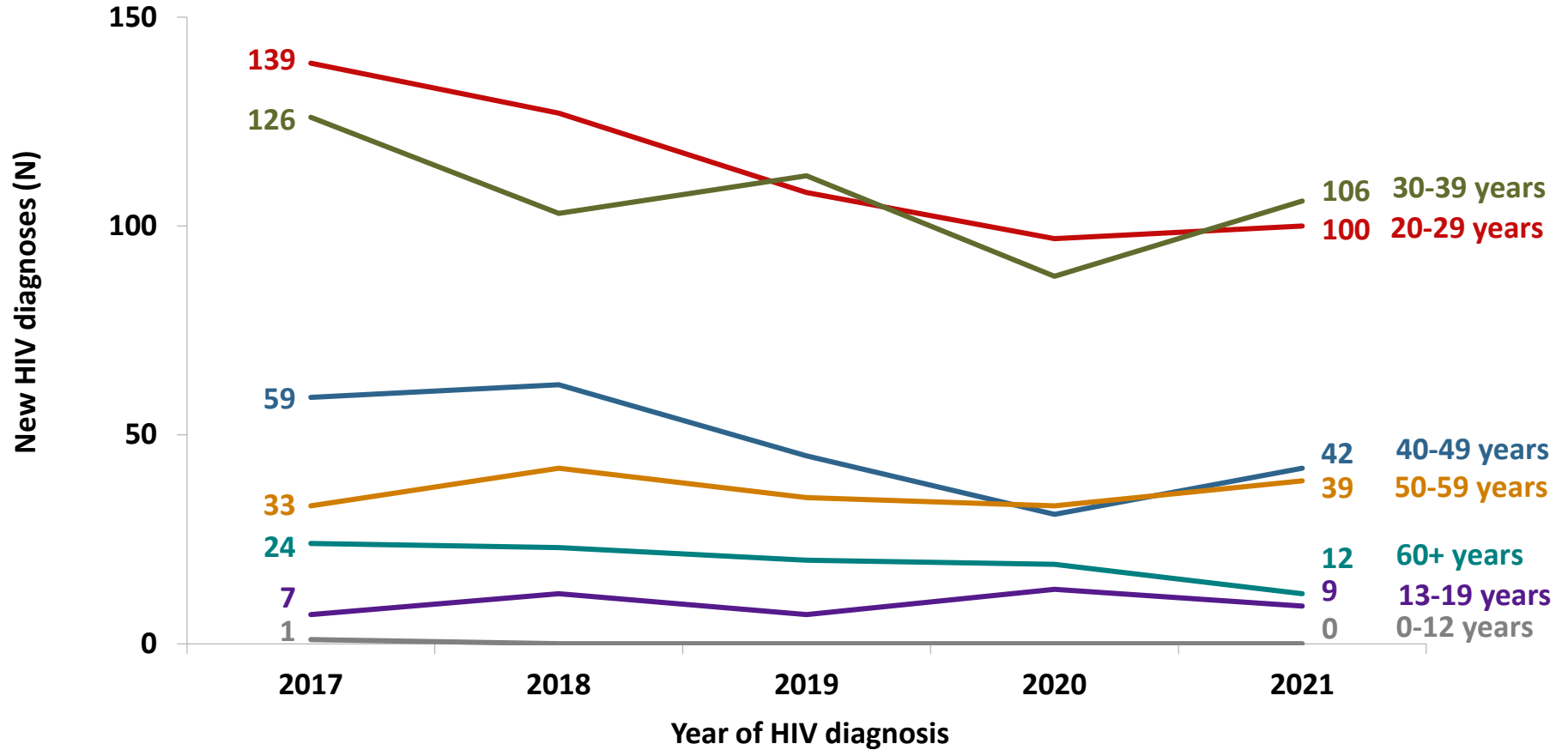
# NUMBER OF NEW HIV DIAGNOSES BY RACE/ETHNICITY IN MANHATTAN, 2017-2021



Between 2017 and 2021 in Manhattan, HIV diagnoses increased among Black people and decreased among all other race/ethnicity groups. Black people, Latino/Hispanic people, and White people accounted for most new HIV diagnoses.

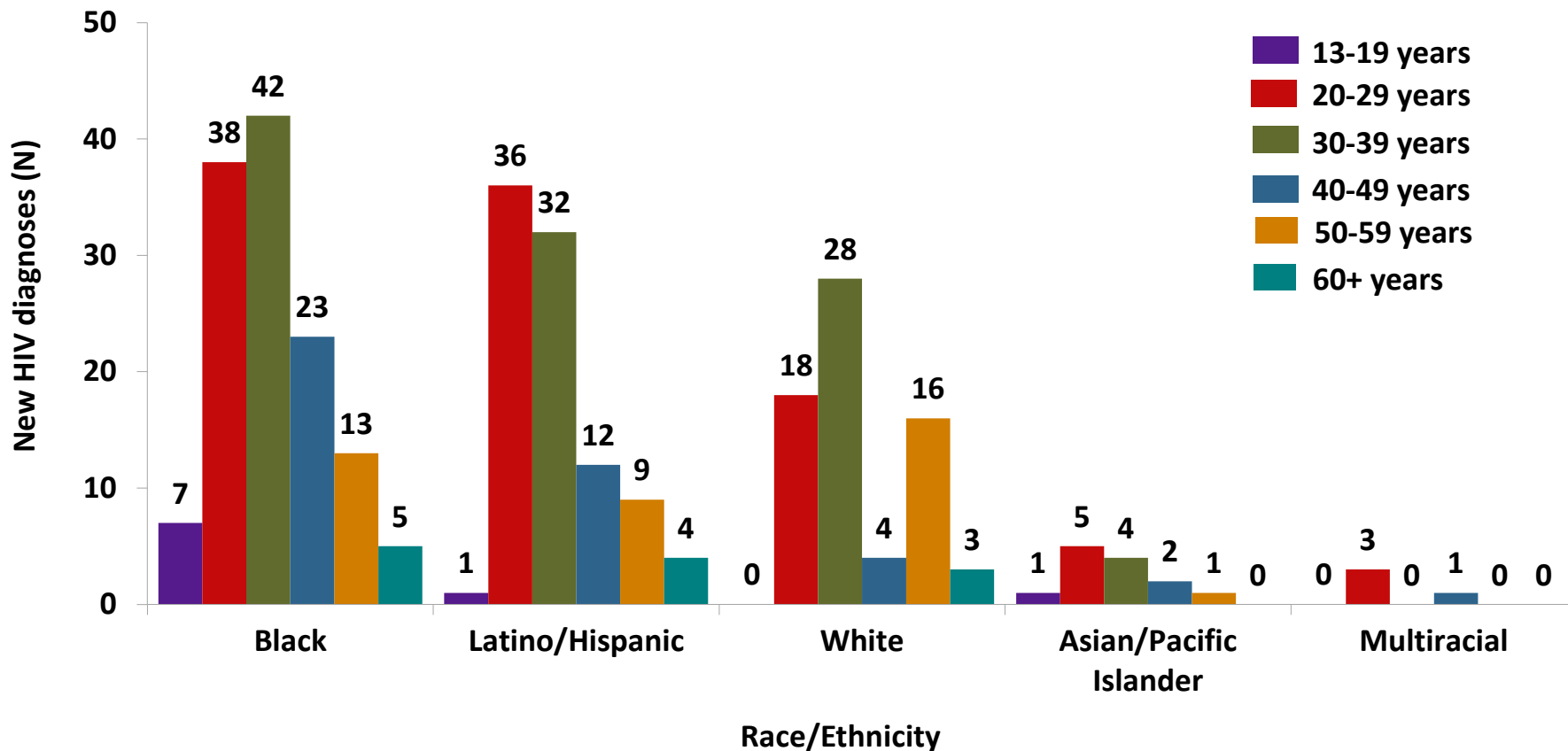


# NUMBER OF NEW HIV DIAGNOSES BY AGE IN MANHATTAN, 2017-2021



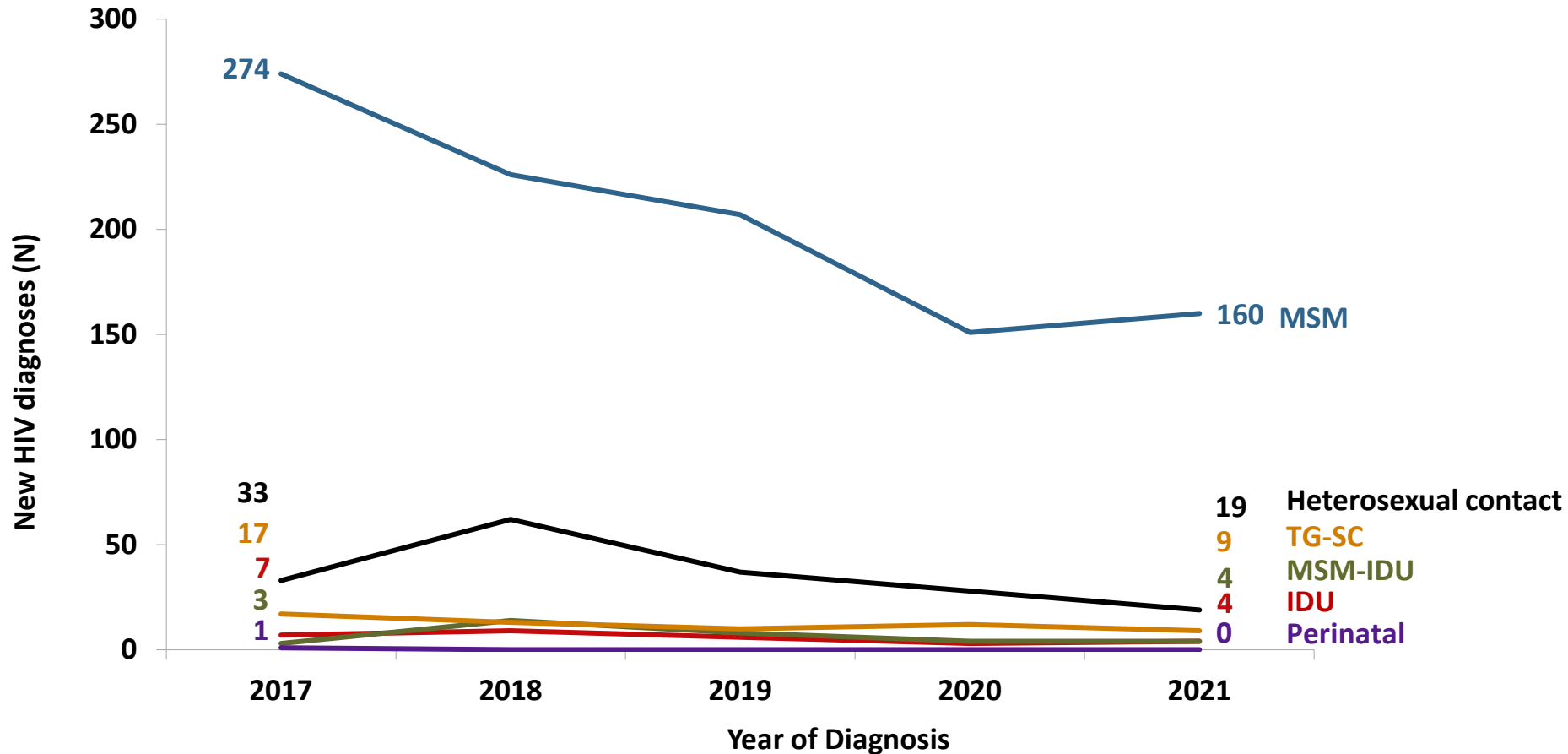
**New HIV diagnoses decreased or remained stable across all age groups. People aged 20 to 39 years had the highest numbers of new HIV diagnoses in Manhattan.**

# NUMBER OF NEW HIV DIAGNOSES BY RACE/ETHNICITY AND AGE IN MANHATTAN, 2021



**Black and Latino/Hispanic people aged 20 to 39 years and White people aged 30 to 39 years accounted for the largest proportions of new HIV diagnoses in Manhattan in 2021.**

