People With HIV – Manhattan, 2024

NYC Health

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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.

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

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

2019 and 2024 Comparison

- Bronx, 465
- Brooklyn, 437
- Manhattan, 326
- Queens, 308
- Outside NYC, 157
- Unknown, 80
- Staten Island, 29

- 501, 15% increase
- 394, 15% decrease
- 364, 18% increase
- 329, 1% increase
- 134, 15% decrease
- 39, 34% increase
- 30, 63% decrease

2019 — 2024

2023 and 2024 Comparison[1]

- 460
- 373
- 351
- 299
- 131
- 44
- 41

- 501, 9% increase
- 394, 6% increase
- 364, 4% increase
- 329, 10% increase
- 134, 2% increase
- 39, 11% decrease
- 30, 27% decrease

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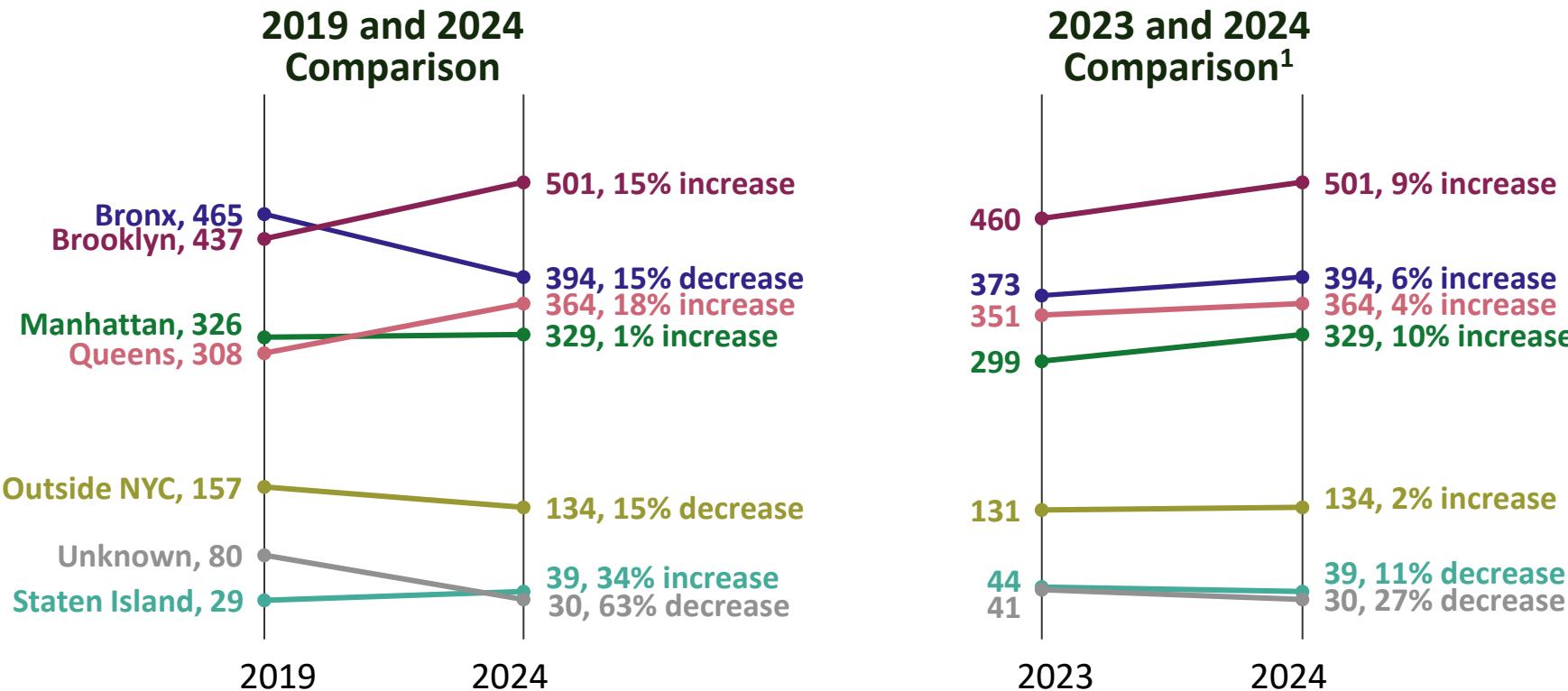
From 2019 to 2024, the number of people newly diagnosed with HIV increased among residents of Staten Island (34%), Queens (18%), and Brooklyn (15%), and decreased among residents of the Bronx (15%). From 2023 to 2024, increases were seen among residents of all boroughs except for Staten Island, which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

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

Rate per 100,000 people

	2019	2024
Bronx	31.0	29.0
Manhattan	18.9	20.6
Brooklyn	16.1	19.6
Queens	12.9	16.2
Staten Island	5.8	7.9

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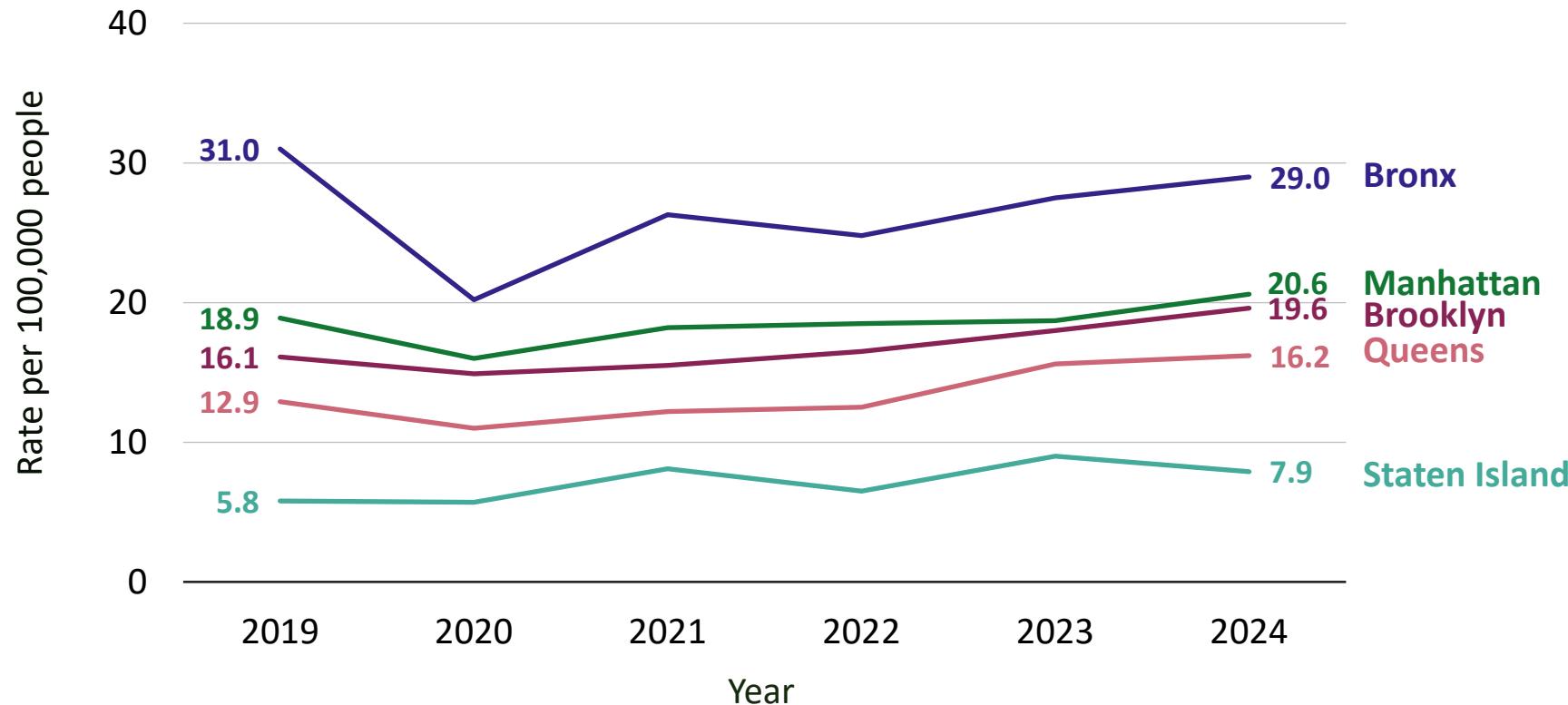
People in the Bronx consistently experienced the highest rate of new HIV diagnoses. From 2019 to 2024, the rate of new HIV diagnoses increased among people residing in Brooklyn (22%), Manhattan (9%), Queens (26%), and Staten Island (36%); the number of Staten Island residents newly diagnosed with HIV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

[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 – Manhattan, 2024

- **329 people newly diagnosed with HIV[1]**

  - Including 52 people concurrently diagnosed with AIDS[2] (15.8% of diagnoses)

- **214 people newly diagnosed with AIDS[3]**

- **There are an estimated 20,500 people with HIV[4]**

- **308 deaths[5] among people with HIV**

  - 5.7 deaths per 1,000 people with HIV[6]

[1]Excludes people known to have been diagnosed outside NYC.
[2]An AIDS diagnosis within 31 days of an HIV diagnosis is considered a concurrent diagnosis.
[3]Includes people concurrently diagnosed with HIV and AIDS.
[4]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.
[5]Includes deaths from any cause in people with HIV. Death data for 2024 are incomplete.
[6]Age-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 – Manhattan, 2019-2024
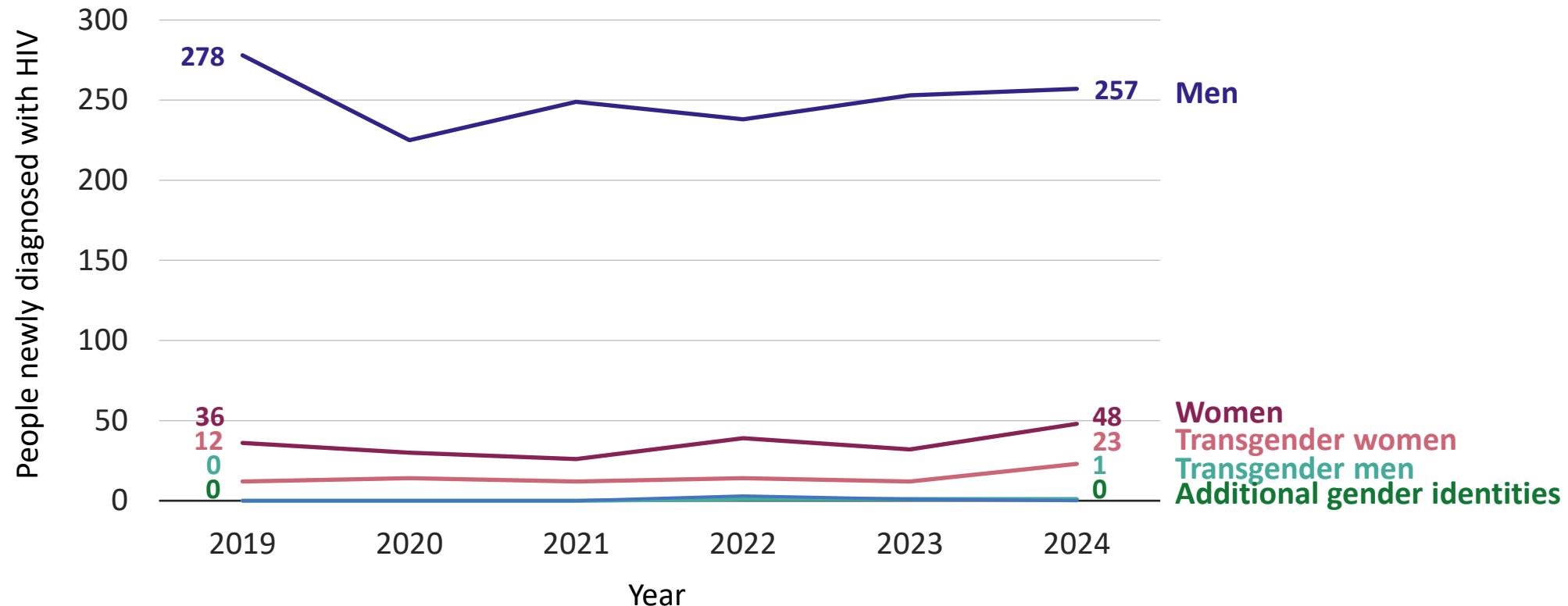
Men consistently experienced the highest number of new HIV diagnoses in Manhattan, representing 78% of new diagnoses in 2024, higher than the citywide proportion of 75%. From 2019 to 2024, the number of people newly diagnosed with HIV increased among women and among transgender women in Manhattan. The number of new HIV diagnoses in all other gender groups either decreased or remained relatively stable.

