People With HIV – New York City, 2024

NYC Health

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History of the HIV Epidemic – New York City, 1981-2024

*Data on 2024 deaths are incomplete.
CDC = Centers for Disease Control and Prevention; NIH = National Institutes of Health; FDA = Food and Drug Administration
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.
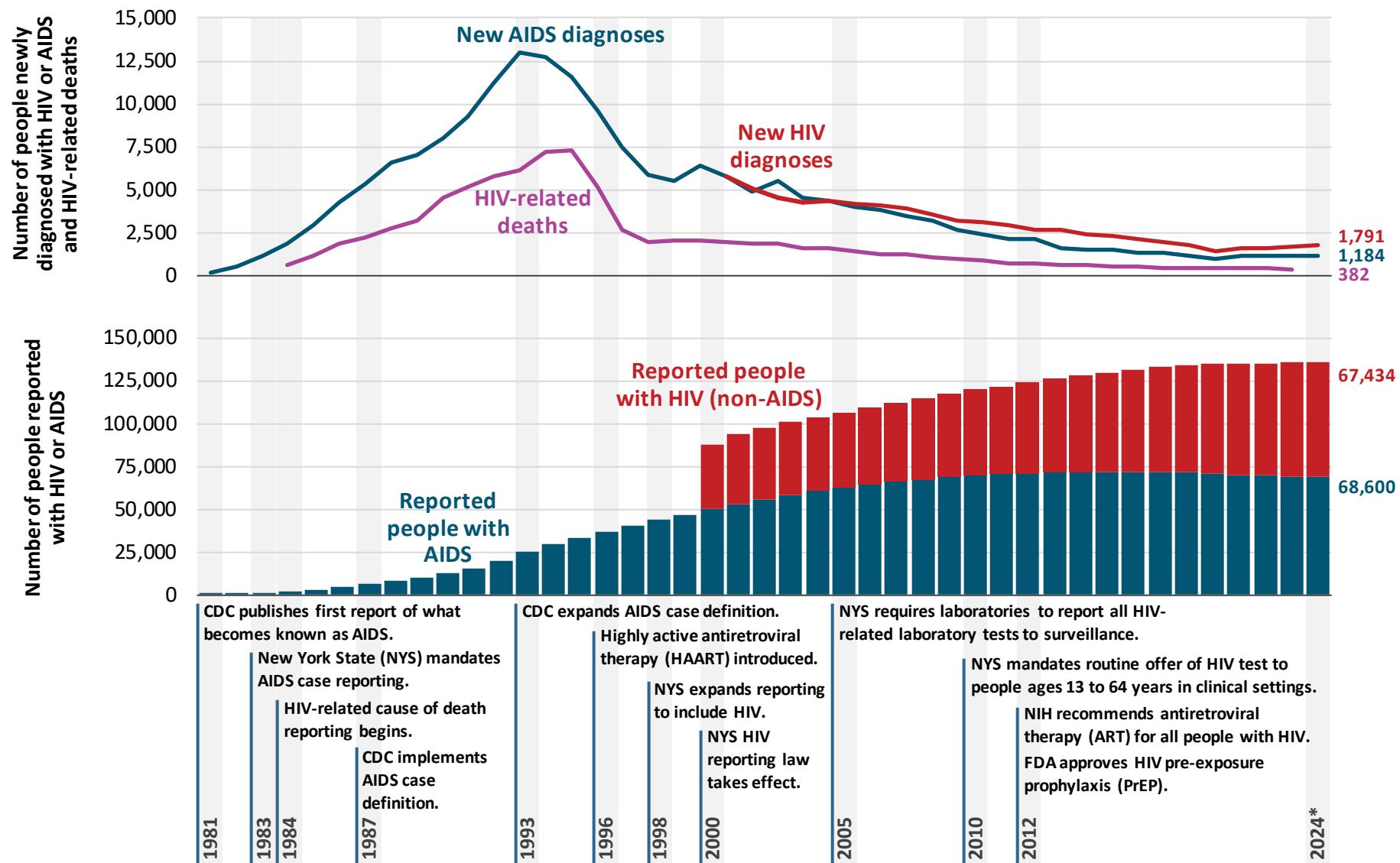
Basic Statistics of HIV – New York City, 2024