# NUMBER OF NEW HIV DIAGNOSES BY TRANSMISSION CATEGORY IN MANHATTAN, 2017-2021



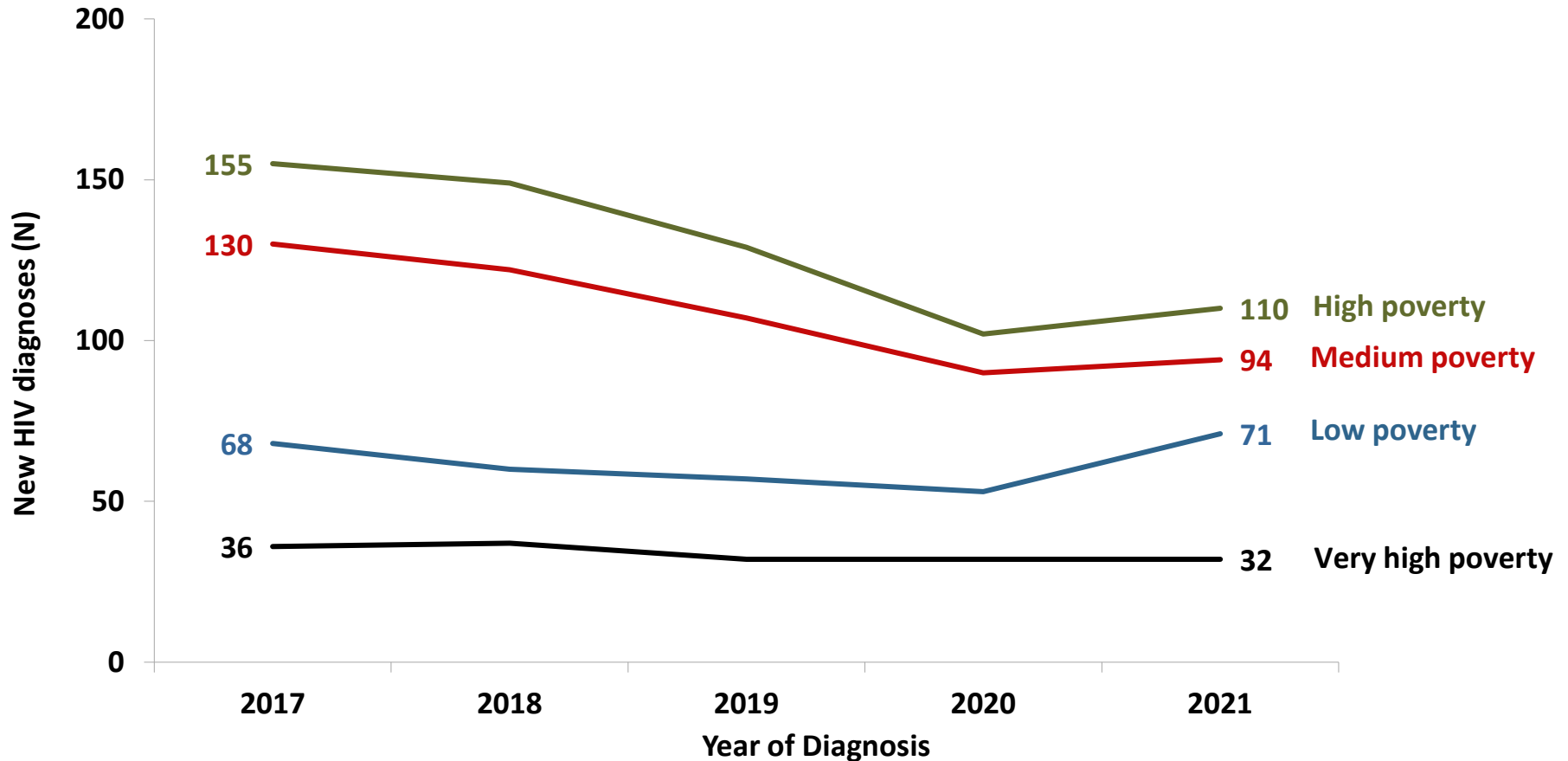
**Between 2017 and 2021, the number of new HIV diagnoses decreased or remained stable in all transmission categories in Manhattan.**

MSM=men who have sex with men; IDU=history of injection drug use; TG-SC=transgender people with sexual contact.

People with unknown transmission category are not displayed. In Manhattan, there were 112 people newly diagnosed with HIV with unknown transmission in 2021.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

# NUMBER OF NEW HIV DIAGNOSES BY AREA-BASED POVERTY LEVEL<sup>1</sup> IN MANHATTAN, 2017-2021



**Between 2017 and 2021, the number of new HIV diagnoses was highest in neighborhoods with high poverty in Manhattan.**

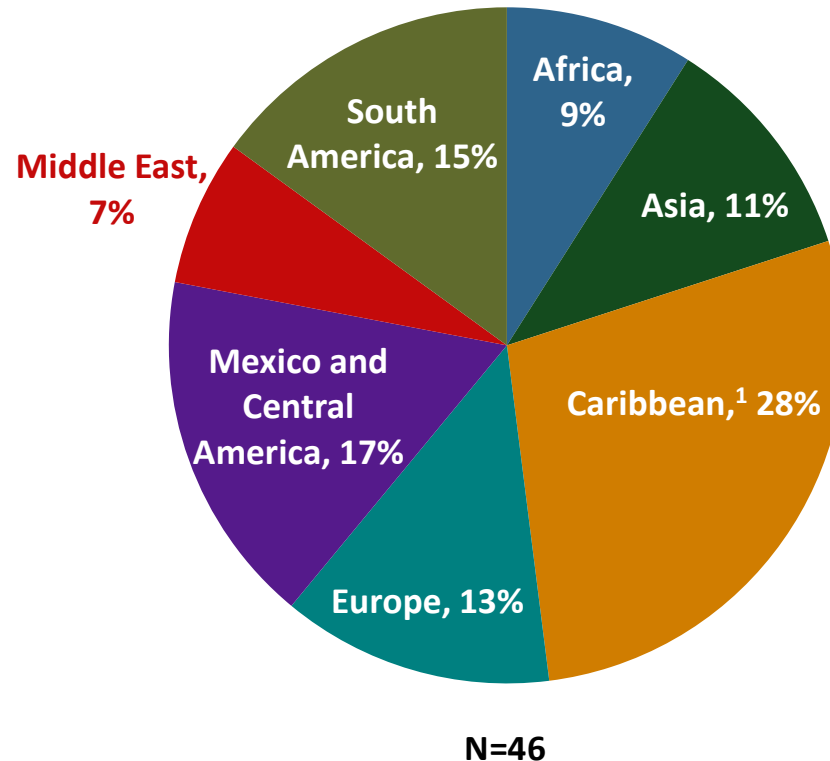
<sup>1</sup>Area-based poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.

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.

New diagnoses with an unknown area-based poverty category not shown (N=1 for 2021).

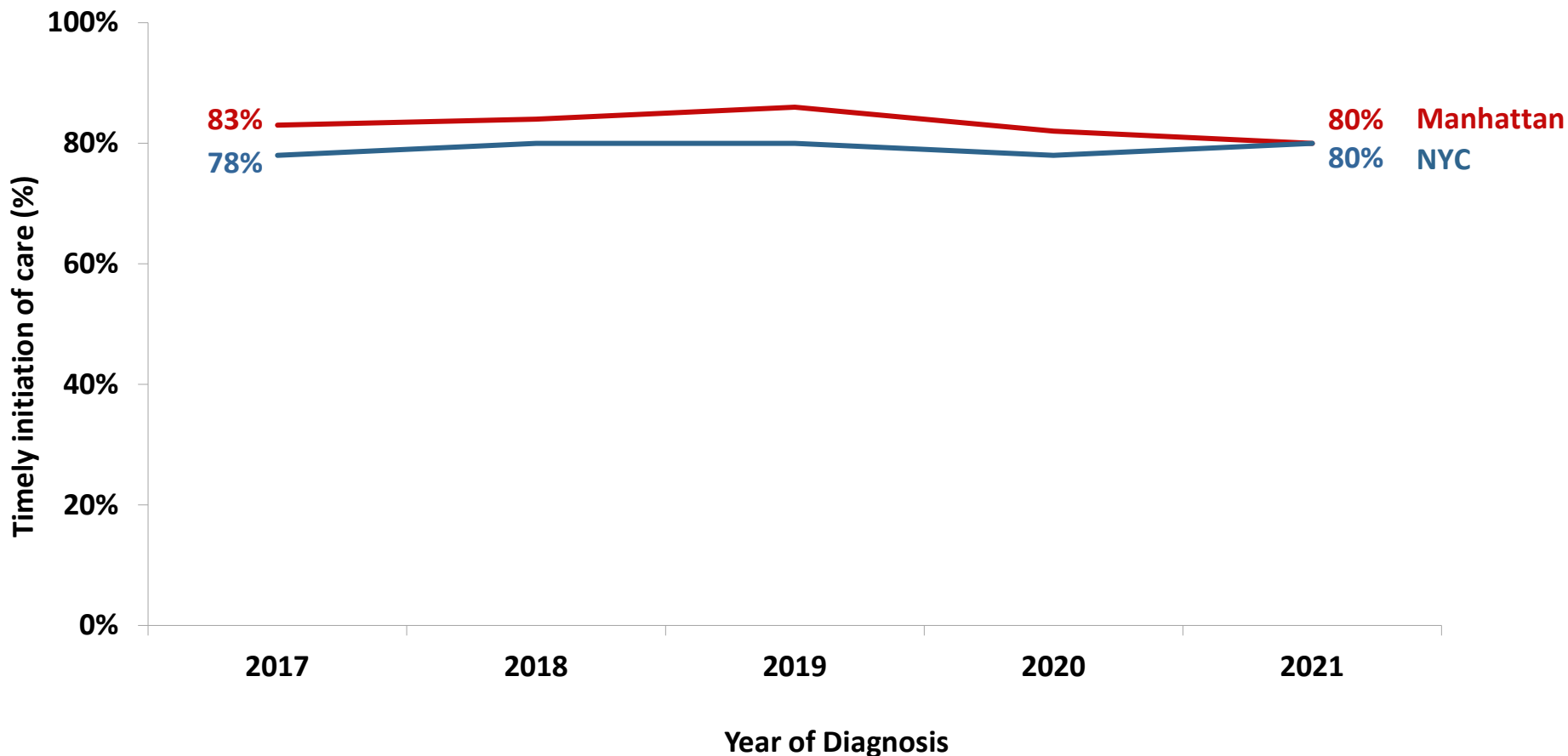
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

# PERCENTAGE OF NEW HIV DIAGNOSES AMONG PEOPLE BORN OUTSIDE OF THE US BY REGION OF BIRTH, MANHATTAN, 2021



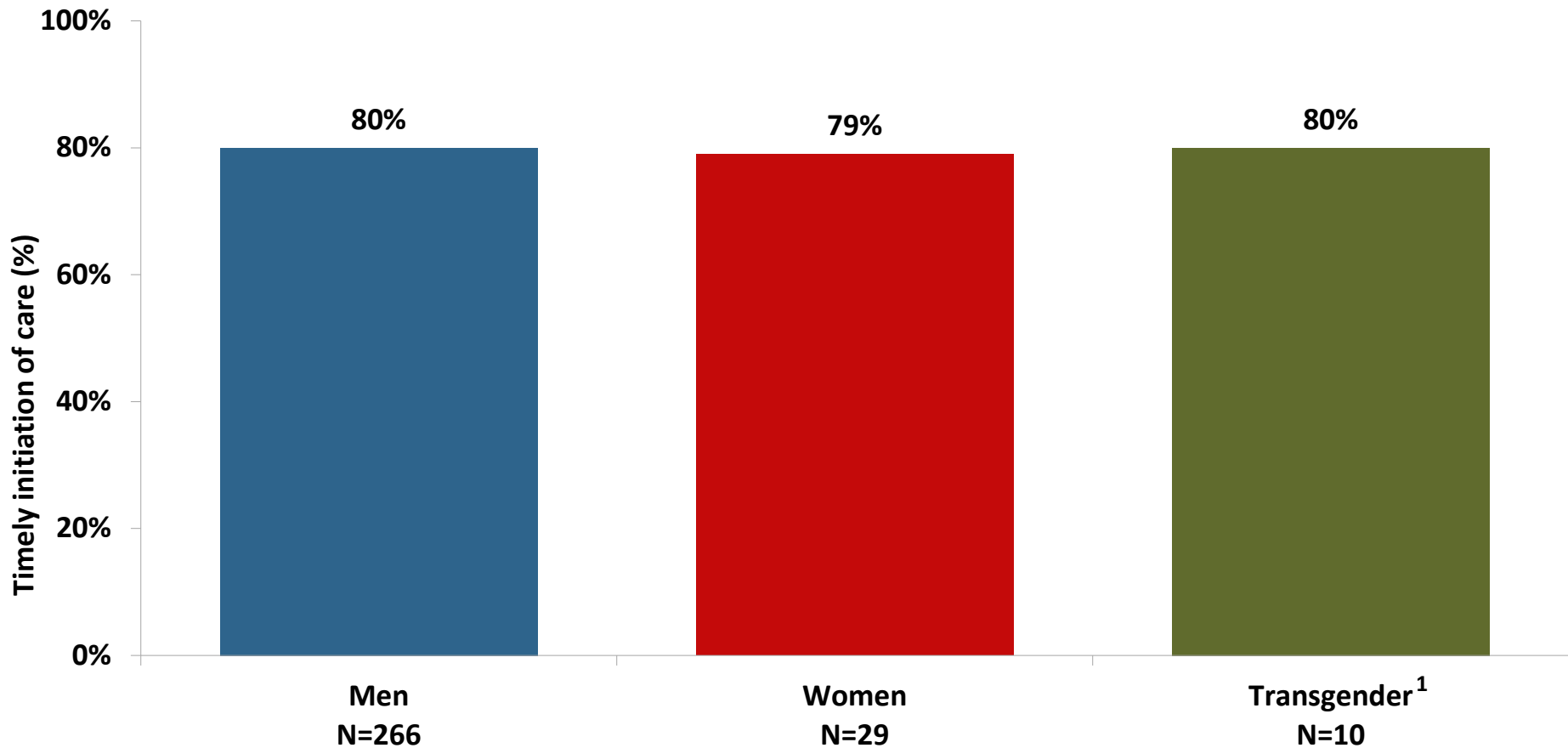
**There were 46 people born outside of the United States newly diagnosed with HIV in Manhattan in 2021. People born in the Caribbean<sup>1</sup> accounted for over a quarter of these new HIV diagnoses.**

# TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV IN NYC AND MANHATTAN, 2017-2021



**Between 2017 and 2021, timely initiation of care among people newly diagnosed with HIV remained relatively stable in Manhattan and in NYC overall.**

# TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY GENDER IN MANHATTAN, 2021



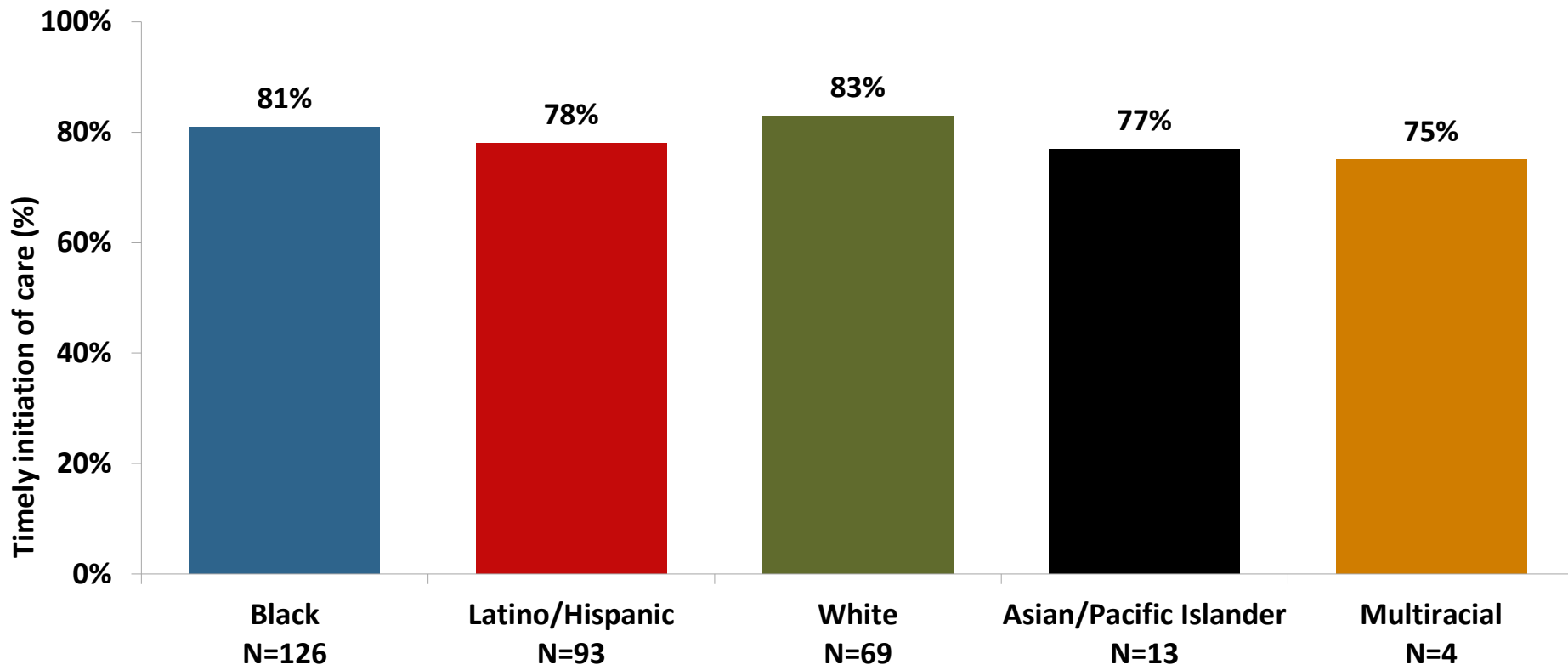
**Among people newly diagnosed with HIV in Manhattan in 2021, the proportion linked to care within 30 days of diagnosis was similar across genders.**

Timely initiation of care is defined as first CD4, viral load, or genotype drawn within 30 days of HIV diagnosis. People diagnosed at death have been excluded.

<sup>1</sup>In 2021 in Manhattan, there were N=9 new diagnoses among transgender women, and N=1 new diagnoses among transgender men.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

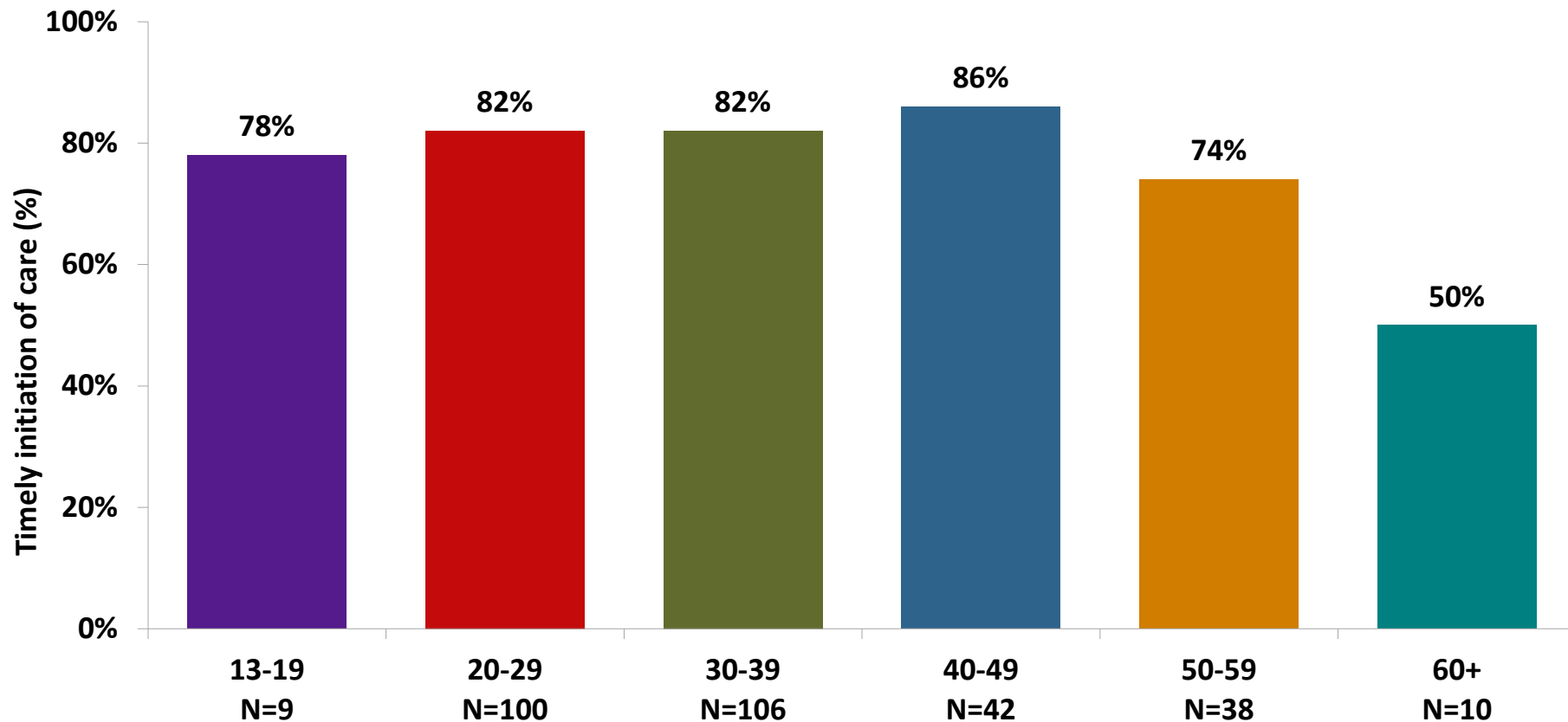
# TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY RACE/ETHNICITY IN MANHATTAN, 2021



**Among people newly diagnosed with HIV in Manhattan in 2021, lower proportions of Multiracial and Asian/Pacific Islander people were linked to care within 30 days of diagnosis.**

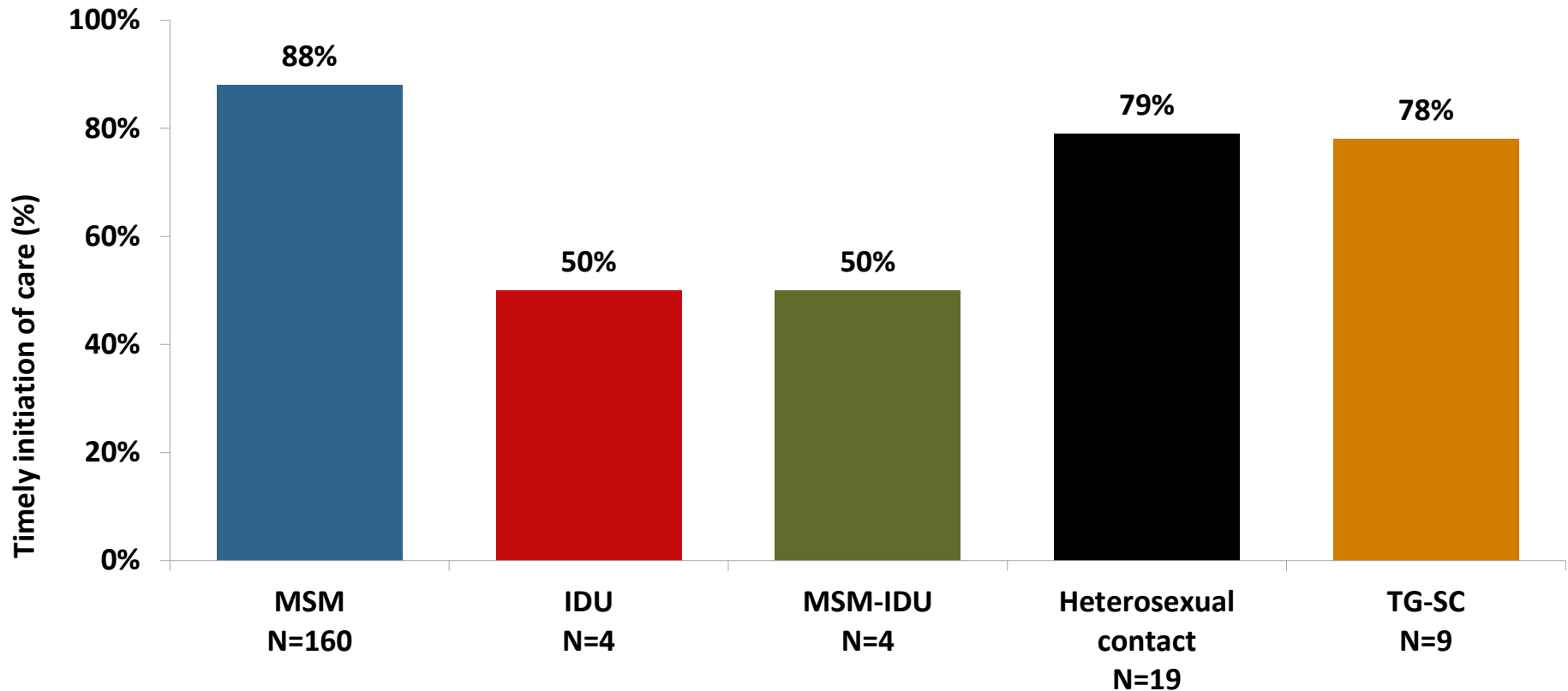


# TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY AGE IN MANHATTAN, 2021



**Among people newly diagnosed with HIV in Manhattan in 2021, people aged 40 to 49 years had the highest proportion linked to care within 30 days of diagnosis.**

# TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY TRANSMISSION CATEGORY IN MANHATTAN, 2021



**Among people newly diagnosed with HIV in Manhattan in 2021, people with a history of injection drug use and men who have sex with men and a history of injection drug use had the lowest proportions linked to care within 30 days of diagnosis.**

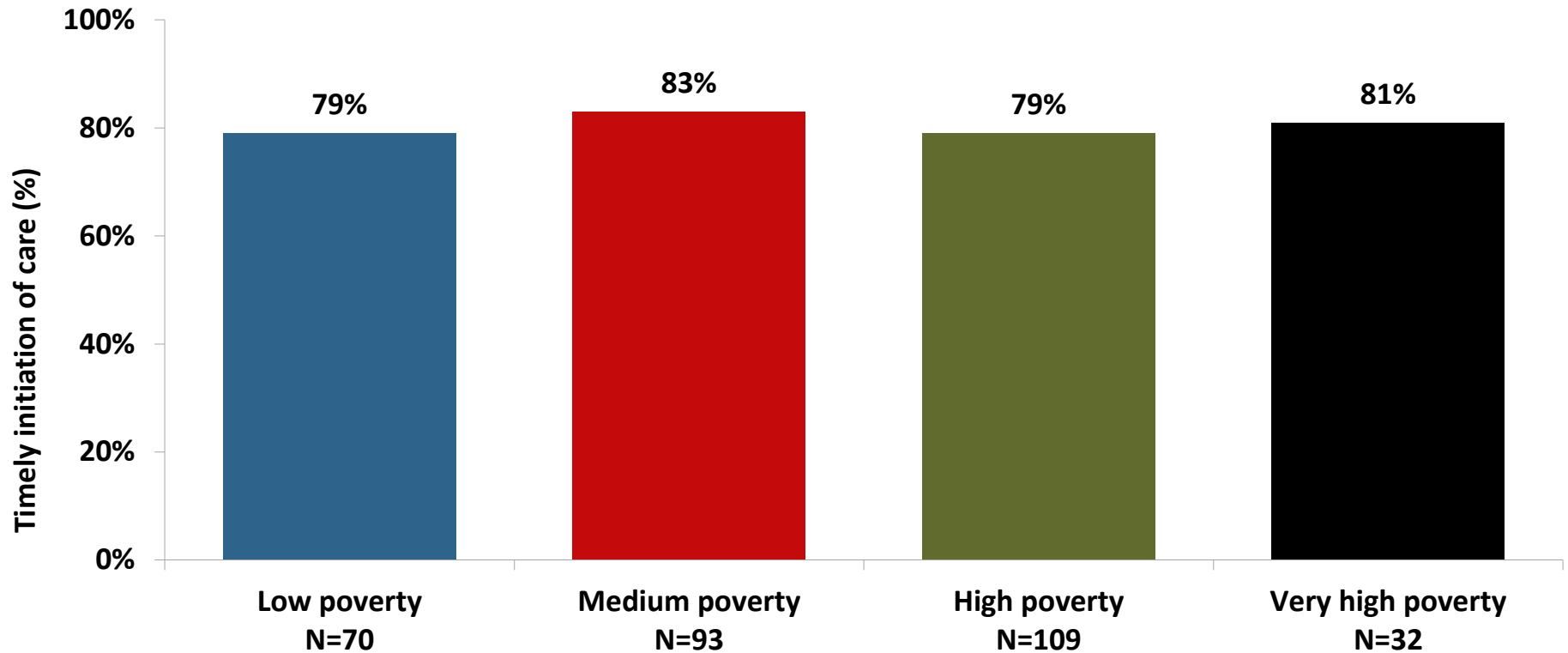
MSM=men who have sex with men; IDU=history of injection drug use; TG-SC=transgender people with sexual contact.

Timely initiation of care is defined as first CD4, viral load, or genotype drawn within 30 days of HIV diagnosis. People diagnosed at death have been excluded.

New diagnoses with perinatal (N=0), other (N=0), or unknown (N=109) transmission category are not displayed.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

# TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY AREA-BASED POVERTY LEVEL<sup>1</sup> IN MANHATTAN, 2021



**Among people newly diagnosed with HIV in Manhattan in 2021, the proportion linked to care within 30 days of diagnosis was similar across area-based poverty levels.<sup>1</sup>**

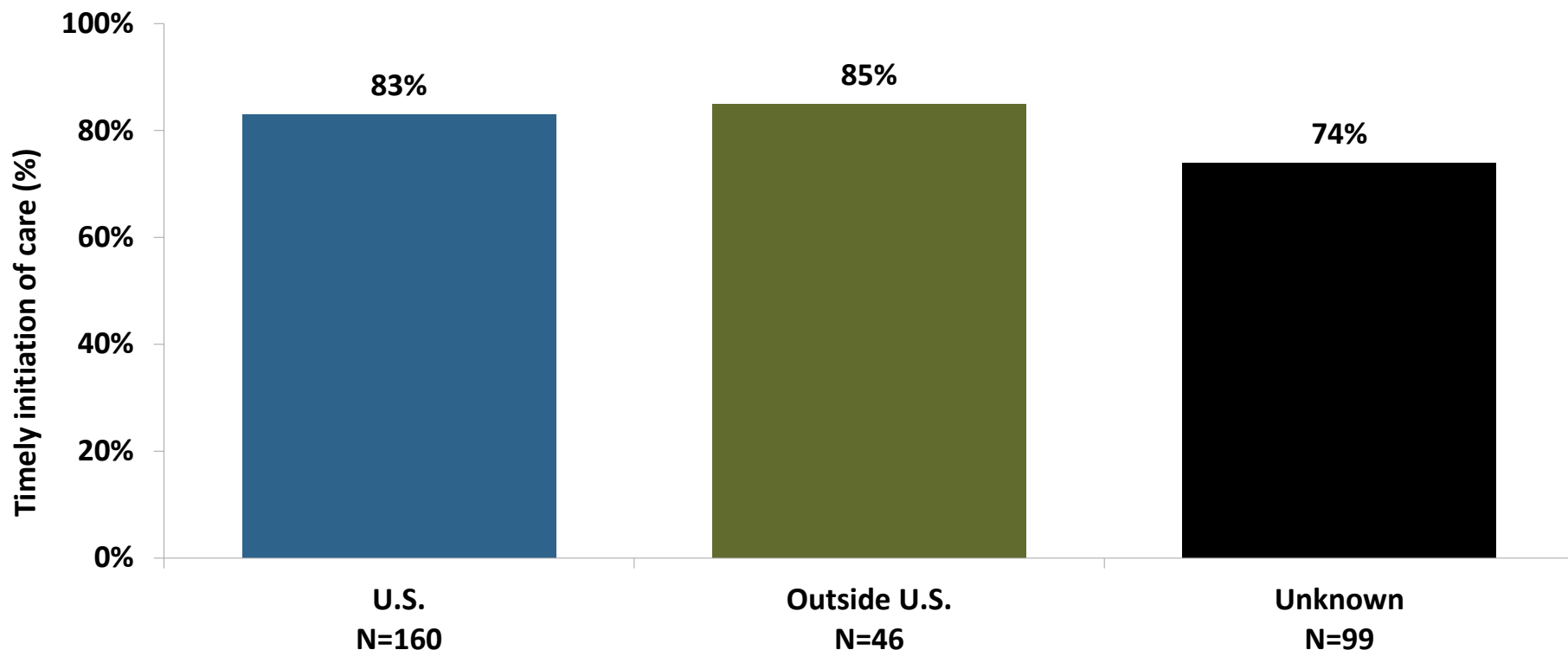
<sup>1</sup>Area-based poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis. Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty= $\geq$ 30% below FPL.

Timely initiation of care is defined as first CD4, viral load, or genotype drawn within 30 days of HIV diagnosis. People diagnosed at death have been excluded.

New diagnoses with an unknown area-based poverty category are not displayed (N=1).

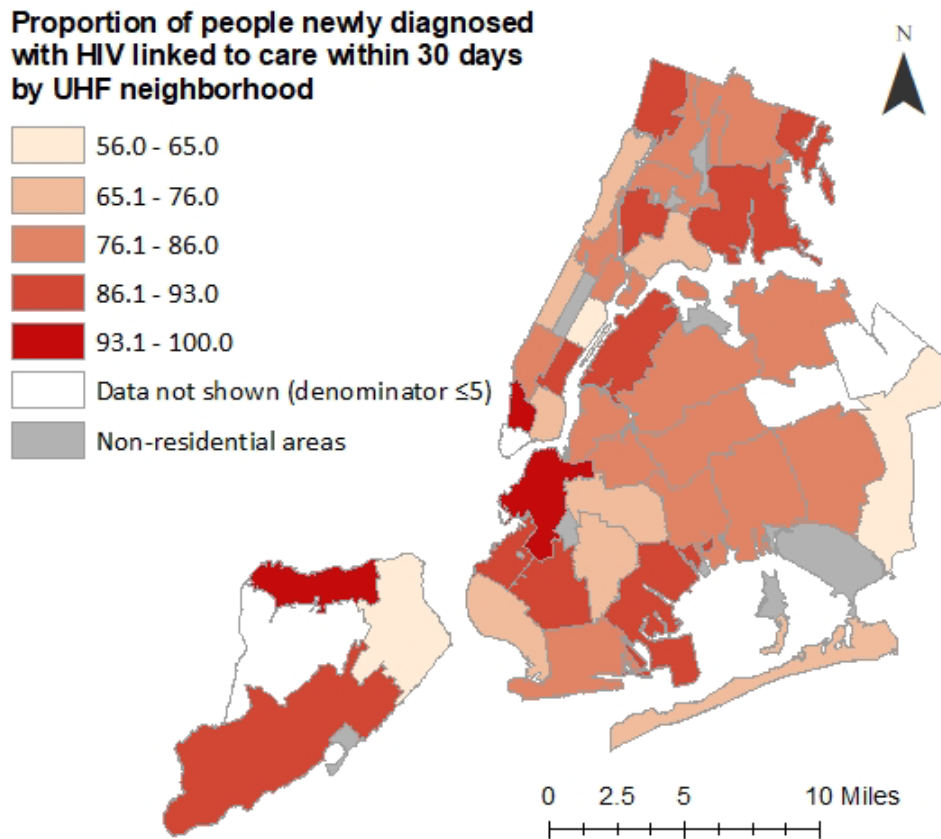
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

# TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY REGION OF BIRTH IN MANHATTAN, 2021



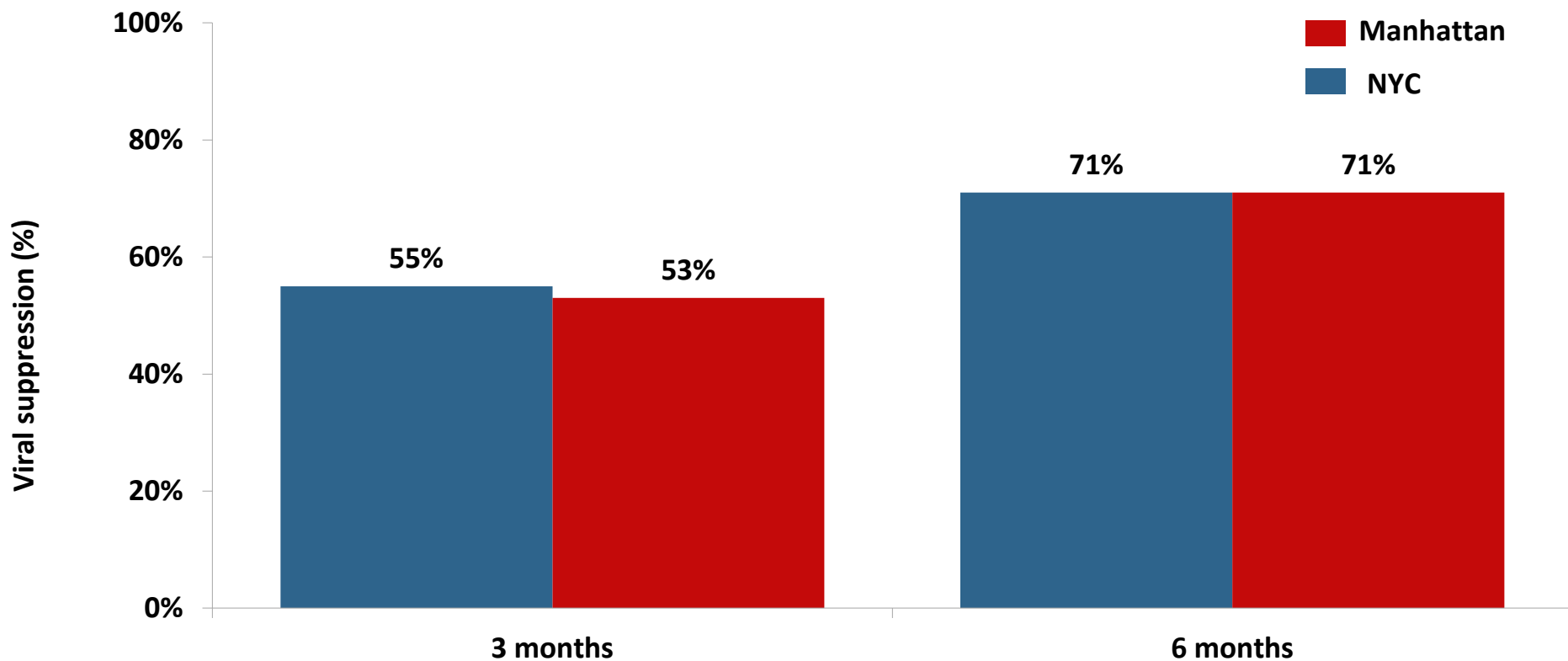
**Among people newly diagnosed with HIV in Manhattan in 2021, people born outside of the U.S. had the highest proportion linked to care within 30 days of diagnosis.**

# TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY UHF NEIGHBORHOOD IN NYC, 2021



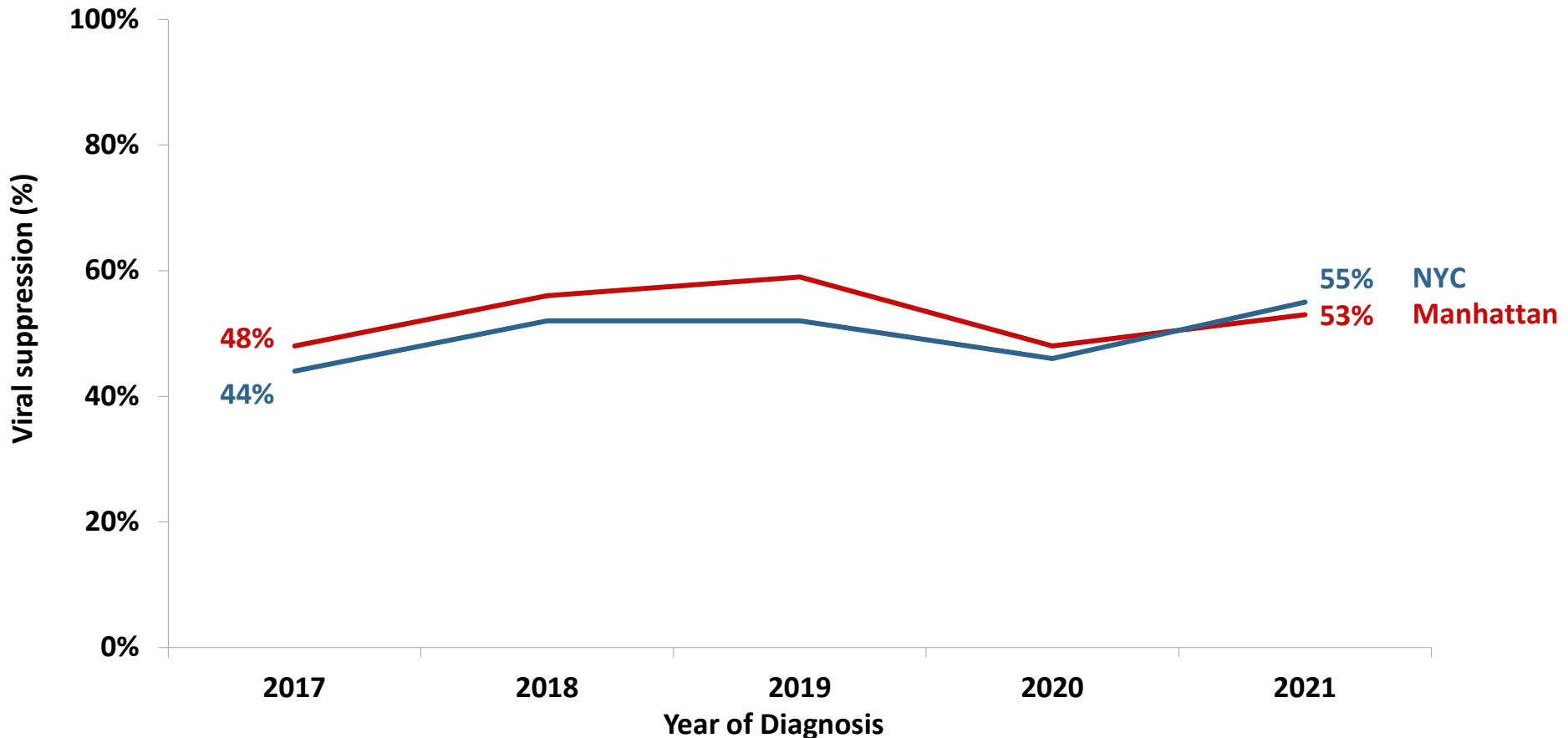
**Manhattan neighborhoods with the lowest proportions of people linked to care within 30 days of diagnosis in 2021 were Upper East Side (65%), Union Square-Lower East Side (67%), and Washington Heights-Inwood (74%)**

# VIRAL SUPPRESSION WITHIN 3 AND 6 MONTHS OF NEW HIV DIAGNOSIS IN NYC AND MANHATTAN, 2021



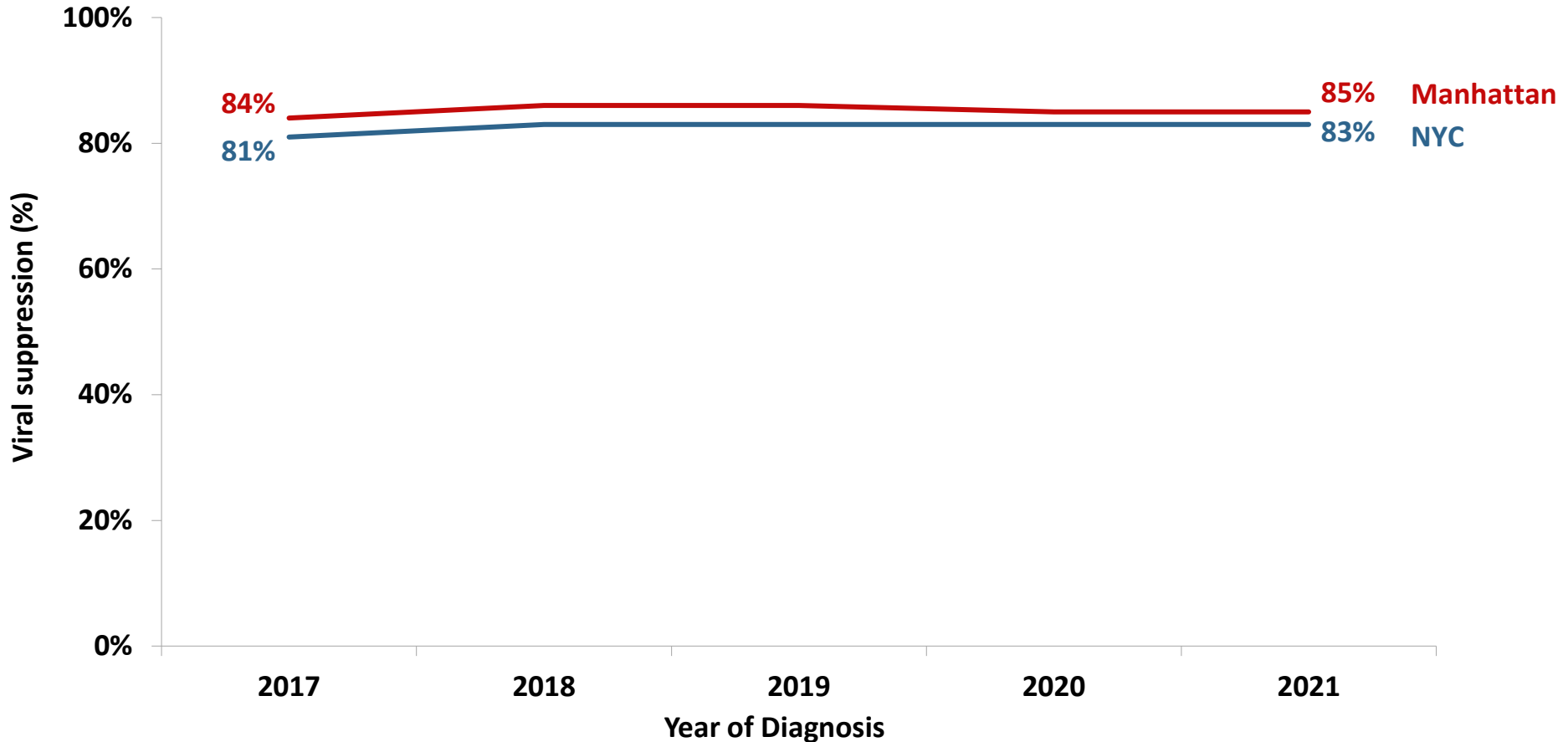
**Among people newly diagnosed with HIV in 2021, a slightly lower proportion of Manhattan residents achieved viral suppression within 3 months of diagnosis compared to NYC overall.**

# VIRAL SUPPRESSION WITHIN 3 MONTHS AMONG PEOPLE NEWLY DIAGNOSED WITH HIV IN NYC AND MANHATTAN, 2017-2021



**Between 2017 and 2021, viral suppression within 3 months among people newly diagnosed with HIV increased in Manhattan and in NYC overall.**

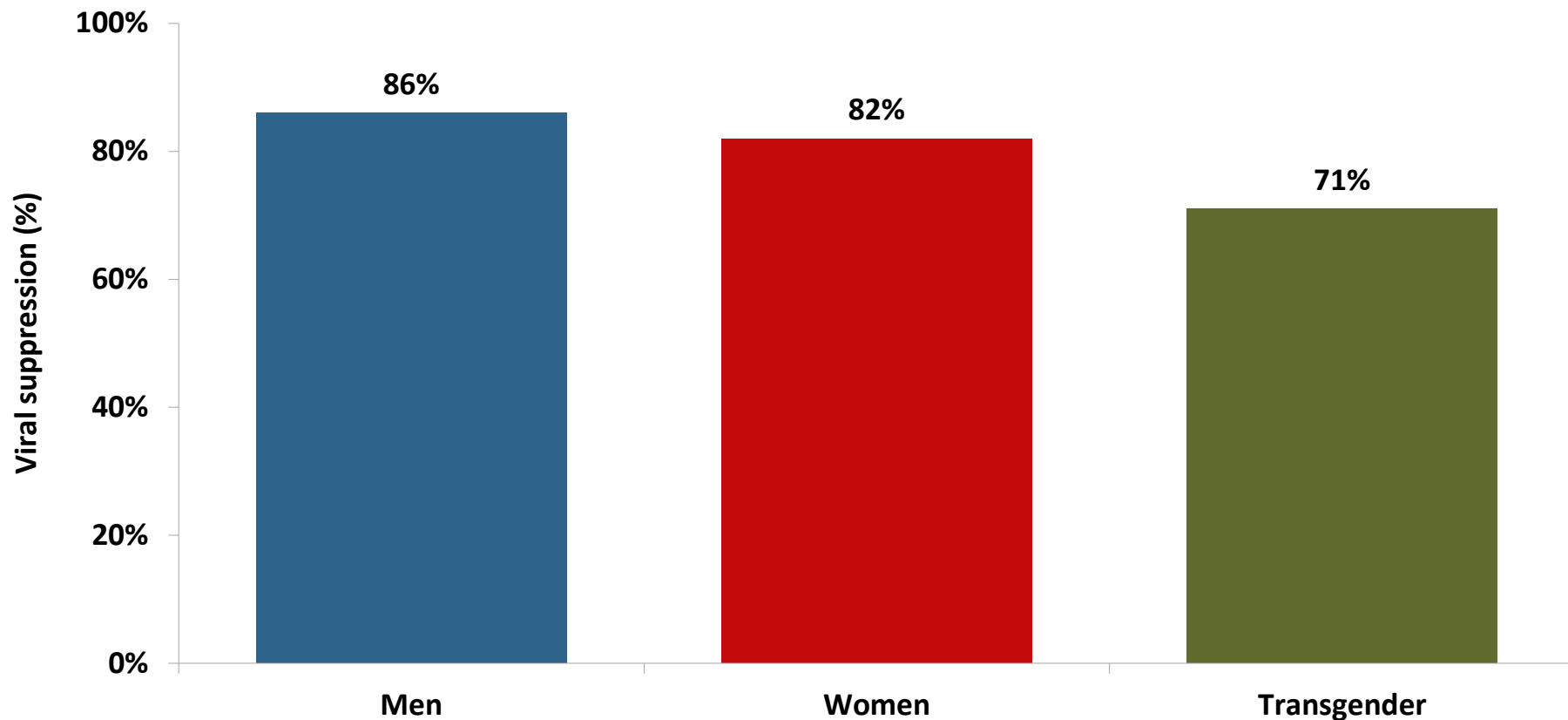
# VIRAL SUPPRESSION AMONG DIAGNOSED PWH IN NYC AND MANHATTAN, 2017-2021



**Between 2017 and 2021, viral suppression among all diagnosed people with HIV (PWH) increased slightly in Manhattan and in NYC overall.**