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

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

2019 and 2024 Comparison

Men, 278 → 257, 8% decrease

Women, 36 → 48, 33% increase
Transgender women, 12 → 23, 92% increase
Transgender men, 0 → 1, Slight increase
Additional gender identities, 0 → 0, No change

2019   2024

2023 and 2024 Comparison[1]

253 → 257, 2% increase

32 → 48, 50% increase
12 → 23, 92% increase
1 → 1, No change
1 → 0, 100% decrease

2023   2024
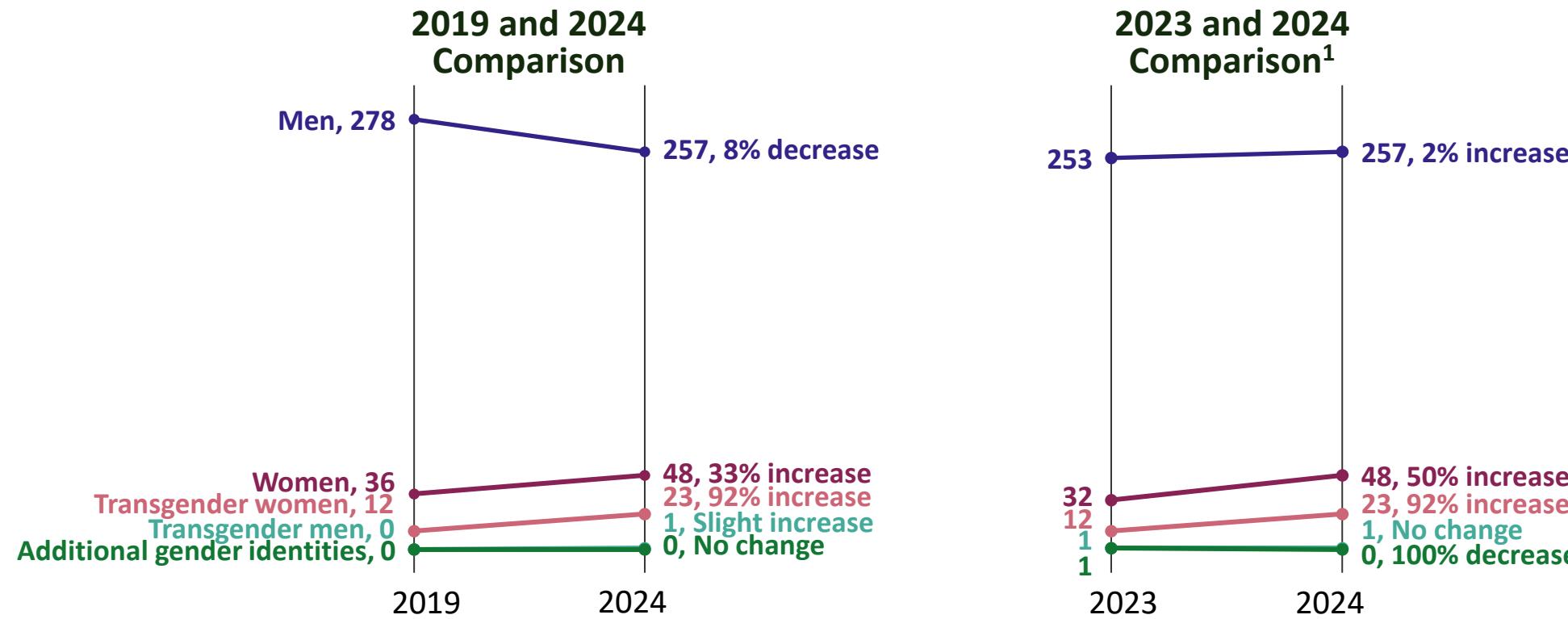
From 2019 to 2024, the number of people newly diagnosed with HIV increased among women (33%) and transgender women (92%) in Manhattan. From 2023 to 2024, these same groups experienced increases in the number of people newly diagnosed with HIV.

[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 People Newly Diagnosed With HIV
by Race and Ethnicity – Manhattan, 2019-2024
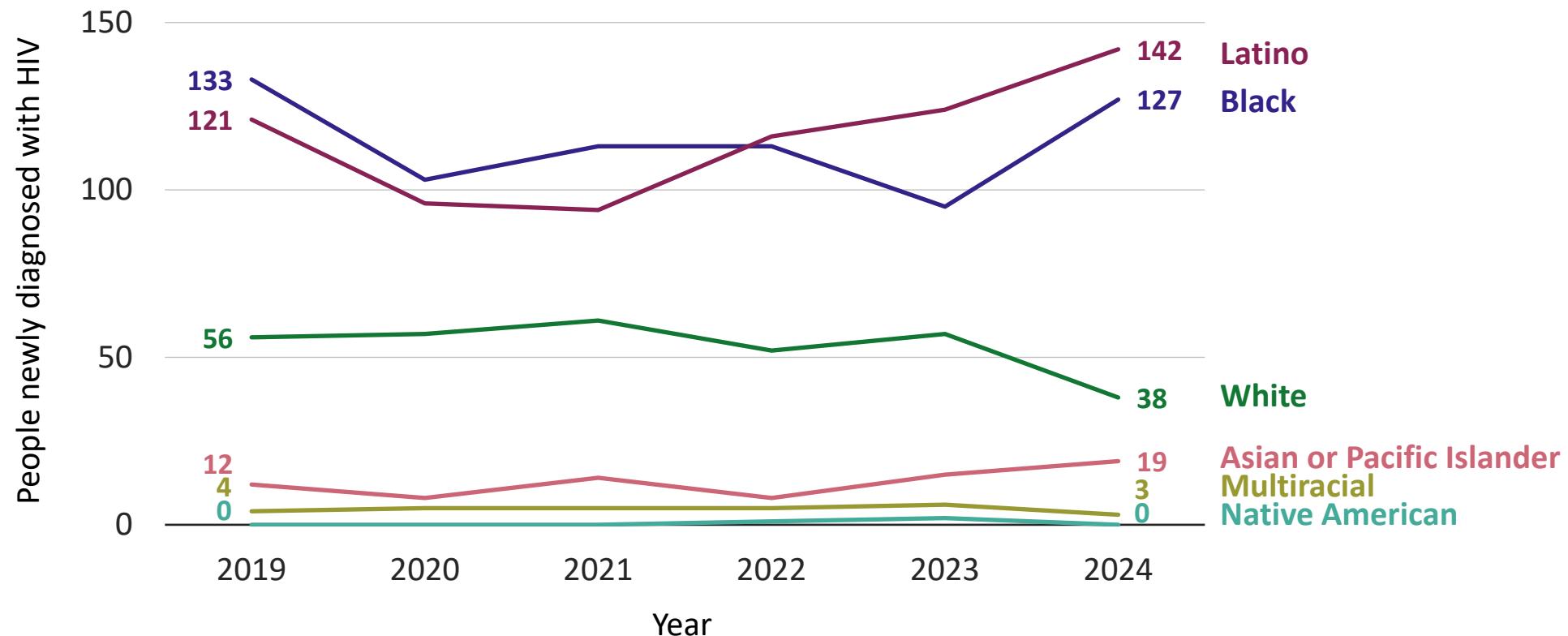
Black and Latino people experience the highest number of new HIV diagnoses in Manhattan, representing 82% of new diagnoses in 2024, slightly lower than the citywide proportion of 85%. From 2019 to 2024, the number of people newly diagnosed with HIV increased among Latino people in Manhattan. The number of new HIV diagnoses in all other race and ethnicity groups either decreased or remained relatively stable.

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

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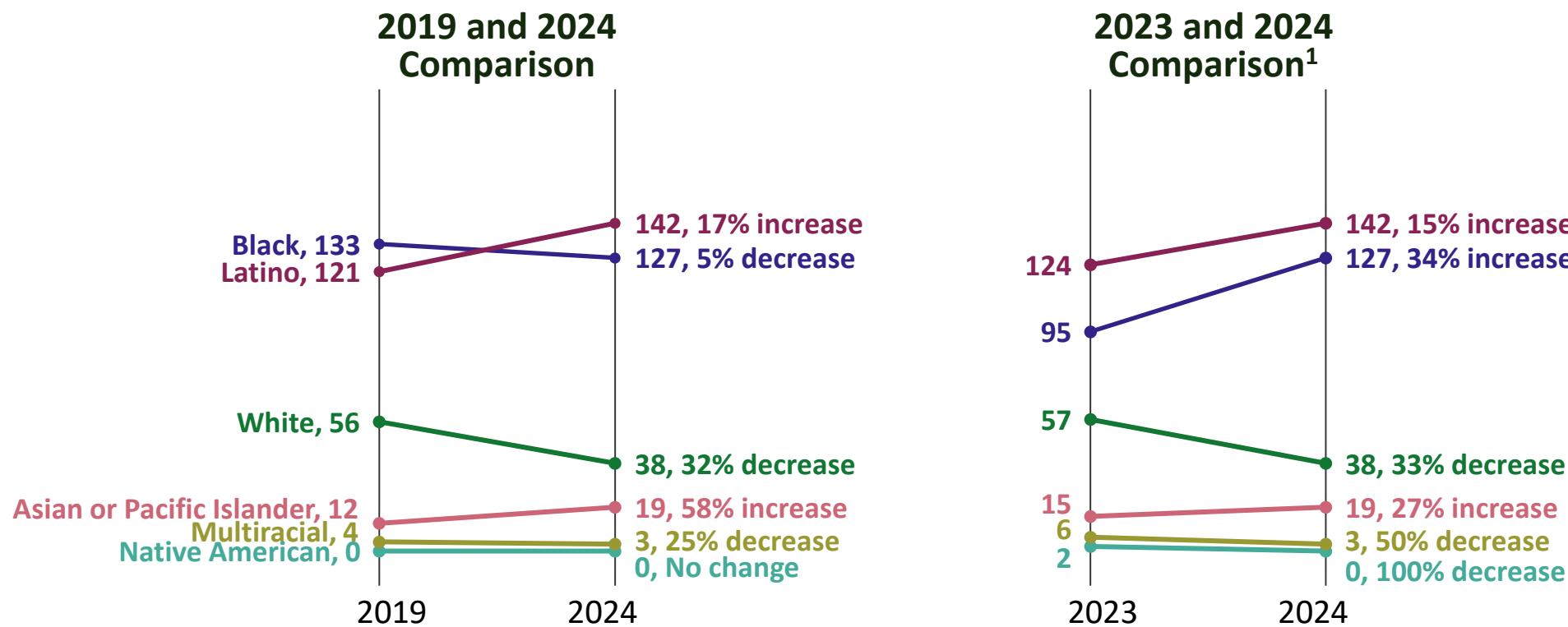
2019 and 2024 Comparison

- Black, 133 → 127, 5% decrease
- Latino, 121 → 142, 17% increase
- White, 56 → 38, 32% decrease
- Asian or Pacific Islander, 12 → 19, 58% increase
- Multiracial, 4 → 3, 25% decrease
- Native American, 0 → 0, No change

2019 — 2024

2023 and 2024 Comparison[1]

- 124 → 142, 15% increase
- 95 → 127, 34% increase
- 57 → 38, 33% decrease
- 15 → 19, 27% increase
- 6 → 3, 50% decrease
- 2 → 0, 100% decrease

2023 — 2024

From 2019 to 2024, the number of people newly diagnosed with HIV increased among Latino people (17%) in Manhattan. From 2023 to 2024, the number of new HIV diagnoses increased among Latino people (15%) and Black people (34%).

Proportion of People Newly Diagnosed With HIV and All People[1]
by Race and Ethnicity – Manhattan, 2024

People newly diagnosed with HIV

Race/Ethnicity	Percent
Black	39%
Latino	43%
White	12%
Asian or Pacific Islander	6%
Native American	0%
Multiracial	<1%

All people in Manhattan[1]

Race/Ethnicity	Percent
Black	13%
Latino	24%
White	47%
Asian or Pacific Islander	13%
Native American	<1%
Multiracial	2%
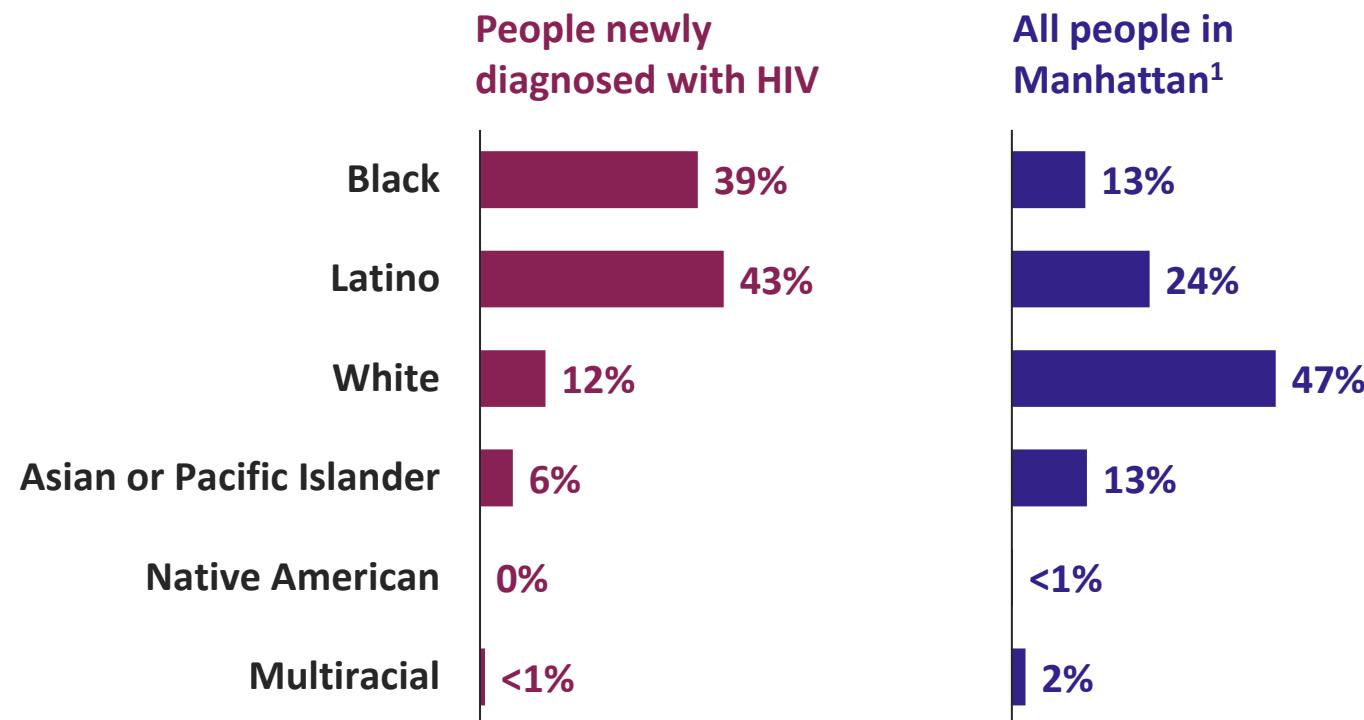
The proportions of new HIV diagnoses among Black and Latino people were higher than those groups' proportions in the Manhattan population. Three times as many Black people were newly diagnosed with HIV than their proportional representation in Manhattan.