- **1,791 people newly diagnosed with HIV[1]**
  - Including 333 people concurrently diagnosed with AIDS[2] (18.6% of diagnoses)
- **1,184 people newly diagnosed with AIDS[3]**
- **There are an estimated 91,300 people with HIV[4]**
- **1,511 deaths[5] among people with HIV**
  - 7.1 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 – New York City, 2019-2024
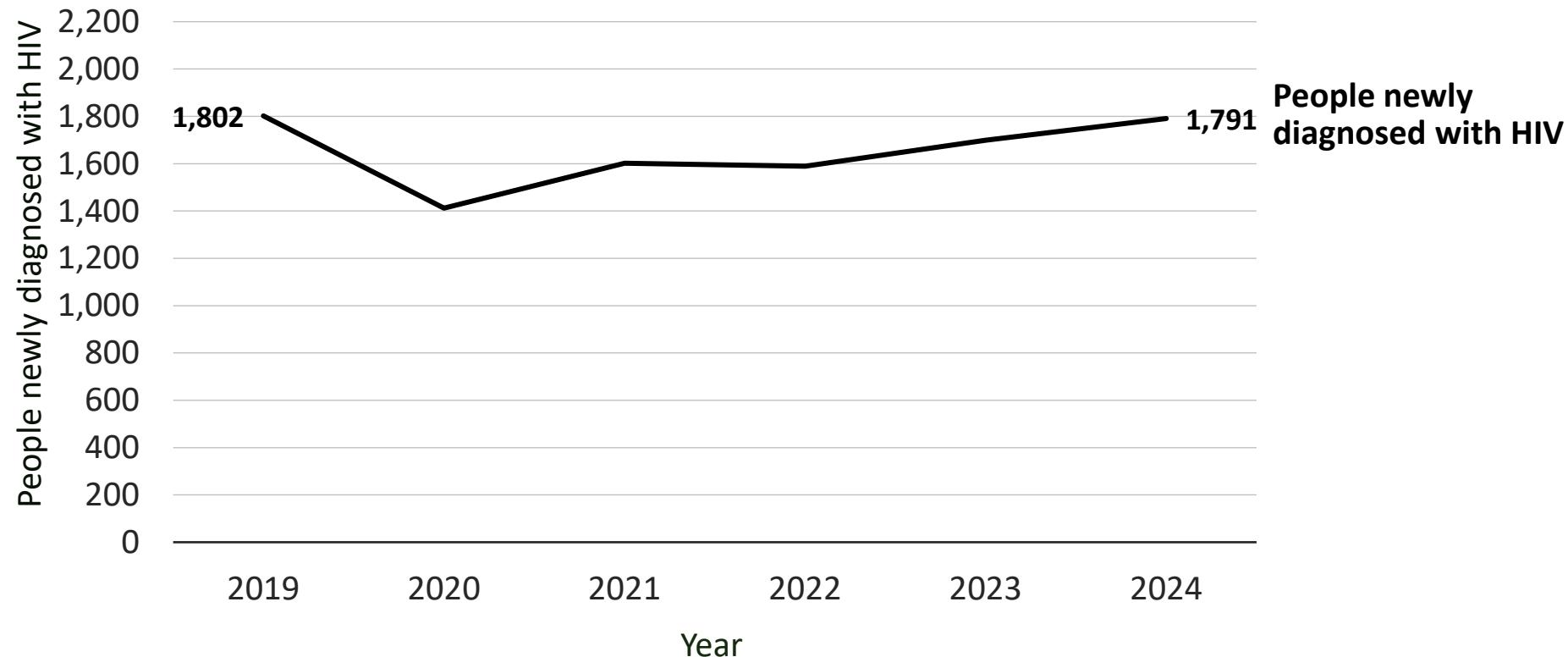
The number of people newly diagnosed with HIV fluctuated from 2019 to 2024, with a decrease from 2019 to 2020 and annual increases most years from 2020 to 2024.