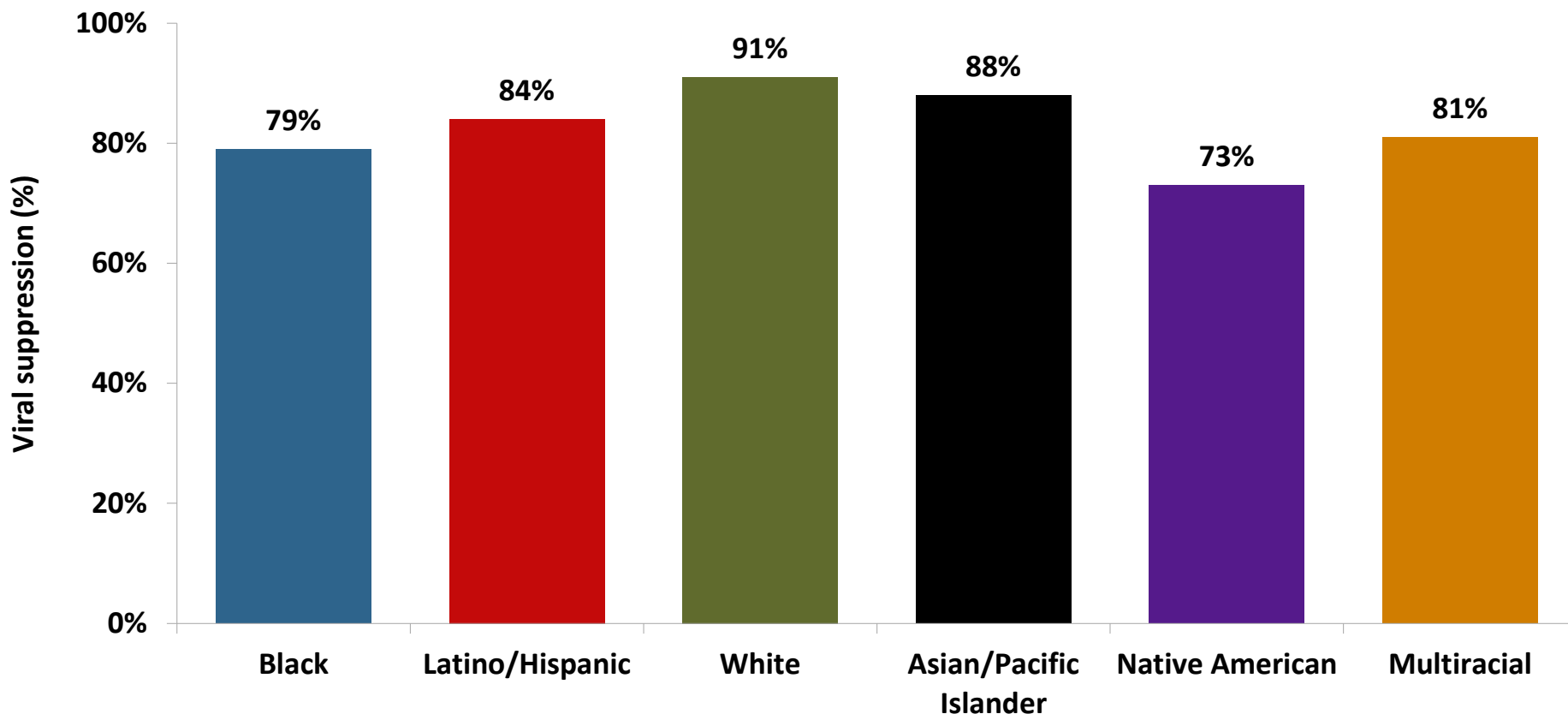


# VIRAL SUPPRESSION AMONG DIAGNOSED PWH BY GENDER IN MANHATTAN, 2021



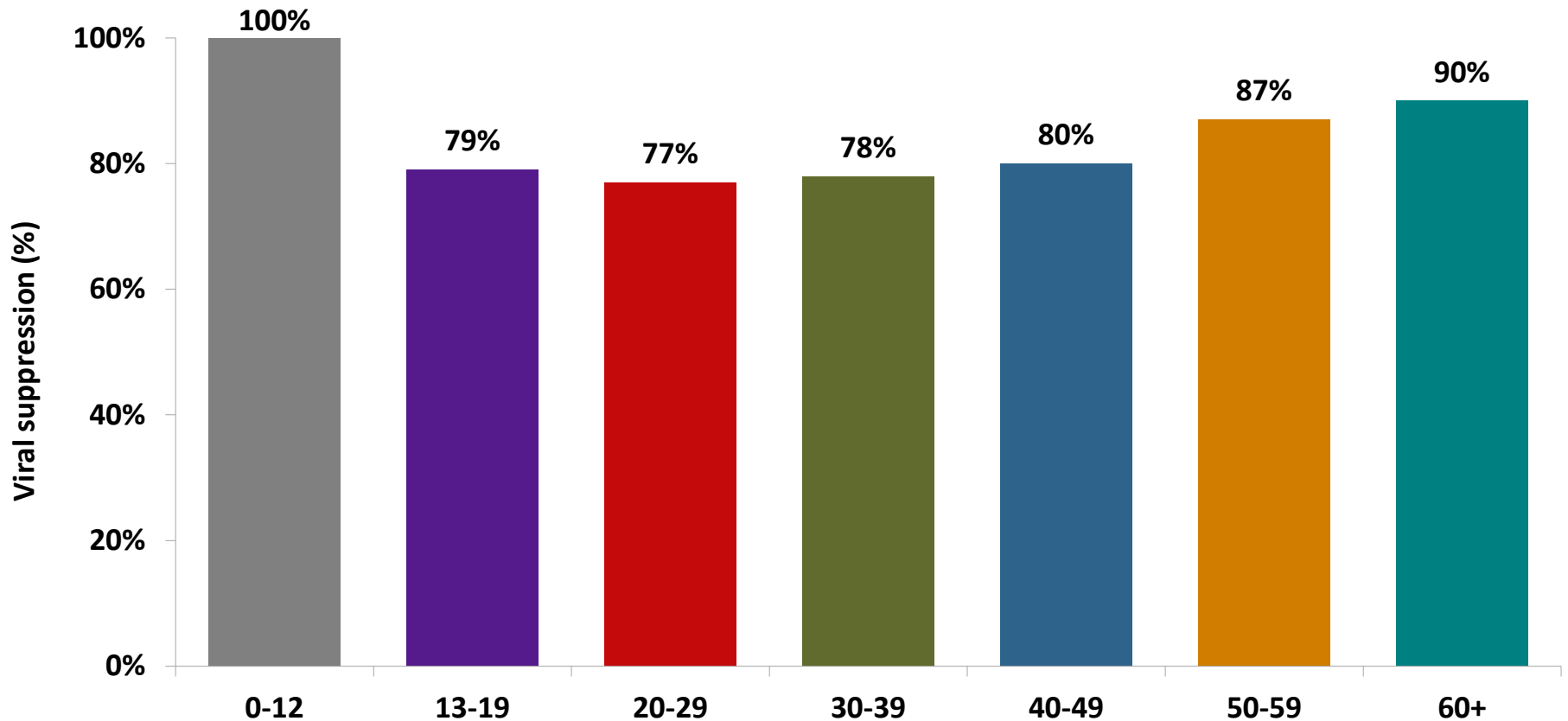
**Among diagnosed people with HIV (PWH) in Manhattan, transgender people had the lowest proportion virally suppressed by gender.**

# VIRAL SUPPRESSION AMONG DIAGNOSED PWH BY RACE/ETHNICITY IN MANHATTAN, 2021



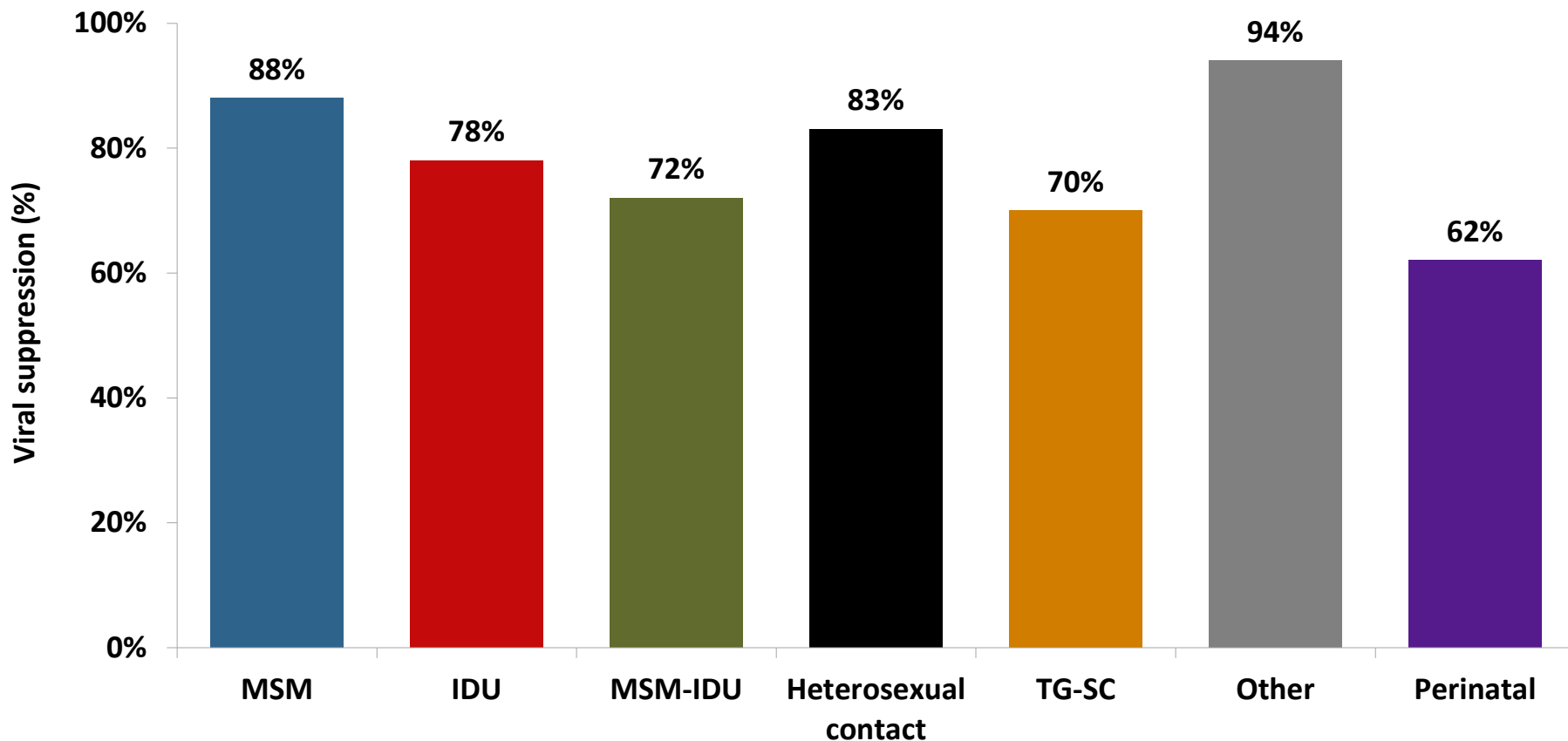
**Among diagnosed people with HIV (PWH) in Manhattan, White people had the highest proportion virally suppressed by race/ethnicity.**

# VIRAL SUPPRESSION AMONG DIAGNOSED PWH BY AGE IN MANHATTAN, 2021



**Among diagnosed people with HIV (PWH) in Manhattan, people aged 13 to 39 years had the lowest proportion virally suppressed and people aged 0 to 12 or 60+ years had the highest proportion virally suppressed.**

# VIRAL SUPPRESSION AMONG DIAGNOSED PWH BY TRANSMISSION CATEGORY IN MANHATTAN, 2021



**Among diagnosed people with HIV (PWH) in Manhattan, people in the perinatal transmission category had the lowest proportion virally suppressed.**