Rate of New HIV Diagnoses[1] per 100,000 People
by Race and Ethnicity – Manhattan, 2019-2024
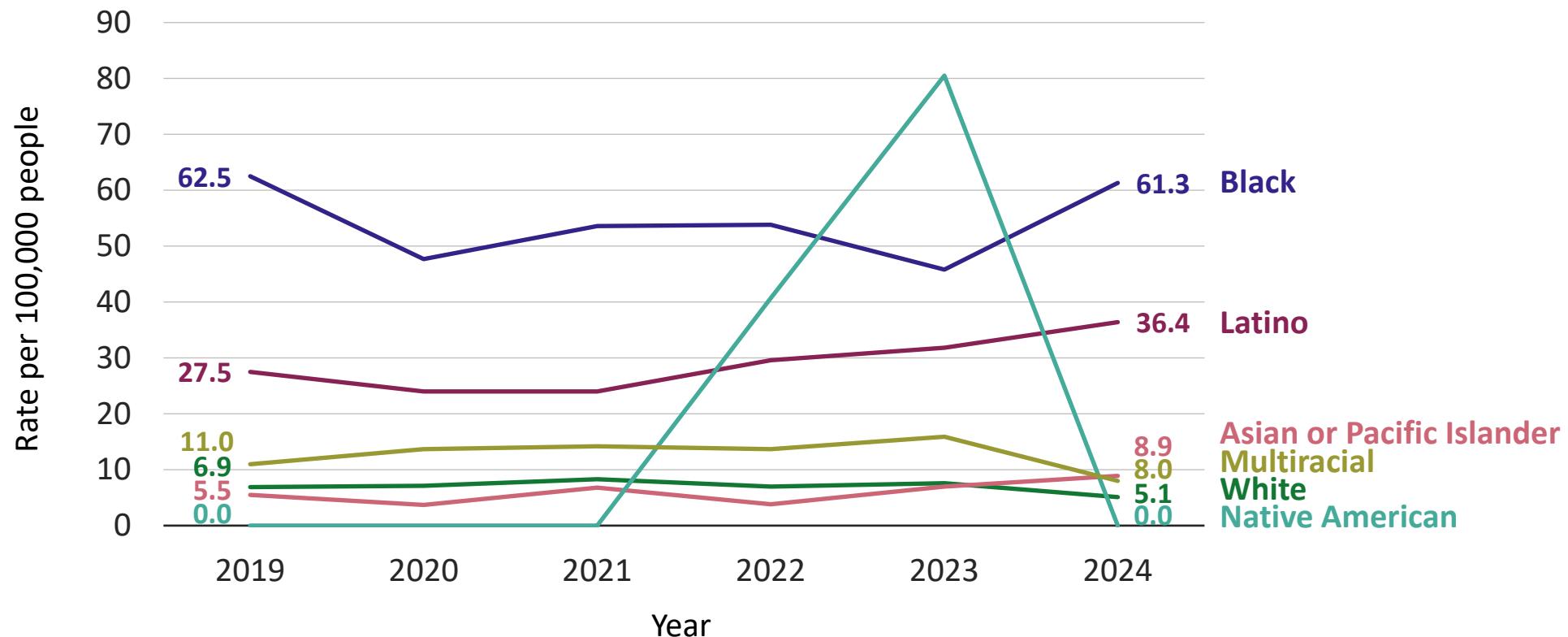
Black people predominantly experienced the highest rates of new HIV diagnoses in Manhattan. From 2019 to 2024, the rate of new HIV diagnoses per 100,000 people increased among Latino people (32%). The rate of new HIV diagnoses in all other race and ethnicity groups decreased or remained relatively stable. The rate among Native American people fluctuated; counts remained low, and the rate should be interpreted with caution.

[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, 2025.

Number of People Newly Diagnosed With HIV
by Age Group – Manhattan, 2019-2024
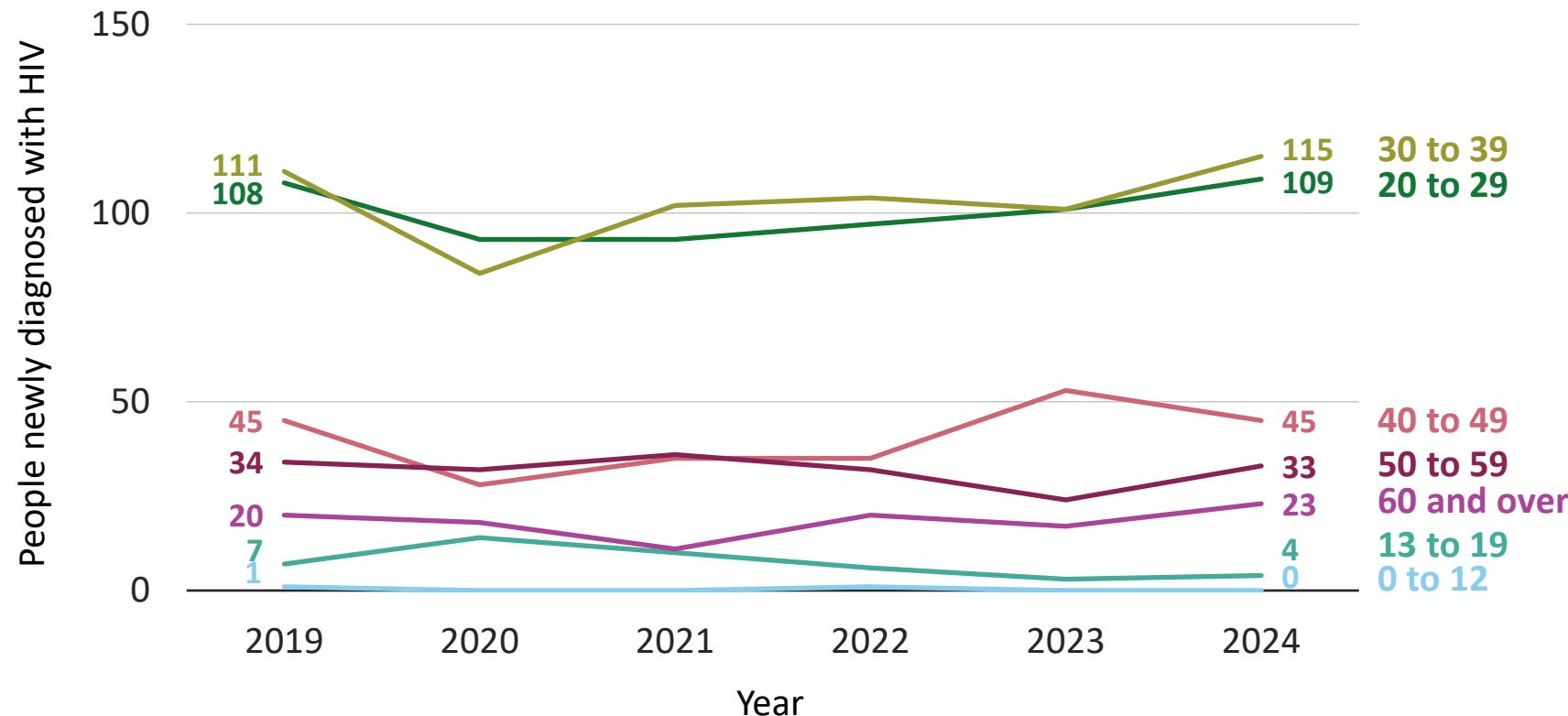
People ages 20 to 39 years consistently experienced the highest number of new HIV diagnoses in Manhattan, representing a combined 68% of new diagnoses in 2024, slightly higher than the citywide proportion of 66%. From 2019 to 2024, the number of people newly diagnosed with HIV in all age groups decreased or remained relatively stable in Manhattan.

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

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

2019 and 2024 Comparison

30 to 39, 111 — 115, 4% increase
20 to 29, 108 — 109, 1% increase
40 to 49, 45 — 45, No change
50 to 59, 34 — 33, 3% decrease
60 and over, 20 — 23, 15% increase
13 to 19, 7 — 4, 43% decrease
0 to 12, 1 — 0, 100% decrease

2019   2024

2023 and 2024 Comparison[1]

101 — 115, 14% increase
101 — 109, 8% increase
53 — 45, 15% decrease
24 — 33, 38% increase
17 — 23, 35% increase
3 — 4, 33% increase
0 — 0, No change

2023   2024
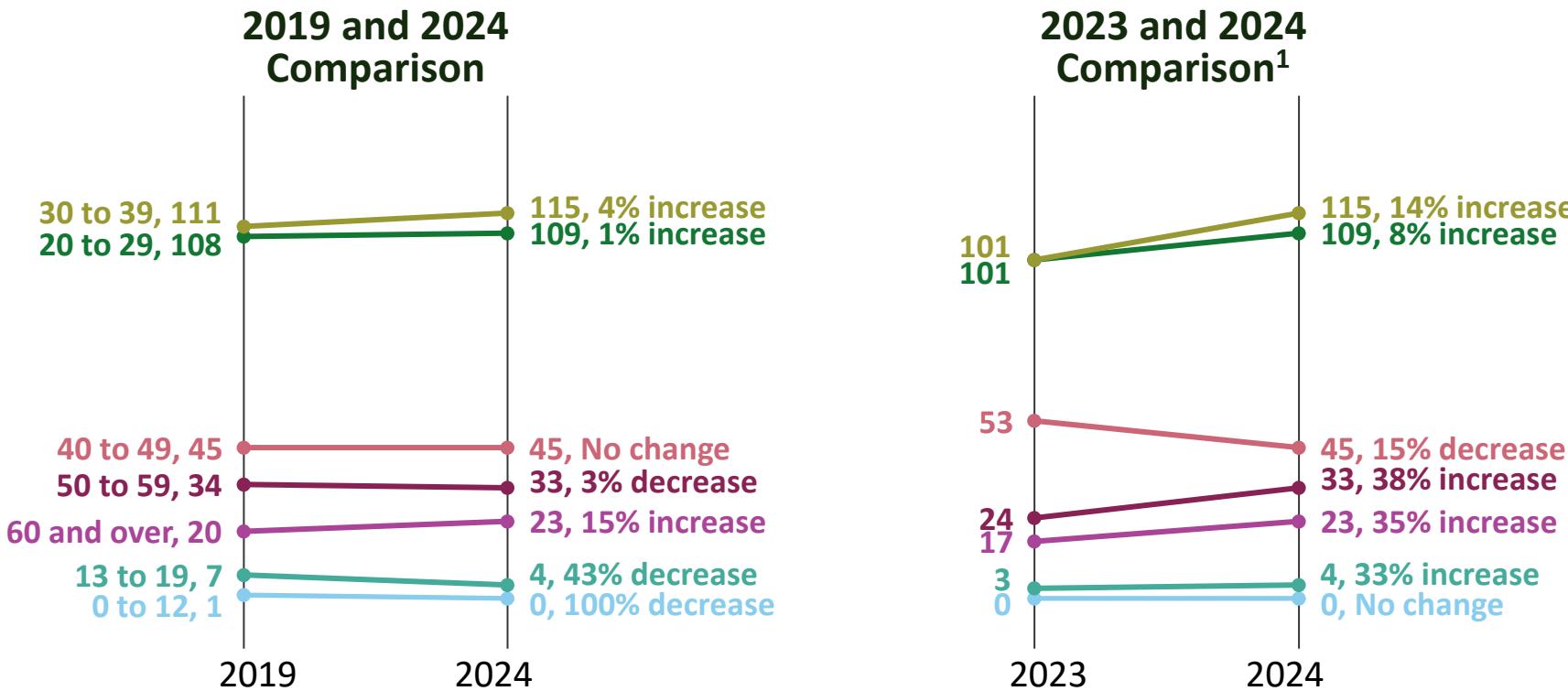
From 2019 to 2024, the number of people newly diagnosed with HIV decreased or remained relatively stable in all age groups in Manhattan. From 2023 to 2024, the number of people newly diagnosed with HIV increased among some age groups.

[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.

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Proportion of People Newly Diagnosed With HIV and All People[1]
by Age Group – Manhattan, 2024

People newly diagnosed with HIV

Age Group	Percentage
0 to 12	0%
13 to 19	1%
20 to 29	33%
30 to 39	35%
40 to 49	14%
50 to 59	10%
60 and over	7%

All people in Manhattan[1]

Age Group	Percentage
0 to 12	10%
13 to 19	6%
20 to 29	18%
30 to 39	18%
40 to 49	12%
50 to 59	12%
60 and over	25%
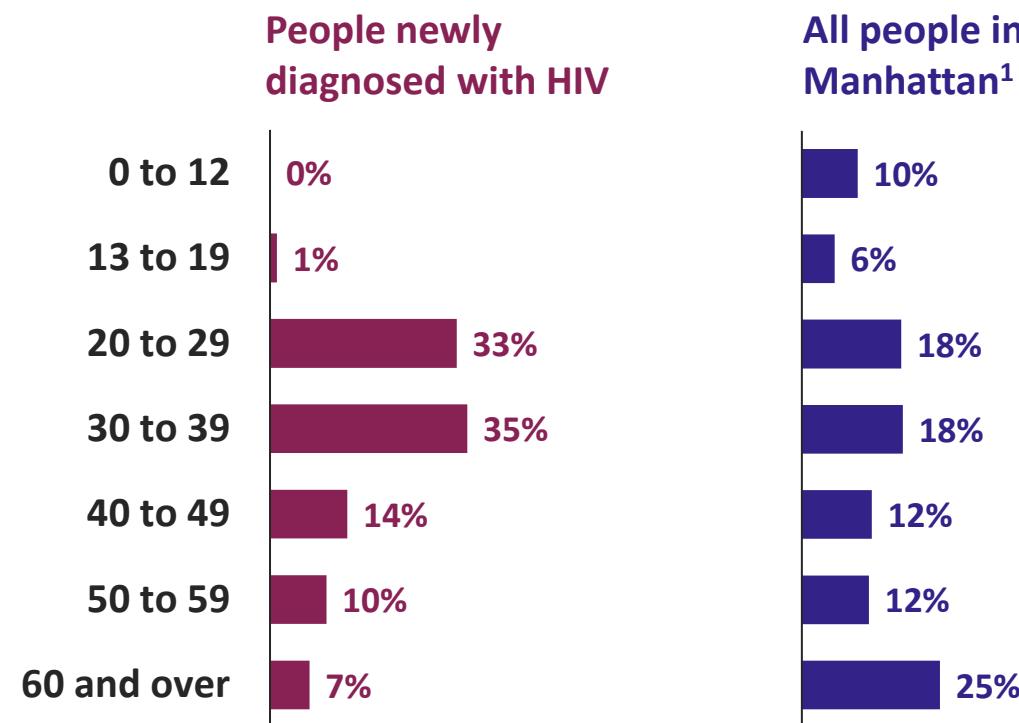
The proportions of new HIV diagnoses among people ages 20 to 39 were nearly double those groups' proportion in the Manhattan population.

[1]NYC population 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, 2025.