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
– New York City in 2019, 2023, and 2024

2019 and 2024 Comparison

NYC Overall, 1,802 ●————————● 1,791, 1% decrease

2019   2024

2023 and 2024 Comparison[1]

1,699 ●————————● 1,791, 5% increase

2023   2024
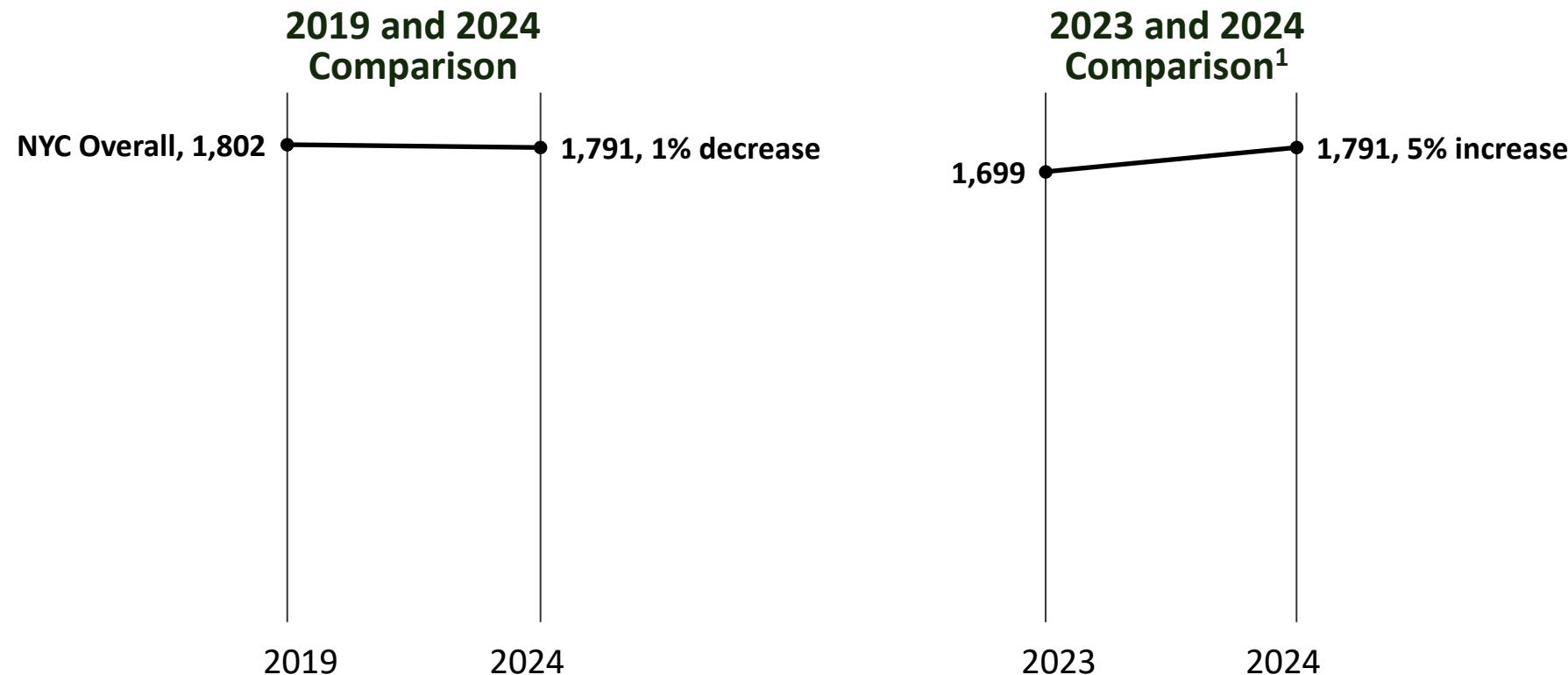
The number of people newly diagnosed with HIV decreased by 1% from 2019 to 2024 and increased by 5% from 2023 to 2024.