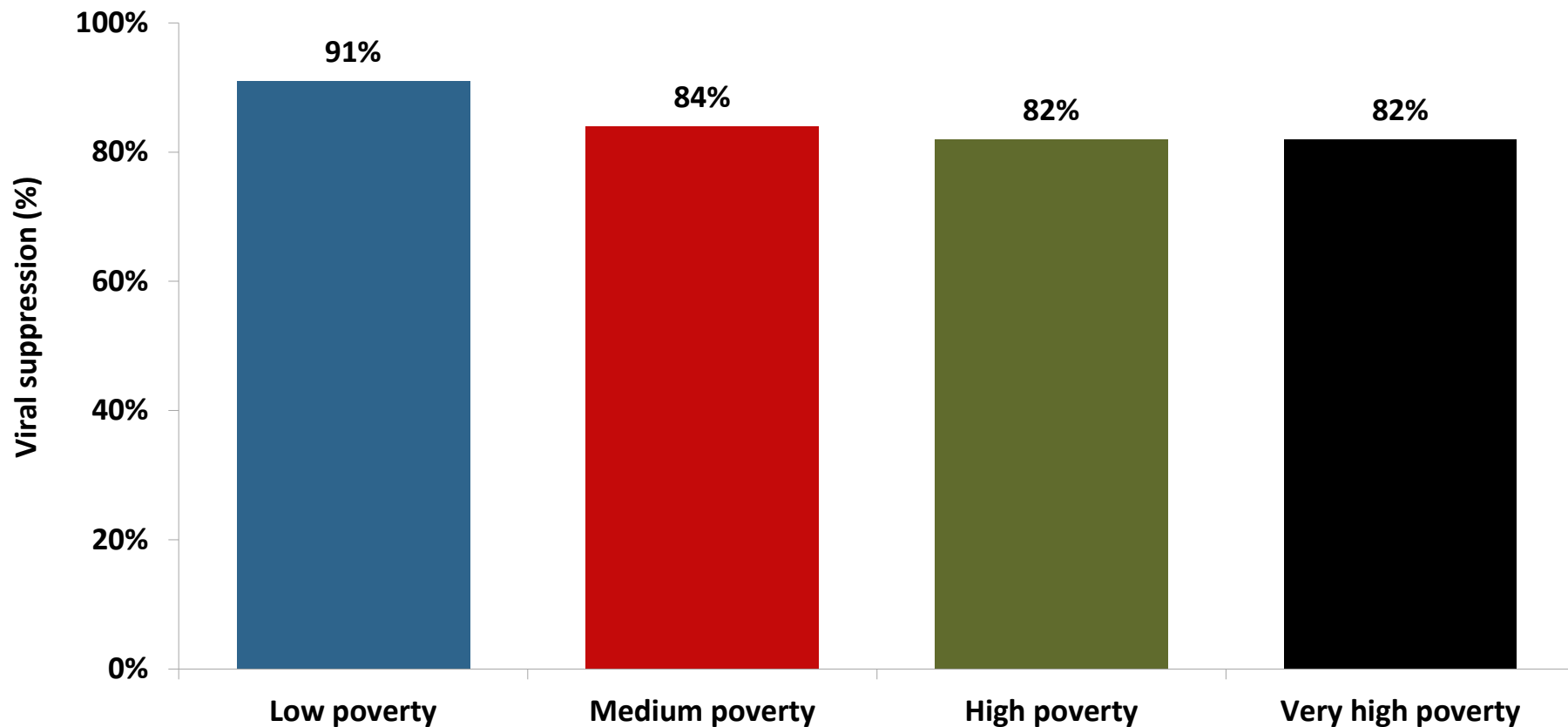
MSM=men who have sex with men; IDU=history of injection drug use; TG-SC=transgender people with sexual contact.

People with HIV with unknown transmission category are not displayed.

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

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

# VIRAL SUPPRESSION AMONG DIAGNOSED PWH BY AREA-BASED POVERTY LEVEL<sup>1</sup> IN MANHATTAN, 2021



**Among diagnosed people with HIV (PWH) in Manhattan, people living in low poverty areas had the highest proportion virally suppressed by area-based poverty level.**

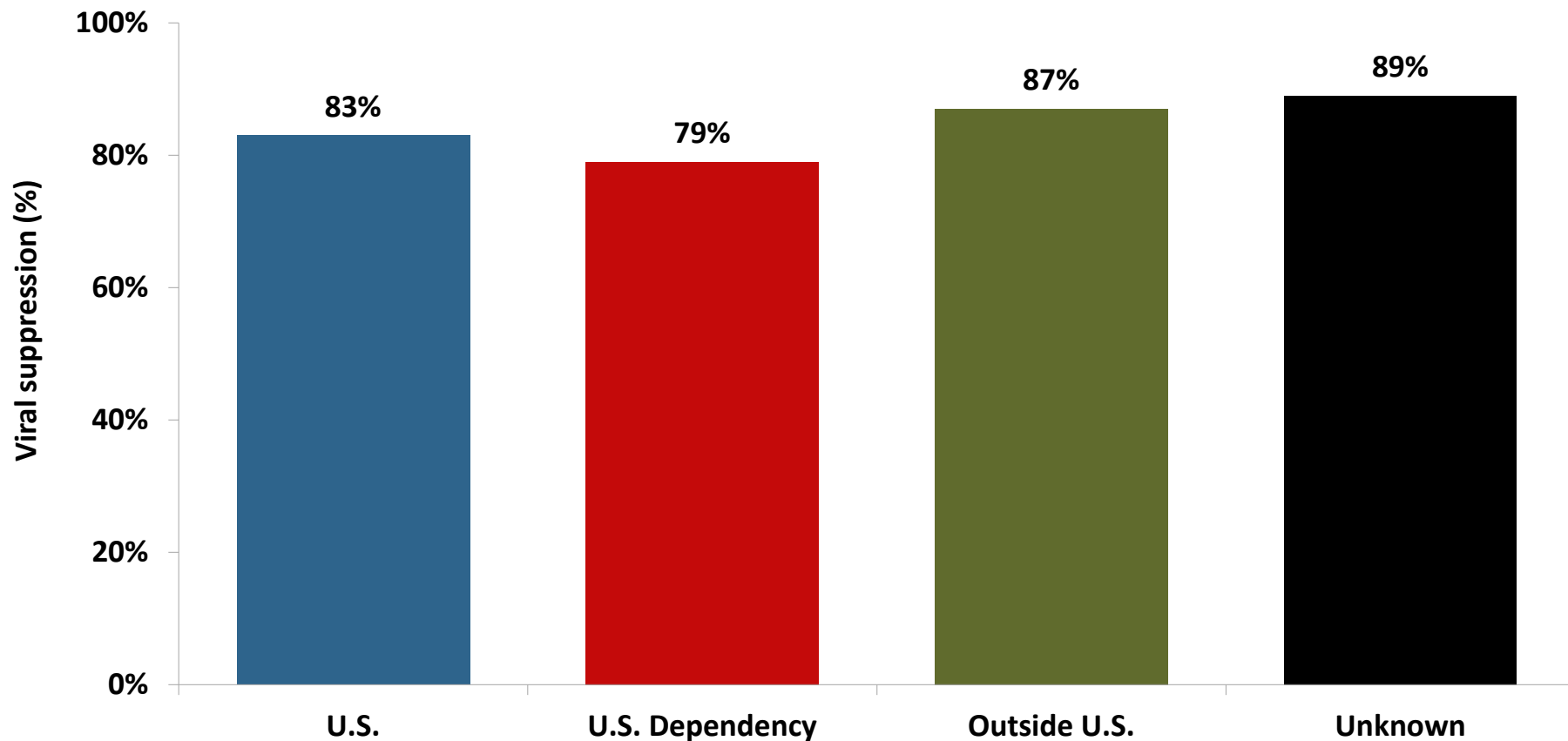
<sup>1</sup>Area-based poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis. Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty= $\geq$ 30% below FPL.

PWH without area-based poverty information not displayed.

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

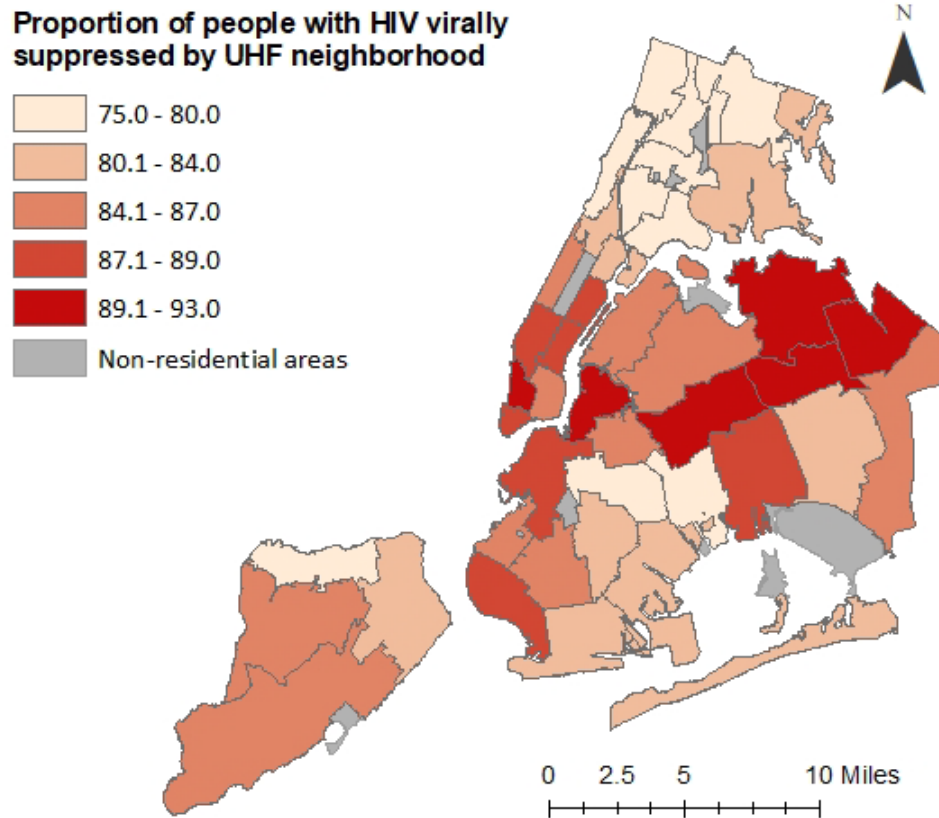
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

# VIRAL SUPPRESSION AMONG DIAGNOSED PWH BY REGION OF BIRTH IN MANHATTAN, 2021



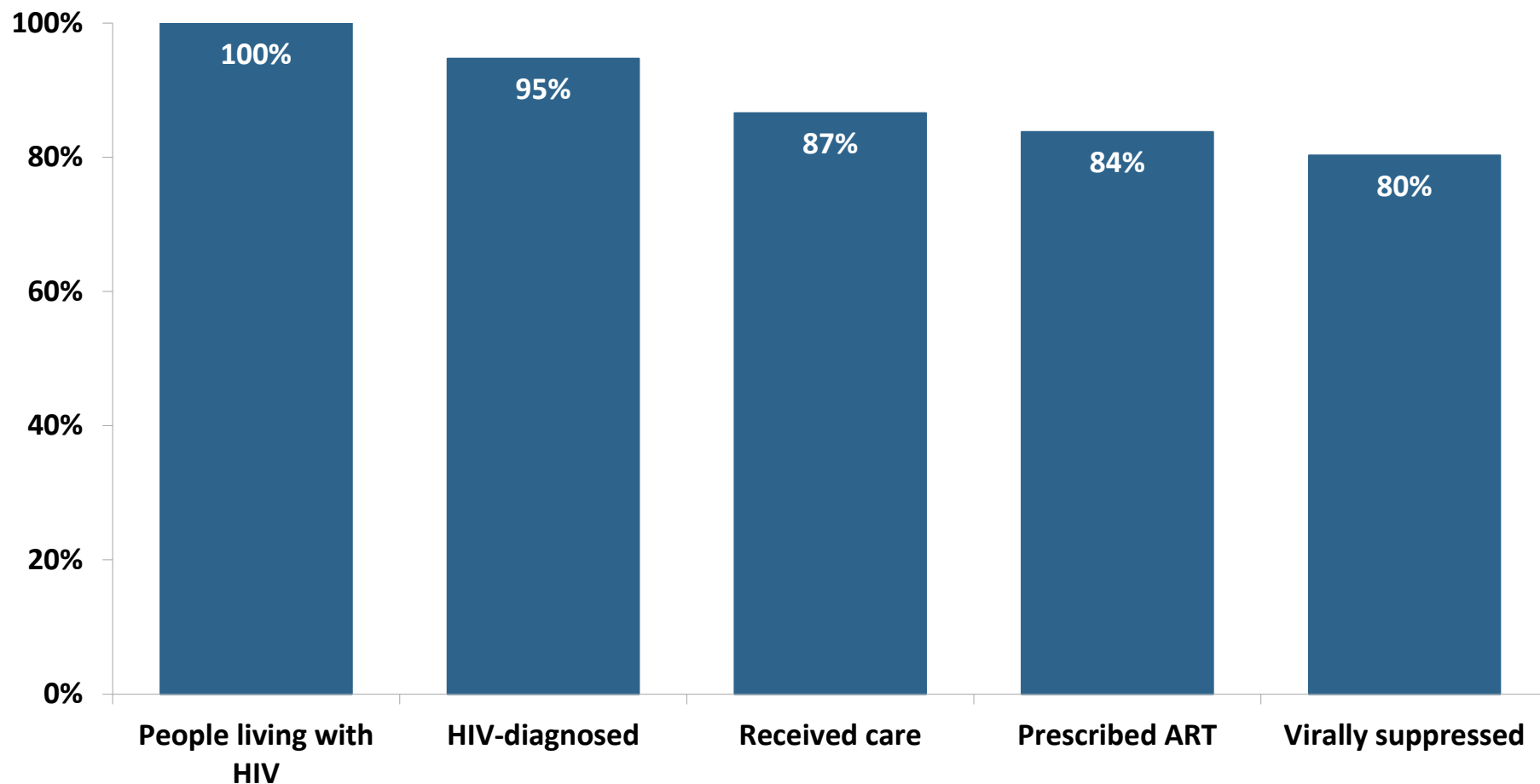
**Among diagnosed people with HIV (PWH) in Manhattan, people born in a U.S. dependency had the lowest proportion virally suppressed.**