Rate of New HIV Diagnoses[1] per 100,000 People by Age Group – Manhattan, 2019-2024
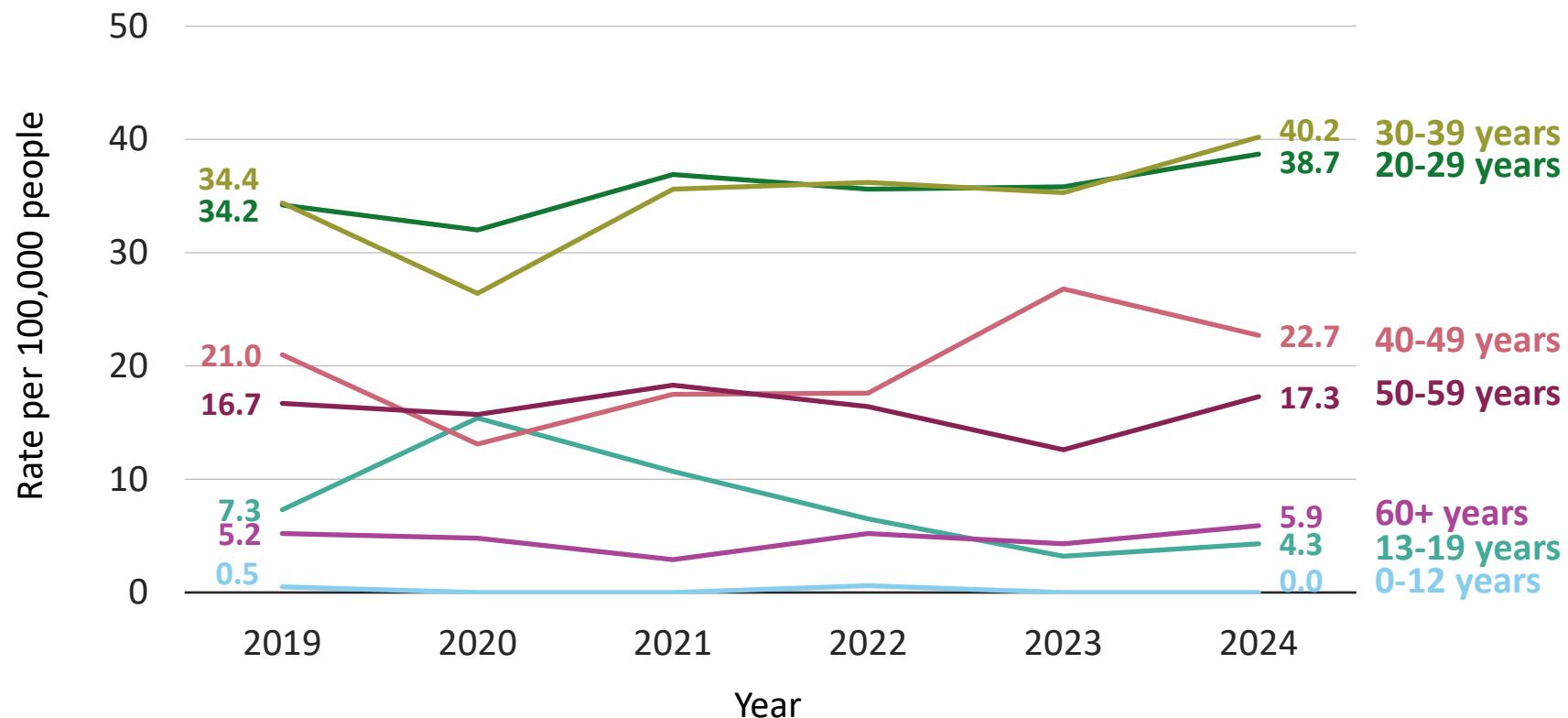
**People ages 20 to 39 consistently experienced the highest rates of new HIV diagnoses in Manhattan. From 2019 to 2024, the rate of new HIV diagnoses per 100,000 people increased among people ages 20 to 29 (13%) and 30 to 39 (17%) in Manhattan. The rate of new HIV diagnoses in all other age groups decreased or remained relatively stable.**

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

	Black	Latino	White	Asian or Pacific Islander	Native American	Multiracial
0 to 12	0	0	0	0	0	0
13 to 19	3	1	0	0	0	0
20 to 29	41	52	7	9	0	0
30 to 39	40	52	18	5	0	0
40 to 49	15	21	3	3	0	3
50 to 59	17	9	6	1	0	0
60 and over	11	7	4	1	0	0
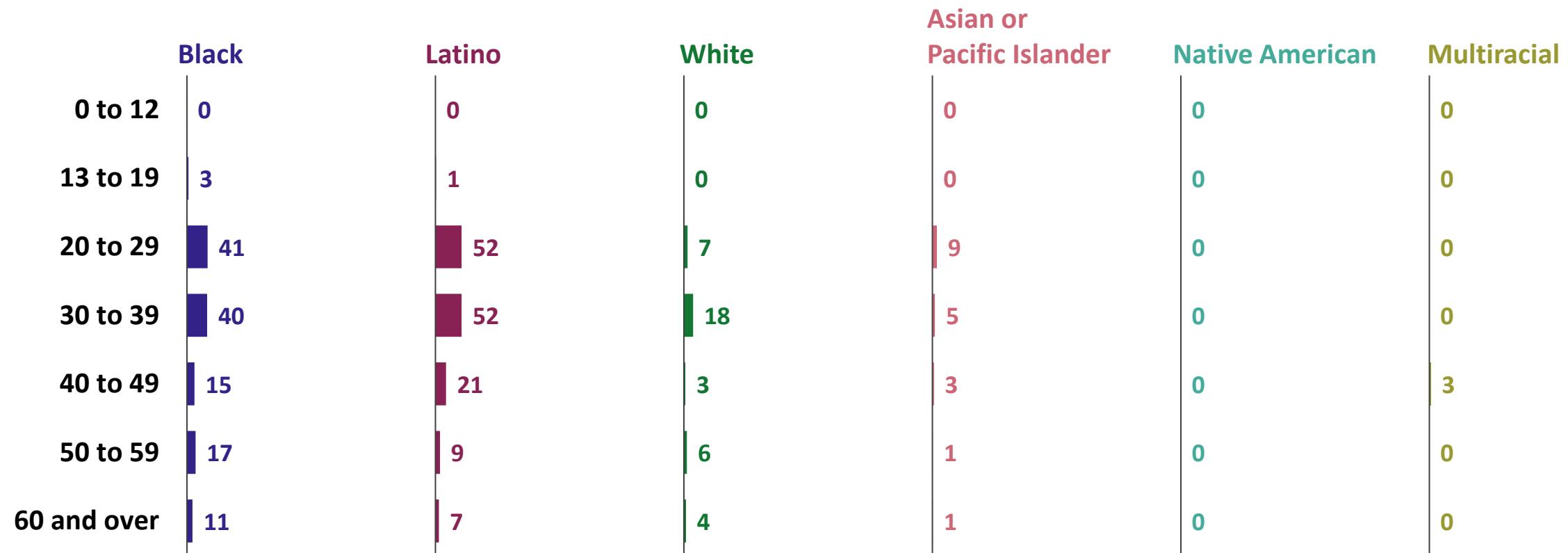
Black and Latino people ages 20 to 39 in Manhattan experienced the highest number of people newly diagnosed with HIV in 2024, representing a combined 56% of new diagnoses in 2024, the same as the citywide proportion.

Number of People Newly Diagnosed With HIV
by Neighborhood Poverty Level[1] – Manhattan, 2019-2024
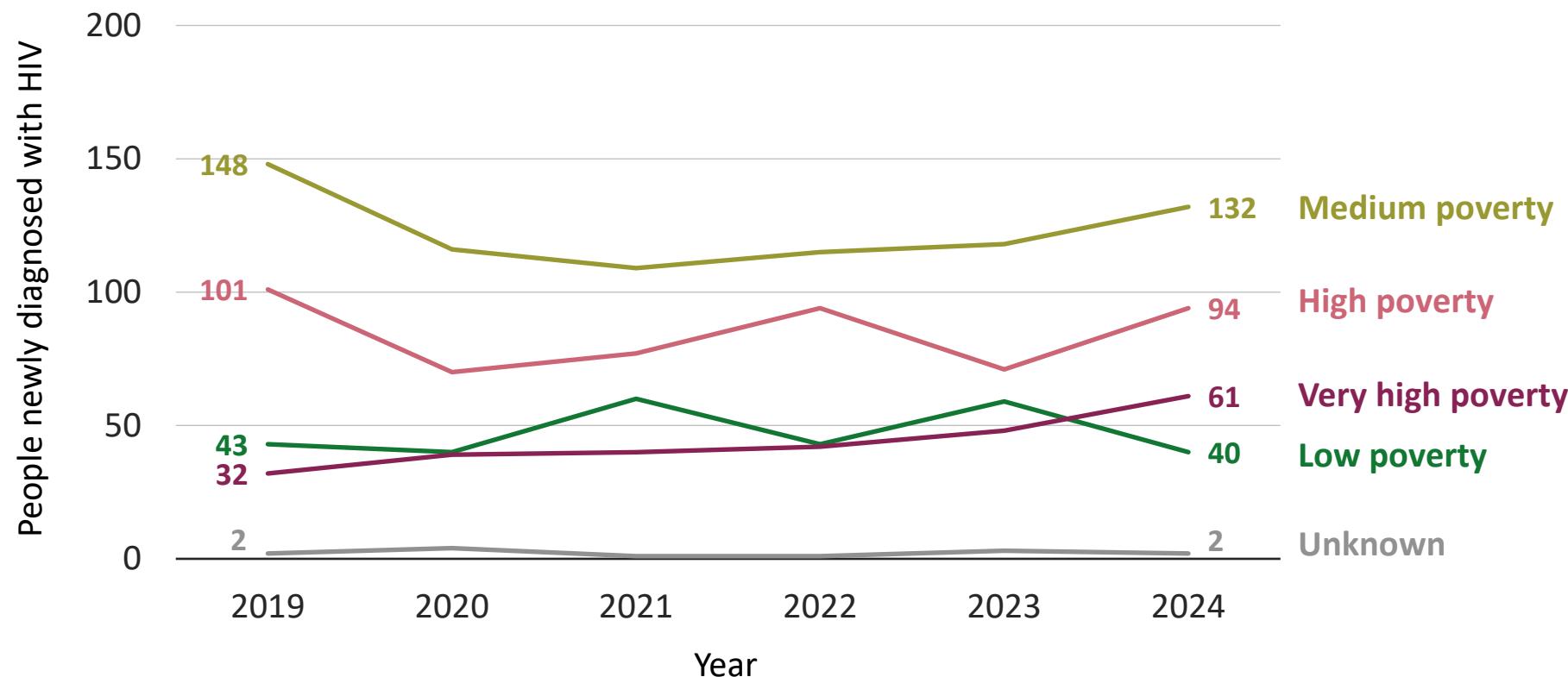
People residing in medium-poverty neighborhoods consistently experienced the highest number of new HIV diagnoses in Manhattan, representing 40% of new diagnoses in 2024, similar to the citywide proportion of 41%. From 2019 to 2024, the number of people newly diagnosed with HIV increased among people residing in very-high-poverty neighborhoods in Manhattan. The number of new HIV diagnoses in all other neighborhood poverty level groups either decreased or remained relatively stable.

[1]Neighborhoodpoverty 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.

Number of People Newly Diagnosed With HIV and Percent Change
by Neighborhood Poverty Level[1] – Manhattan in 2019, 2023, and 2024
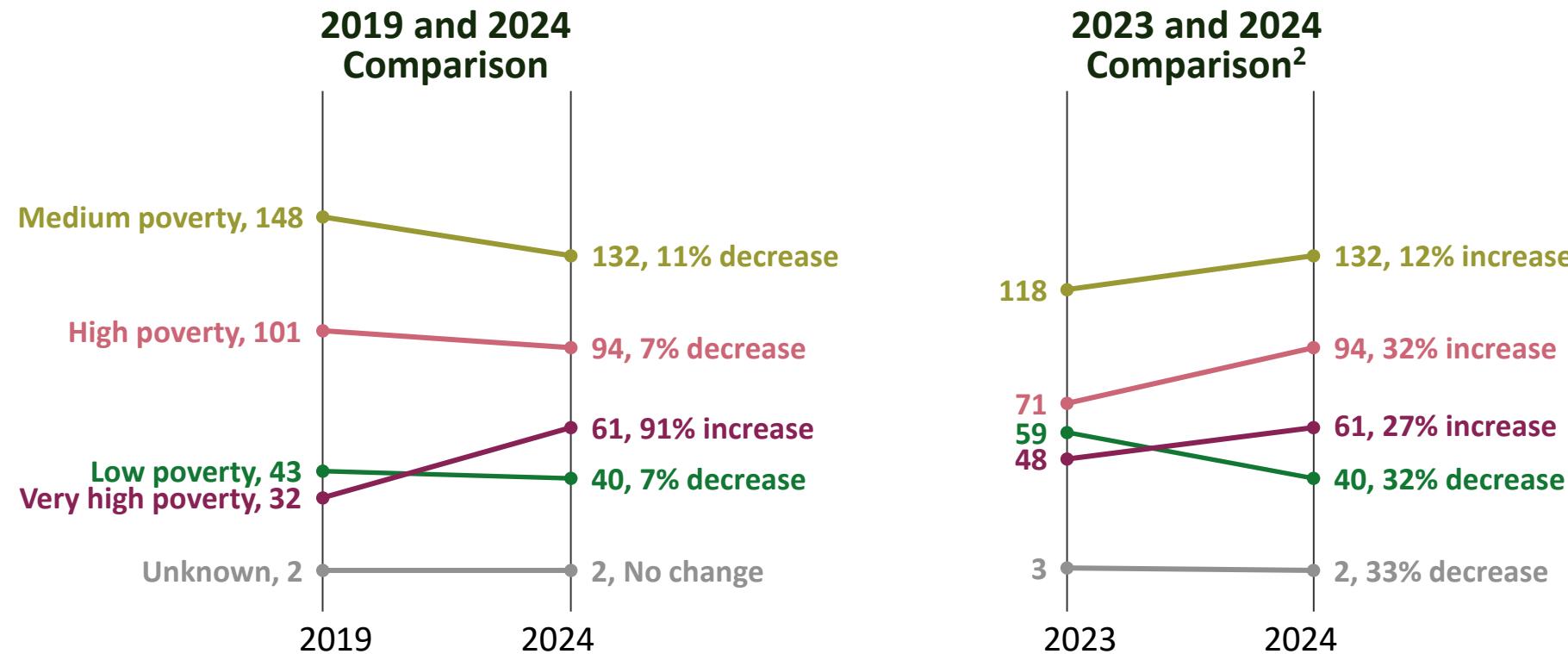
2019 and 2024 Comparison

- Medium poverty, 148 → 132, 11% decrease
- High poverty, 101 → 94, 7% decrease
- Very high poverty, 32 → 61, 91% increase
- Low poverty, 43 → 40, 7% decrease
- Unknown, 2 → 2, No change

2019 2024

2023 and 2024 Comparison[2]

- 118 → 132, 12% increase
- 71 → 94, 32% increase
- 59 → 40, 32% decrease
- 48 → 61, 27% increase
- 3 → 2, 33% decrease

2023 2024

From 2019 to 2024, the number of people newly diagnosed with HIV increased among people residing in very-high-poverty neighborhoods (91%) in Manhattan. From 2023 to 2024, the number of people newly diagnoses with HIV increased among people residing in medium-poverty neighborhoods (12%), high-poverty neighborhoods (32%), and very-high-poverty neighborhoods (27%).