Number of People Newly Diagnosed With HIV and Estimated HIV Infections[1] – New York City, 2019-2024[2]
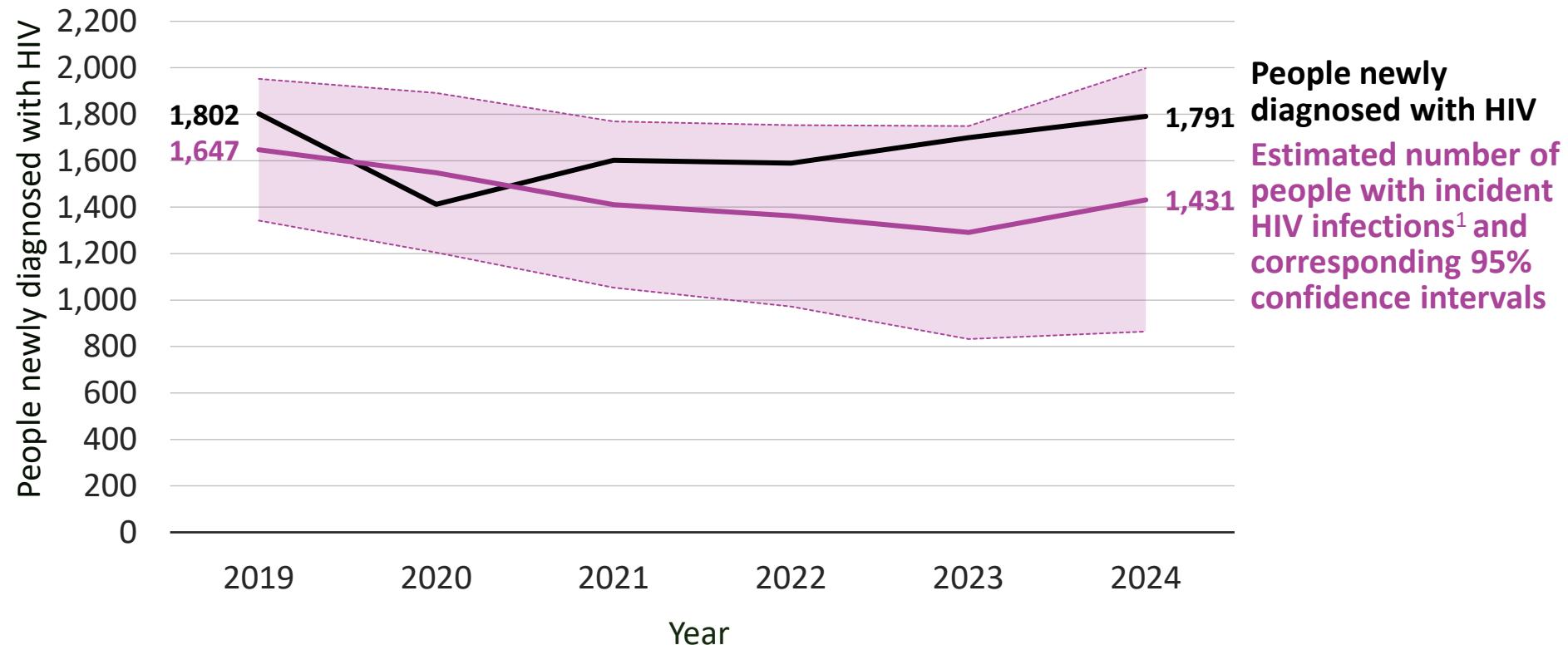
The estimated number of people with a new HIV infection has fluctuated from 2019 to 2024, with a decrease from 2019 to 2023 and an increase from 2023 to 2024. Overall, the estimated number decreased by 13% from 2019 to 2024. The method used nationally and locally to estimate incidence – or new HIV infections within the calendar year – is based on the distribution of CD4 count at HIV diagnosis.