# VIRAL SUPPRESSION BY UHF NEIGHBORHOOD IN NYC, 2021



**Manhattan neighborhoods with the lowest proportion of virally suppressed people with HIV (PWH) in 2021 were Washington Heights-Inwood (80%), Central Harlem-Morningside Heights (81%), and East Harlem (82%)**

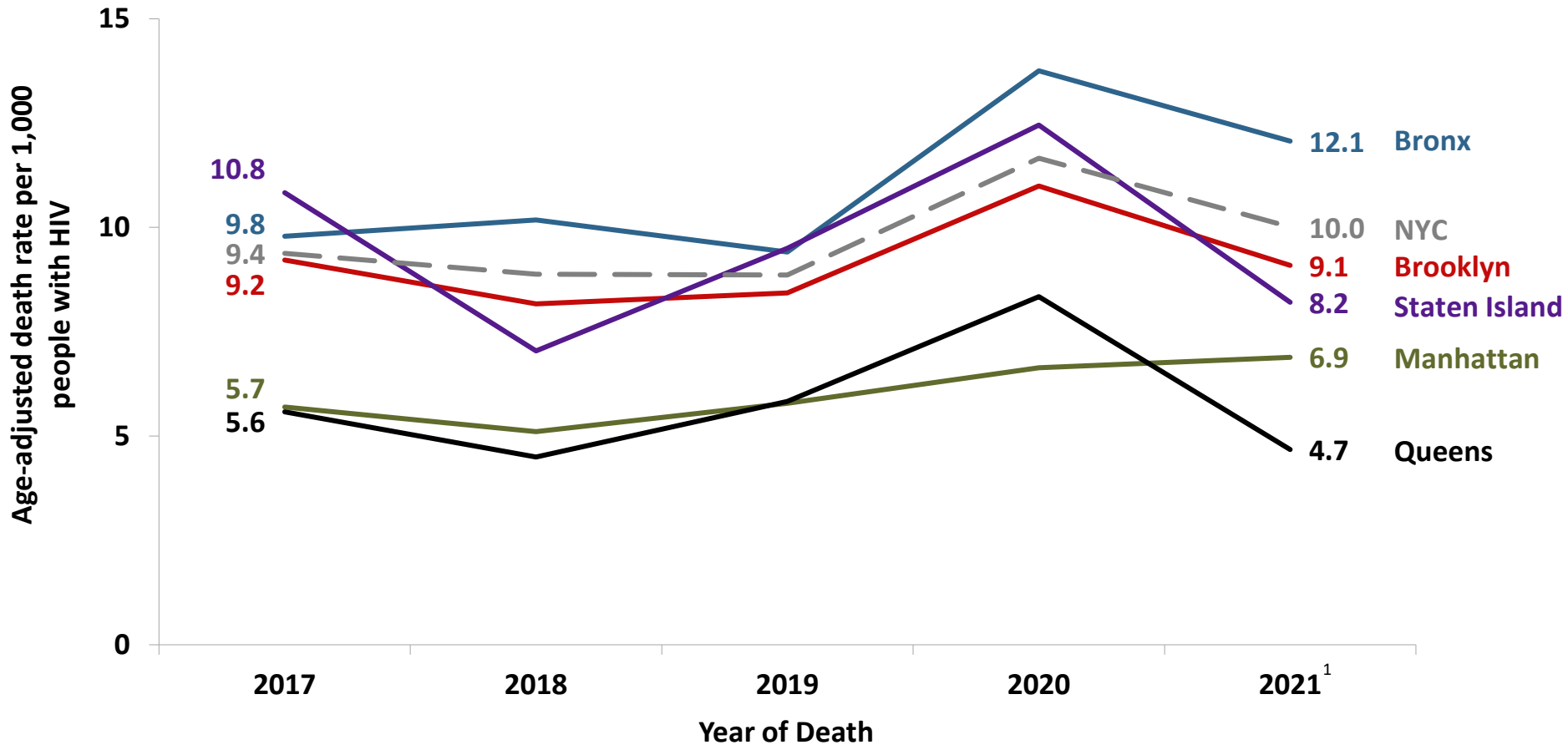
# PROPORTION OF PLWH IN MANHATTAN ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2021



**Of approximately 20,892 people living with HIV (PLWH) in Manhattan in 2021, 80% had a suppressed viral load.**



# AGE-ADJUSTED DEATH RATES AMONG PEOPLE WITH HIV IN NYC OVERALL AND BY BOROUGH, 2017-2021



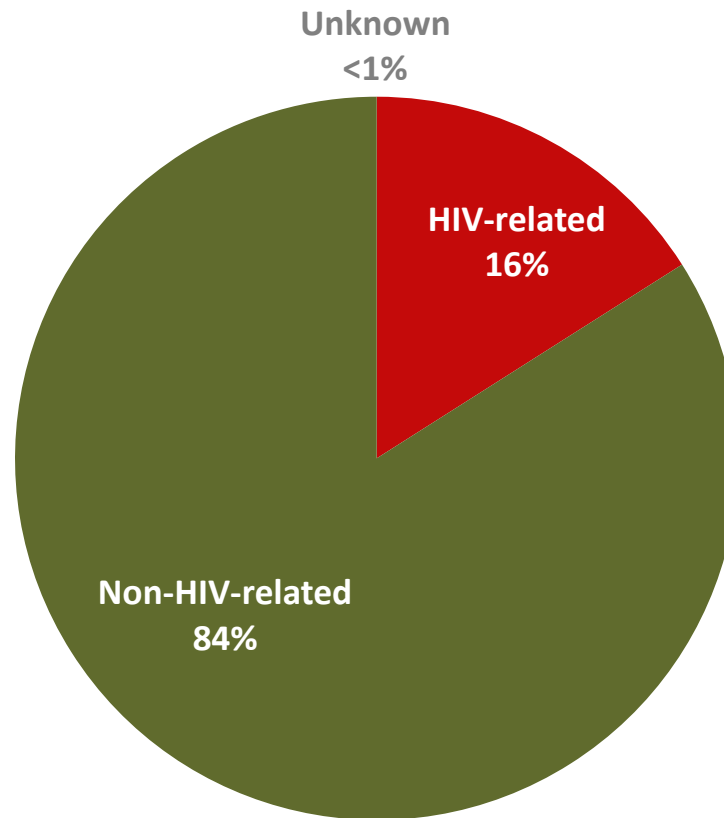
**Between 2017 and 2021, the age-adjusted death rate among people with HIV increased in Manhattan. The death rate in Manhattan was lower than NYC overall.**

Age-adjusted to the NYC Census 2010 population.

<sup>1</sup>The overall rate includes people with unknown cause of death. Death data for 2021 are incomplete.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

# CAUSE OF DEATH AMONG PWH IN MANHATTAN, 2020<sup>1</sup>



**In 2020, 84% of deaths among people with HIV in Manhattan were due to non-HIV-related causes. Among these, the top causes were cardiovascular disease (26%), COVID-19 (18%), and non-HIV-related cancers (13%).**

<sup>1</sup>Cause of death data are not yet available for 2021.

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

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

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

# HOW TO FIND OUR DATA

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

# APPENDIX:

## DEFINITIONS AND STATISTICAL NOTES

### Definitions:

- **HIV diagnoses** include diagnoses of HIV and HIV concurrent with AIDS (AIDS diagnosed within 31 days of HIV), unless otherwise specified.
- **New HIV diagnoses** include individuals diagnosed in NYC during the reporting period and reported in NYC.
- **Death rates** refer to deaths from all causes, unless otherwise specified.
- **People with HIV (PWH)** refers to people with HIV during the reporting period.
- HIV surveillance collects information about individuals' current **gender identity**, when available. This report displays the following gender categories: men, women and transgender people. People whose current gender identity differs from their sex assigned at birth are considered transgender. Classifying transgender people in surveillance requires accurate collection of both sex assigned at birth and current gender identity. Sex and gender information are collected from people's self-reports, their diagnosing providers or medical chart reviews. This information may or may not reflect self-identification. Transgender identity has been collected routinely since 2005 for newly reported cases. Reported numbers of HIV diagnoses among transgender people and transgender people with HIV are likely to be underestimates. For more information, see the "HIV Among People Identified as Transgender in New York City, 2021" surveillance slide set available at [nyc.gov/assets/doh/downloads/pdf/dires/hiv-in-transgender-persons.pdf](https://nyc.gov/assets/doh/downloads/pdf/dires/hiv-in-transgender-persons.pdf). NYC HIV surveillance collects information on other gender identity categories, including "Non-binary/Gender non-conforming." In this report, data for these individuals at the time of publication are displayed by sex assigned at birth.

# APPENDIX:

## DEFINITIONS AND STATISTICAL NOTES

### Definitions (continued):

- **Transmission category** includes people with known or identified transmission category, except when an unknown category is presented. Transmission category information is collected from people's self-report, their diagnosing provider, or medical chart review. "Heterosexual contact" includes people who had heterosexual sex with a person they know to have HIV, a person who has injected drugs or a person who has received blood products. For women only, it also includes history of sex work, multiple sex partners, sexually transmitted infection, crack/cocaine use, sex with a bisexual man, probable heterosexual transmission as noted in a medical chart, or sex with a man and negative history of injection drug use. "Transgender people with sexual contact" includes people identified as transgender who have reported sexual contact and have a negative history of injection drug use. "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 category.

### Statistical notes:

- United Hospital Fund (UHF) boundaries in maps were updated for data released in 2010 and onward. Non-residential zones are indicated, and Rikers Island is classified with West Queens.

# APPENDIX:

## TECHNICAL NOTES: NYC HIV CARE CONTINUUM

- **People with HIV** is calculated as the number of HIV-diagnosed divided by the estimated proportion of people with HIV who had been diagnosed, based on a CD4 depletion model.
  - Source: NYC HIV Surveillance Registry. Method: Song R, et al. Using CD4 Data to Estimate HIV Incidence, Prevalence, and Percent of Undiagnosed Infections in the United States. *J Acquir Immune Defic Syndr*. 2017 Jan 1;74(1):3-9.
- **HIV-diagnosed** 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.
  - Source: NYC HIV Surveillance Registry. Method: Xia Q, et al. Proportions of Patients With HIV Retained in Care and Virally Suppressed in New York City and the United States. *JAIDS* 2015;68(3):351-358.
- **Received care** is defined as people with HIV with  $\geq 1$  viral load or CD4 count or CD4 percent drawn in the calendar year and reported to NYC HIV surveillance.
  - Source: NYC HIV Surveillance Registry.
- **Prescribed ART** is calculated as the number of people with HIV retained in care multiplied by the estimated proportion of people with HIV prescribed ART in the previous 12 months, based on the proportion of NYC Medical Monitoring Project participants whose medical record included documentation of ART prescription.
  - Source: NYC HIV Surveillance Registry and NYC Medical Monitoring Project, 2021.
- **Virally suppressed** is calculated as people with HIV in care with a most recent viral load measurement in the calendar year of  $< 200$  copies/mL, plus the estimated number of out-of-care people with HIV in the calendar year with a viral load of  $< 200$  copies/mL, based on a statistical weighting method.
  - Source: NYC HIV Surveillance Registry. Method: Xia Q, et al. Proportions of Patients With HIV Retained in Care and Virally Suppressed in New York City and the United States. *JAIDS* 2015;68(3):351-358.