Proportion of People Newly Diagnosed With HIV and All People[1]
by Neighborhood Poverty Level[2,3] – Manhattan, 2024

People newly diagnosed with HIV

Low poverty	12%
Medium poverty	40%
High poverty	29%
Very high poverty	19%

All people in Manhattan[1]

Low poverty	35%
Medium poverty	37%
High poverty	19%
Very high poverty	9%
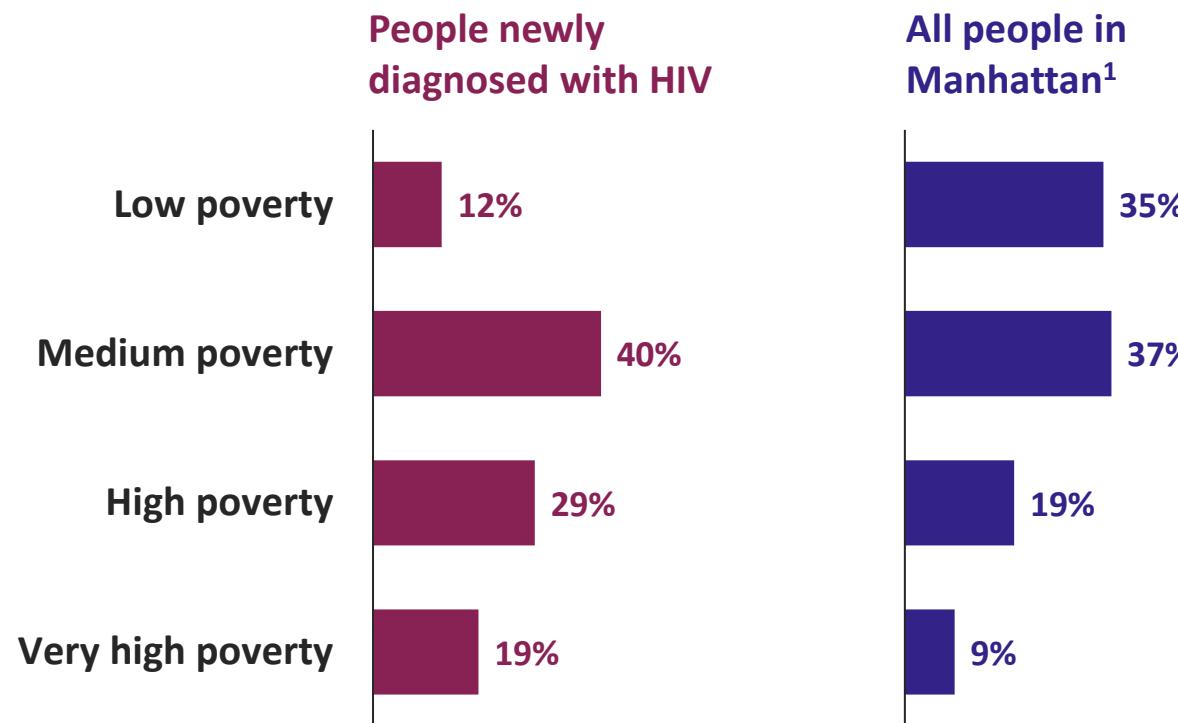
The proportions of new HIV diagnoses among people residing in medium-, high-, and very-high-poverty neighborhoods were higher than those groups' proportions in the Manhattan population.

NYC Health

Rate of New HIV Diagnoses[1] per 100,000 People by Neighborhood Poverty Level[2] – Manhattan, 2019-2024
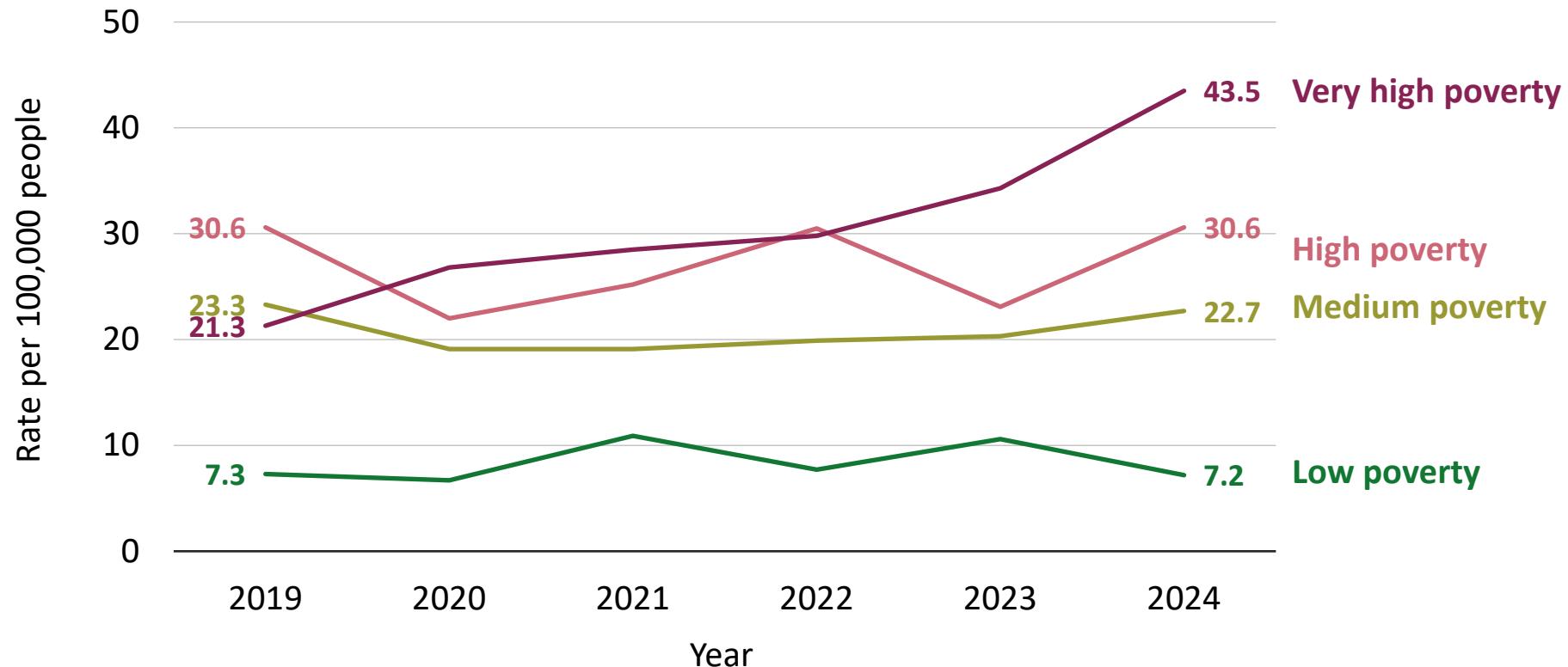
People residing in very-high-poverty neighborhoods experienced the highest rates of new HIV diagnoses in Manhattan in 2024. From 2019 to 2024, the rate of new HIV diagnoses per 100,000 people increased among people residing in very-high-poverty neighborhoods (104%) in Manhattan. The rate of new HIV diagnoses 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]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=≥30% below FPL. 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 Transmission Category – Manhattan, 2019-2024
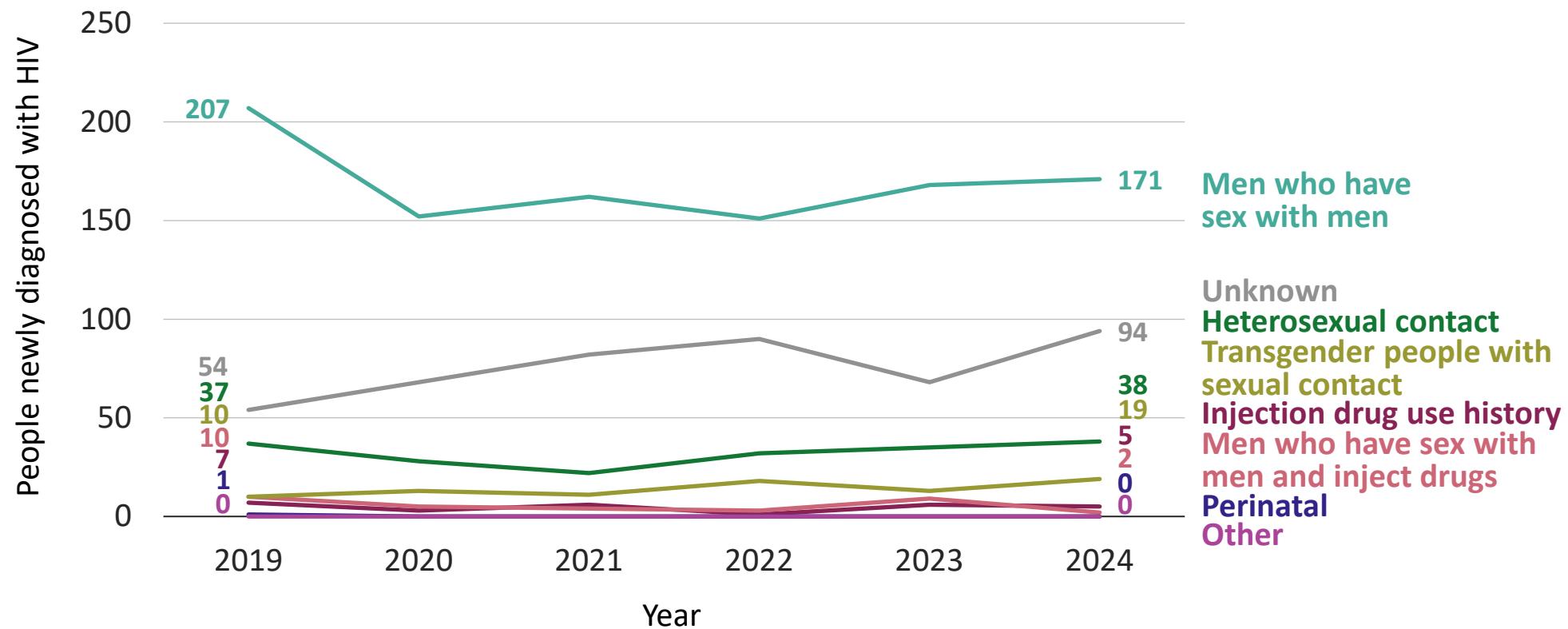
Men who have sex with men consistently experienced the highest number of new HIV diagnoses in Manhattan, representing 73% of new diagnoses among people for whom data on transmission category were available in 2024, higher than the citywide proportion of 65%. From 2019 to 2024, the number of people newly diagnosed with HIV increased among those with an unknown transmission category increased and transgender people with sexual contact in Manhattan. The number new HIV diagnoses in all other transmission category groups either decreased or remained relatively stable.

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

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

2019 and 2024 Comparison

Men who have sex with men, 207 → 171, 17% decrease

Unknown, 54
Heterosexual contact, 37
Men who have sex with men and inject drugs, 10
Transgender people with sexual contact, 10
Injection drug use history, 7
Perinatal, 1
Other, 0

→ 94, 74% increase
→ 38, 3% increase
→ 19, 90% increase
→ 5, 29% decrease
→ 2, 80% decrease
→ 0, 100% decrease
→ 0, No change

2019   2024

2023 and 2024 Comparison[1]

168 → 171, 2% increase

68
35
13
9
6
0
0

→ 94, 38% increase
→ 38, 9% increase
→ 19, 46% increase
→ 5, 17% decrease
→ 2, 78% decrease
→ 0, No change
→ 0, No change

2023   2024

From 2019 to 2024, the number of people newly diagnosed with HIV increased among those with an unknown transmission category (74%) and transgender people with sexual contact (90%) in Manhattan. 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 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.