[1]Using the method in: Song R, Hall HI, Green TA, et al. Using CD4 data to estimate HIV incidence, prevalence, and percent of undiagnosed infections in the U.S. *J Acquir Immune Defic Syndr*. 2017;74(1):3-9.
[2]2024 incidence estimates are preliminary.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.

Rate of New HIV Diagnoses[1,2] per 100,000 People – New York City, 2019-2024
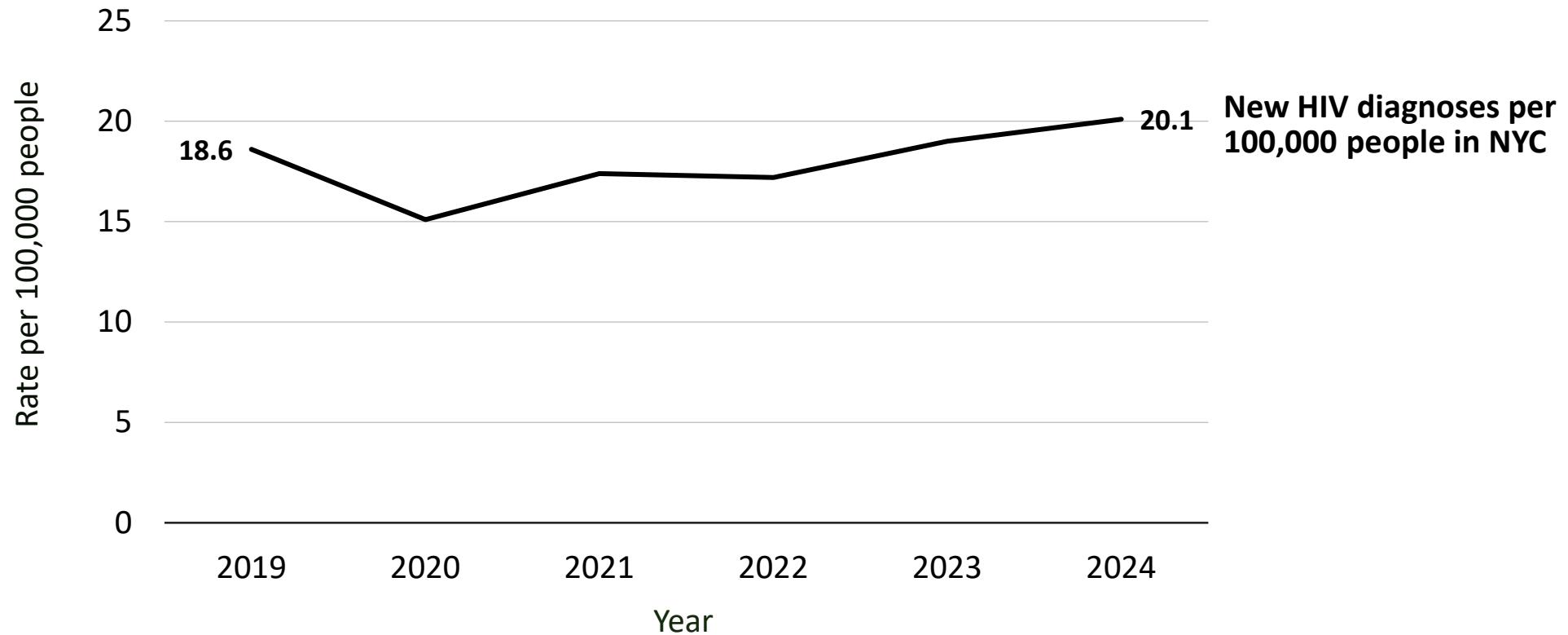
The rate of new HIV diagnoses increased by 8% from 2019 to 2024.