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Number of People Newly Diagnosed With HIV
by Place of Birth – Manhattan, 2019-2024
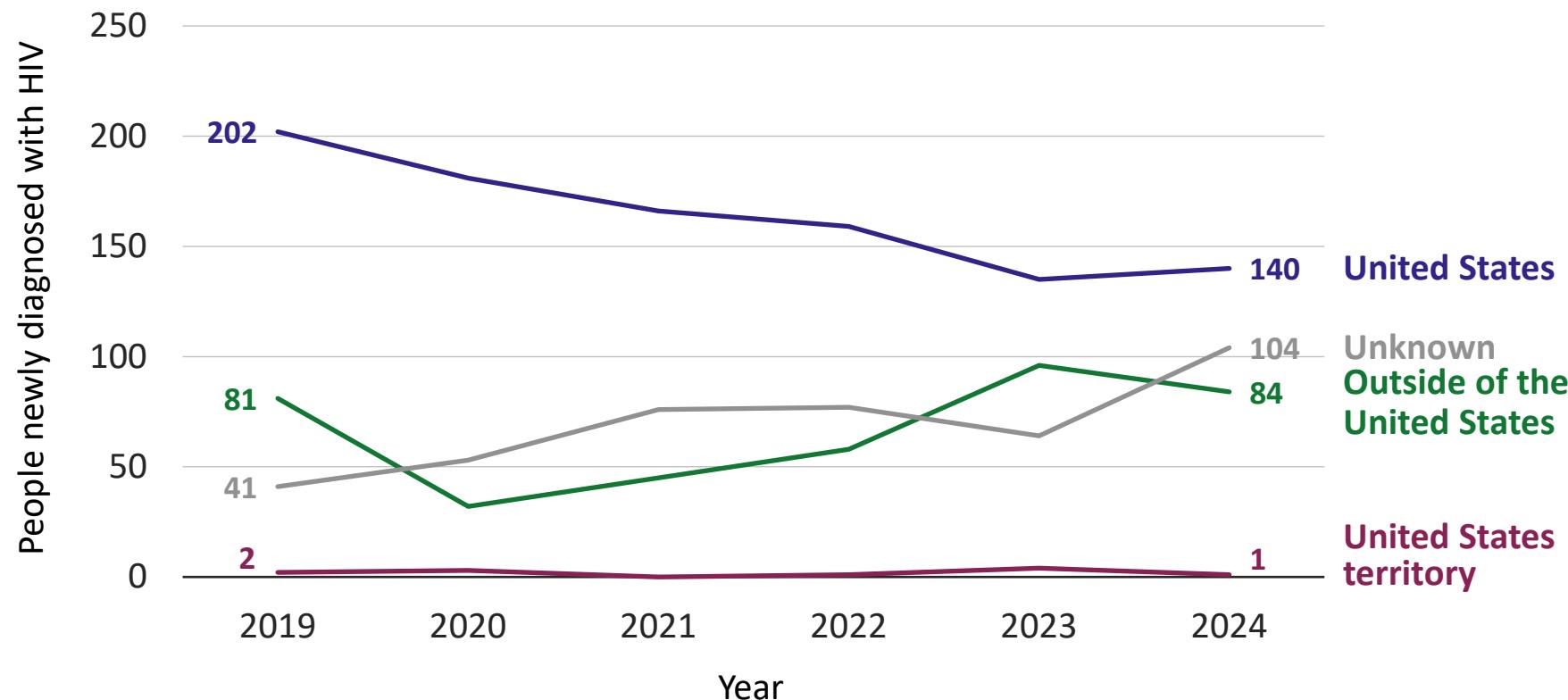
People born in the United States consistently experienced the highest number of new HIV diagnoses in Manhattan, representing 43% of new diagnoses in 2024, higher than the citywide proportion of 35%. From 2019 to 2024, the number of people newly diagnosed with HIV increased among people with an unknown 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 – Manhattan in 2019, 2023, and 2024
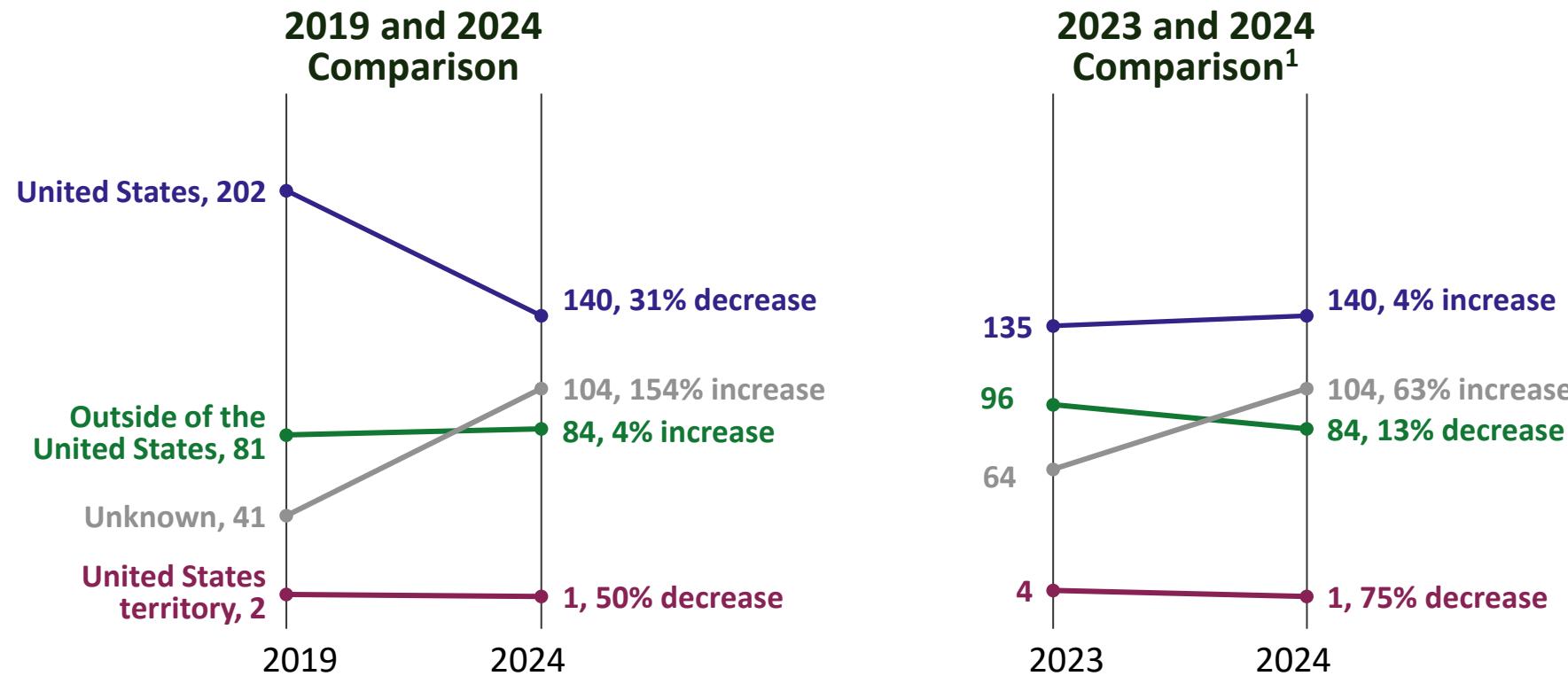
2019 and 2024 Comparison

United States, 202 → 140, 31% decrease

Outside of the United States, 81 → 84, 4% increase

Unknown, 41 → 104, 154% increase

United States territory, 2 → 1, 50% decrease

2019   2024

2023 and 2024 Comparison[1]

135 → 140, 4% increase

96 → 84, 13% decrease

64 → 104, 63% increase

4 → 1, 75% decrease

2023   2024

The number of people newly diagnosed with HIV increased among people with an unknown place of birth from 2019 to 2024 (154%) and 2023 to 2024 (63%). 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

Manhattan

Initiation of Care[1] Within 30 Days of Diagnosis
– Manhattan and New York City Overall, 2019-2024
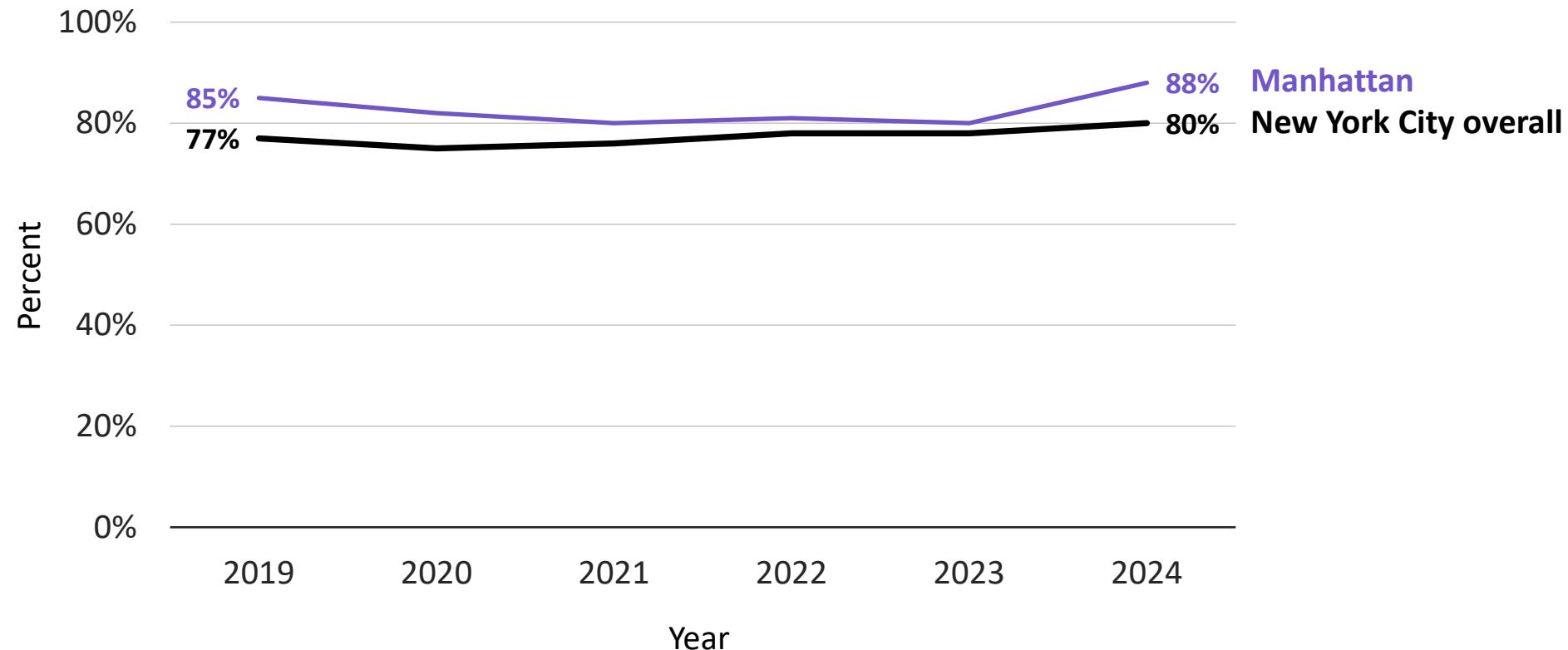
From 2019 to 2024, initiation of care within 30 days of diagnosis remained relatively stable in Manhattan and was higher than New York City overall.

[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, 2025.

Initiation of Care[1] Within 30 Days of Diagnosis
by Demographic Group – Manhattan, 2024

88% in Manhattan overall

Gender

Men	86%
Women	94%
Transgender women	91%*
Transgender men	
Additional gender identities	No new HIV diagnoses

Race and ethnicity

Black	84%
Latino	89%
White	89%
Asian or Pacific Islander	95%*
Native American	No new HIV diagnoses
Multiracial	100%*

Age group (years)

0-12	No new HIV diagnoses
13-19	100%*
20-29	86%
30-39	90%
40-49	89%
50-59	82%
60+	87%*

88% in Manhattan overall

Neighborhood poverty[2]

Low poverty	90%
Medium poverty	89%
High poverty	86%
Very high poverty	87%
Unknown	50%*

Transmission category

Men who have sex with men	88%
Injection drug use history	100%*
MSM-IDU	100%*
Heterosexual contact	92%
TG-SC	89%*
Perinatal	No new HIV diagnoses
Other	No new HIV diagnoses
Unknown	83%

Region of birth

U.S.	89%
U.S. Dependency	100%*
Outside U.S.	88%
Unknown	86%

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

*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, 2025.

Initiation of Care[1] Within 30 Days of Diagnosis
by United Hospital Fund Neighborhood – Manhattan, 2024

Initiation of care within 30 days of diagnosis among people newly diagnosed with HIV by UHF neighborhood

- 67% to 79%
- more than 79% to 84%
- more than 84% to 89%
- more than 89% to 100%
- Data not shown (denominator ≤5)
- Non-residential areas

Washington Heights – Inwood
Upper West Side
Gramercy Park – Murray Hill

0   2.5   5   10 Miles
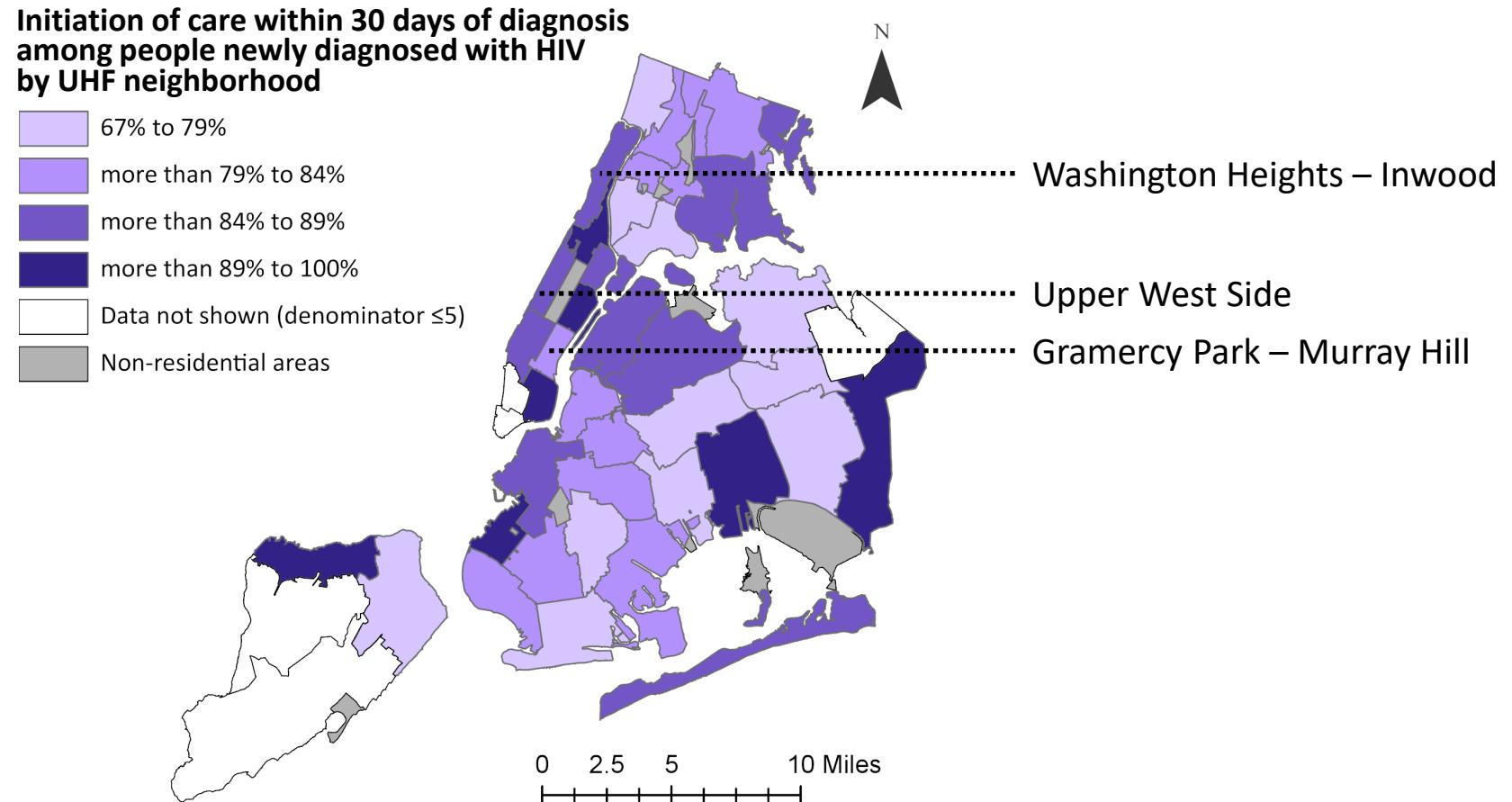
The neighborhoods in Manhattan with the lowest proportions of initiation of care within 30 days of diagnosis were Gramercy Park – Murray Hill (82%), Washington Heights – Inwood (85%), and the Upper West Side (85%).

[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, 2025.

Viral Suppression[1] Within Three Months of Diagnosis
– Manhattan and New York City Overall, 2019-2024
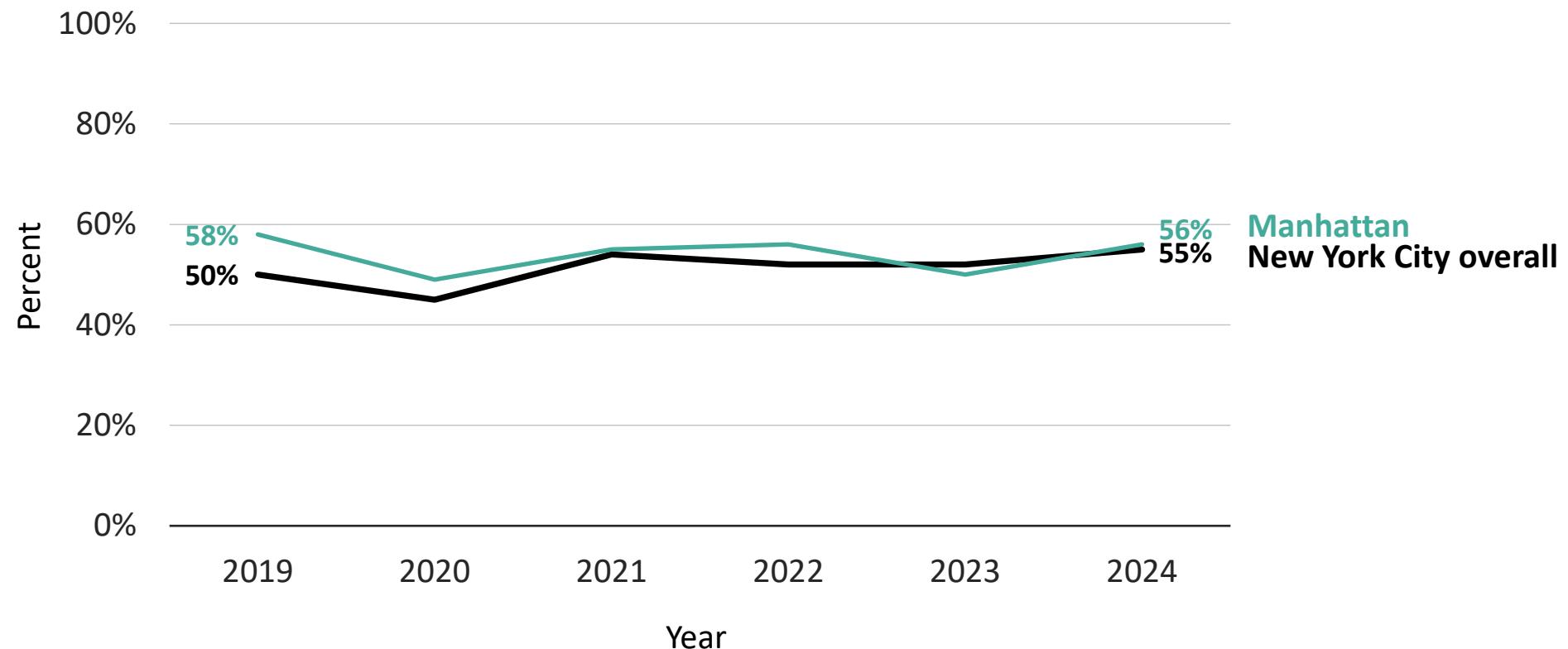
From 2019 to 2024, viral suppression within three months of an HIV diagnosis fluctuated in Manhattan and was approximately equal to New York City overall.

[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, 2025.

Viral Suppression[1] Within Three Months of Diagnosis
by Demographic Group – Manhattan, 2024

56% in Manhattan overall

Gender
Men	53%
Women	71%
Transgender women	57%*
Transgender men	100%*
Additional gender identities	No new HIV diagnoses

Race and ethnicity
Black	52%
Latino	60%
White	47%
Asian or Pacific Islander	79%*
Native American	No new HIV diagnoses
Multiracial	33%*

Age group (years)
0-12	No new HIV diagnoses
13-19	75%*
20-29	58%
30-39	61%
40-49	53%
50-59	42%
60+	48%*

56% in Manhattan overall

Neighborhood poverty[2]
Low poverty	58%
Medium poverty	54%
High poverty	54%
Very high poverty	66%
Unknown	0%*

Transmission category
Men who have sex with men	63%
Injection drug use history	40%*
MSM-IDU	50%*
Heterosexual contact	76%
TG-SC	63%*
Perinatal	No new HIV diagnoses
Other	No new HIV diagnoses
Unknown	36%

Region of birth
U.S.	60%
U.S. Dependency	100%*
Outside U.S.	67%
Unknown	42%

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

*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, 2025.

Viral Suppression[1] Within Three Months of Diagnosis
## by United Hospital Fund Neighborhood – Manhattan, 2024

Viral suppression within three months among people newly diagnosed with HIV by UHF neighborhood

- 40% to 52%
- more than 52% to 58%
- more than 58% to 63%
- more than 63% to 100%
- Data not shown (denominator ≤5)
- Non-residential areas

Upper West Side

Gramercy Park – Murray Hill

Union Square – Lower East Side

0   2.5   5   10 Miles

The neighborhoods in Manhattan with the lowest proportions of people virally suppressed within three months of an HIV diagnosis were the Upper West Side (40%), Gramercy Park – Murray Hill (41%) and Union Square – Lower East Side (45%)

[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, 2025.

Care Outcomes Among People With HIV

Manhattan

NYC
Health

Viral Suppression[1] Among People Diagnosed With HIV[2] – Manhattan and New York City Overall, 2019-2024
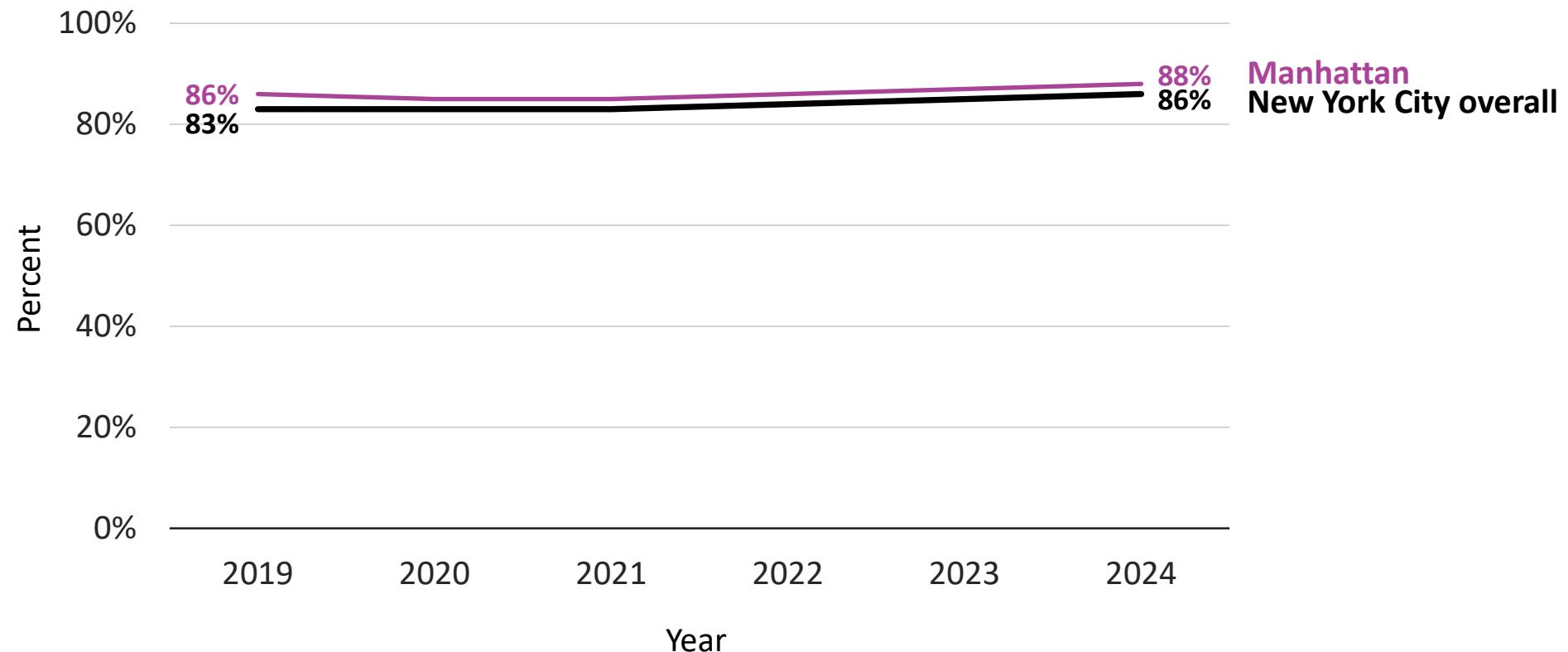
From 2019 to 2024, viral suppression remained relatively flat in Manhattan and was slightly higher than New York City overall.

[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, 2025.

Viral Suppression[1] Among People Diagnosed With HIV[2] by Demographic Group – Manhattan, 2024

88% in Manhattan overall

Gender
Men	88%
Women	86%
Transgender women	78%
Transgender men	72%*
Additional gender identities	82%*

Race and ethnicity
Black	81%
Latino	88%
White	93%
Asian or Pacific Islander	94%
Native American	70%
Multiracial	84%

Age group (years)
0-12	100%*
13-19	87%*
20-29	81%
30-39	83%
40-49	83%
50-59	88%
60+	92%

88% in Manhattan overall

Neighborhood poverty[2]
Low poverty	92%
Medium poverty	88%
High poverty	84%
Very high poverty	85%
Unknown	88%

Transmission category
Men who have sex with men	90%
Injection drug use history	83%
MSM-IDU	82%
Heterosexual contact	86%
TG-SC	80%
Perinatal	77%
Other	61%
Unknown	84%

Region of birth
U.S.	86%
U.S. Dependency	84%
Outside U.S.	91%
Unknown	89%

Differences exist in viral suppression across demographic groups in Manhattan.

*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, 2025.

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
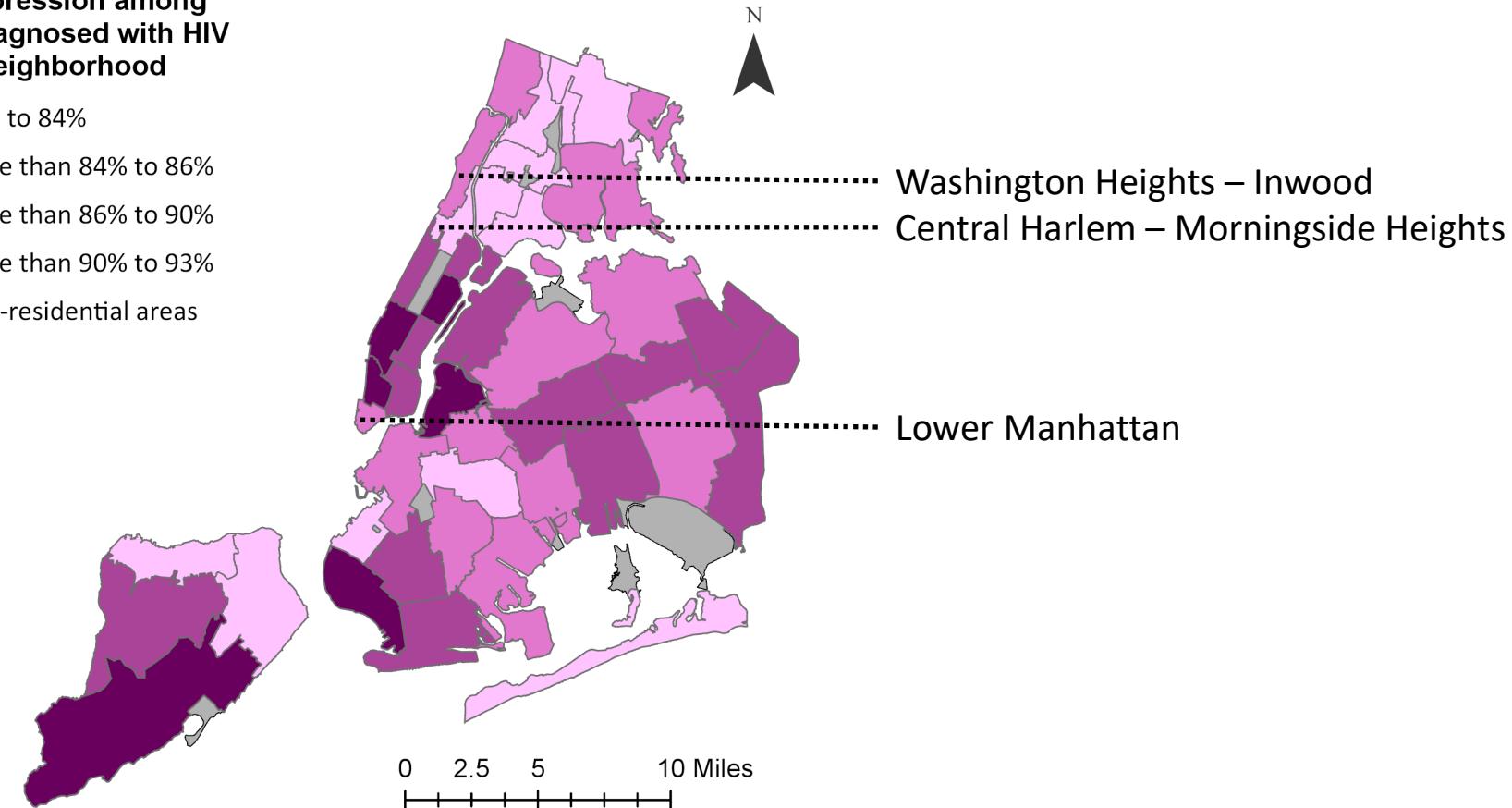
Washington Heights – Inwood
Central Harlem – Morningside Heights
Lower Manhattan

0   2.5   5   10 Miles

The neighborhoods in Manhattan with the lowest proportions of people virally suppressed were Central Harlem – Morningside Heights (83%), Lower Manhattan (85%), and Washington Heights – Inwood (85%).

[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, 2025.

Proportion of People With HIV in Stages of the HIV Care Continuum[1,2]
Overall and by Race and Ethnicity[3] – Manhattan, 2024

	Overall	Black	Latino	White	Asian or Pacific Islander	Native American	Multiracial
Estimated number of people with HIV	20,500	6,600	6,600	6,200	600	50	160
HIV-diagnosed	94%	94%	93%	97%	92%	97%	92%
Received care	87%	85%	87%	90%	87%	78%	76%
Prescribed ART	83%	81%	84%	88%	82%	74%	72%
Virally suppressed	83%	77%	82%	90%	86%	68%	77%
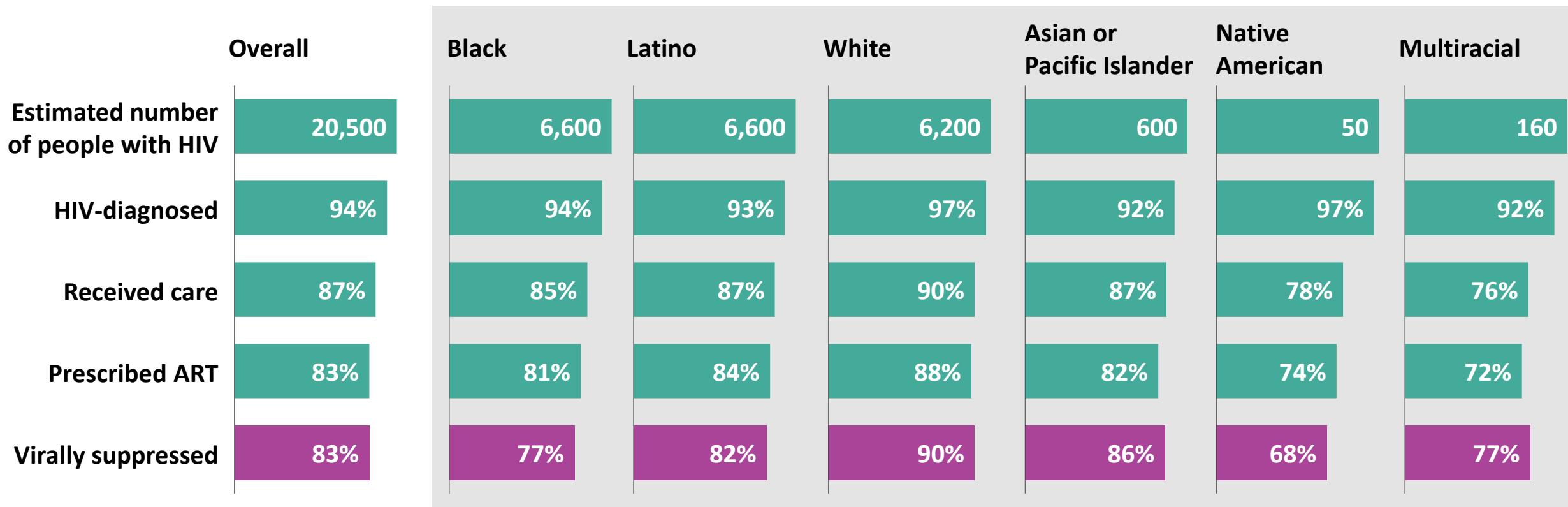
Of approximately 20,500 people with HIV in Manhattan in 2024, 83% had a suppressed viral load, slightly higher than the citywide proportion of 81%. There were differences in the HIV care continuum by race and ethnicity in 2024.

[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.

Age-Adjusted[1] Death Rate per 1,000 People With HIV
– Manhattan and New York City Overall, 2019-2024
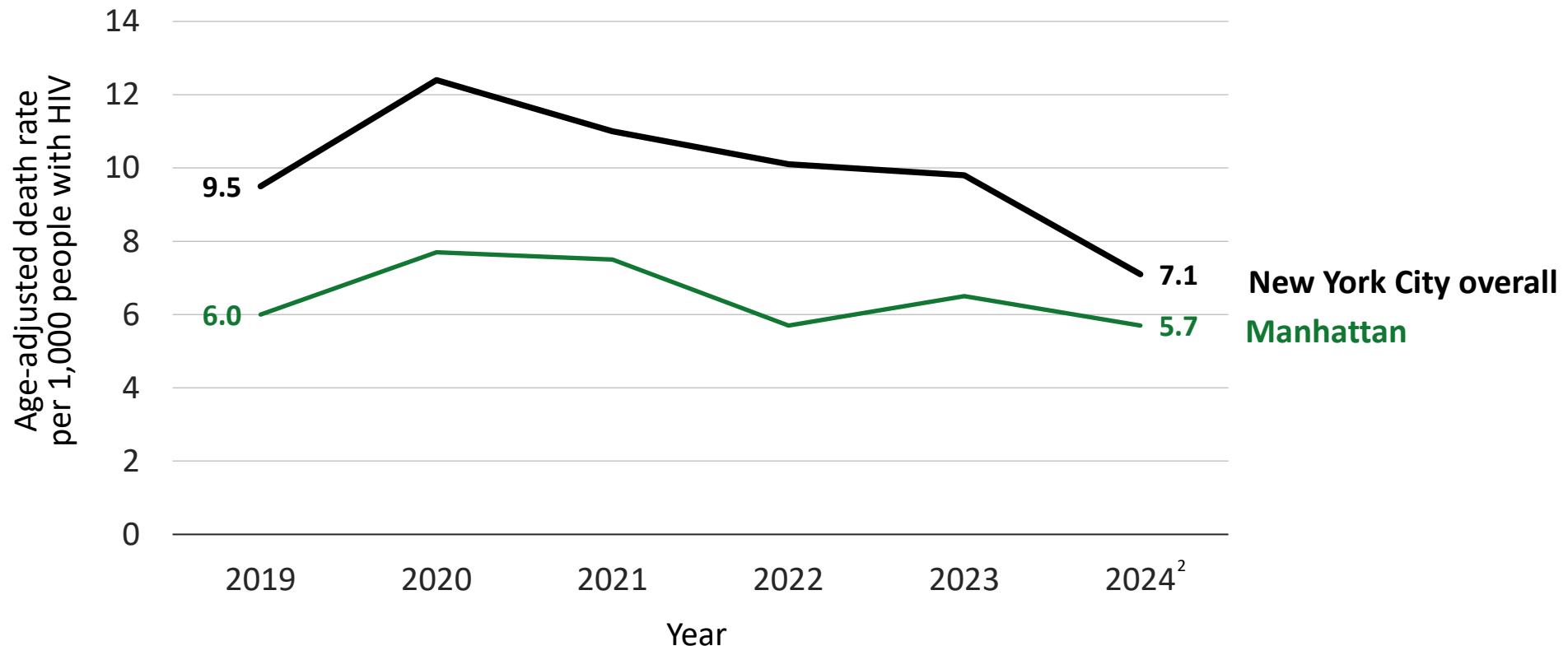
In Manhattan, the age-adjusted death rate declined 26% since its peak in 2020 and is now lower than the 2019 rate. Manhattan consistently experienced a lower age-adjusted death rate than the citywide rate.

[1]Age-adjusted to the standard 2000 U.S. population. People newly diagnosed with HIV at death were excluded from the numerator.
[2]Death data for 2024 are incomplete.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.

Age-Adjusted[1] Death Rate per 1,000 People With HIV
by Demographic Group – Manhattan, 2024

**5.7 deaths per 1,000 people
with HIV in Manhattan overall**

**5.7 deaths per 1,000 people
with HIV in Manhattan overall**

Gender

Men	5.3
Women	6.8
Transgender women	15.8*
Transgender men	55.6*
Additional gender identities	0*

Neighborhood poverty[2]

Low poverty	3.6
Medium poverty	5.3
High povety	7.7
Very high poverty	8.4

Race and ethnicity

Black	7.3
Latino	6.9
White	3.3
Asian or Pacific Islander	6.7*
Native American	0*
Multiracial	19.4*

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

*Data should be interpreted with caution because of small population size.
[1]Age-adjusted to the standard 2000 U.S. population. People newly diagnosed with HIV at death were excluded from the numerator.
[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, 2025.

NYC Health

Age-Adjusted[1] Death Rate per 1,000 People With HIV
by United Hospital Fund Neighborhood – Manhattan, 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

Central Harlem – Morningside Heights
East Harlem
Upper East Side

N

0   2.5   5   10 Miles
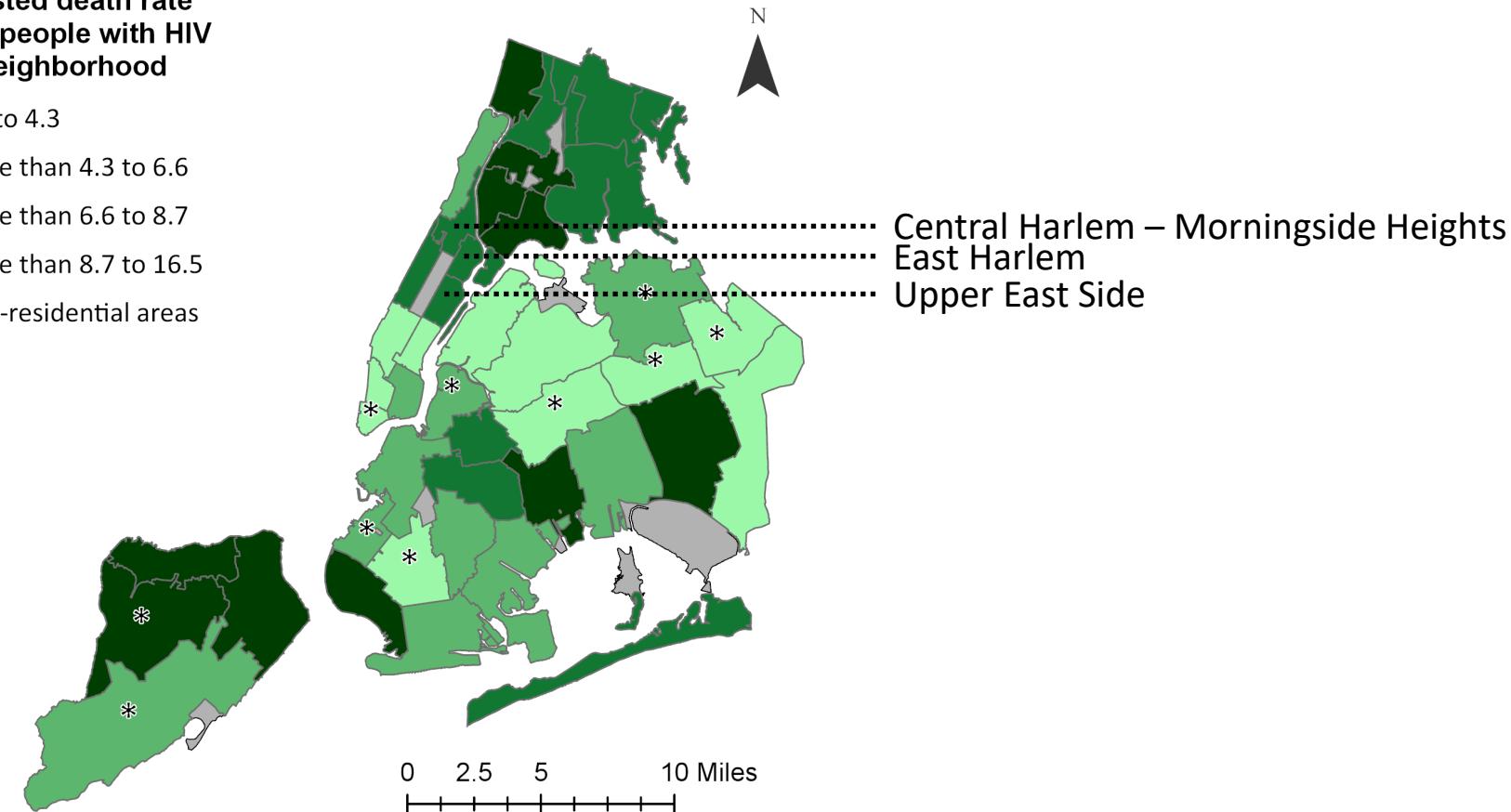
The neighborhoods in Manhattan with the highest age-adjusted death rates were East Harlem (8.7 per 1,000), Central Harlem – Morningside Heights (8.3 per 1,000), and the Upper East Side (7.2 per 1,000).

*Data should be interpreted with caution because of small population size.
[1]Age-adjusted to the standard 2000 U.S. population. People newly diagnosed with HIV at death were excluded from the numerator.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.

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NYC Health

Proportion of Deaths Among People With HIV
by Cause of Death – Manhattan, 2023[1]
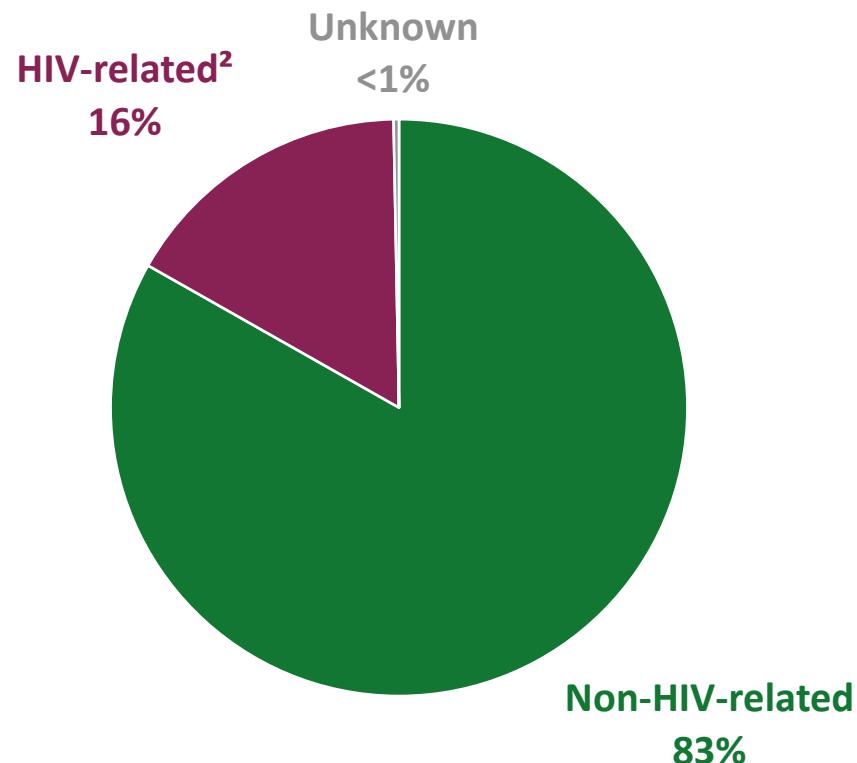
In 2023, 83% of deaths among people with HIV in Manhattan were due to non-HIV-related causes.
Among these, the top causes were cardiovascular disease (31%), accidents (23%), and non-HIV-related cancers (14%).

[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 DOHMH's Office of Vital Statistics see:
https://www.nyc.gov/assets/doh/downloads/pdf/vs/2021sum.pdf.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.

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]

[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]

[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

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]

[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/hivprovider reporting**

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.

[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.