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

Number of People Newly Diagnosed With HIV
by Gender – New York City, 2019-2024

People newly diagnosed with HIV (y-axis)

- 1,410 → 1,348 **Men**
- 325 → 360 **Women**
- 61 → 79 **Transgender women**
- 5 → 3 **Additional gender identities**
- 1 → 1 **Transgender men**

Year (x-axis): 2019, 2020, 2021, 2022, 2023, 2024
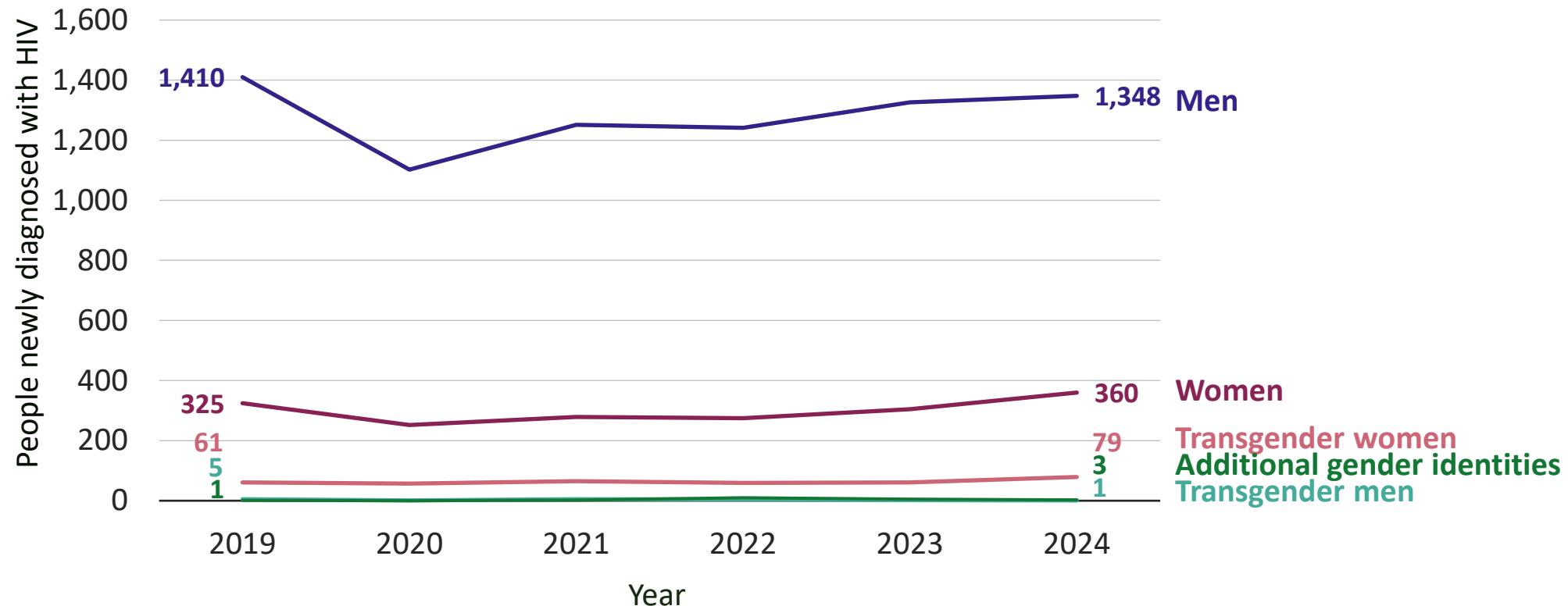
Men consistently experienced the highest number of new HIV diagnoses, accounting for 75% of new diagnoses in 2024. The number of people newly diagnosed with HIV increased among women and among transgender women from 2019 to 2024. All other gender groups experienced decreases or relatively stable numbers of new HIV diagnoses.

NYC Health

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 – New York City in 2019, 2023, and 2024

2019 and 2024 Comparison

Men, 1,410 → 1,348, 4% decrease

Women, 325 → 360, 11% increase
Transgender women, 61 → 79, 30% increase
Transgender men, 5 → 3, 200% increase
Additional gender identities, 1 → 1, 80% decrease

2019   2024

2023 and 2024 Comparison[1]

1,326 → 1,348, 2% increase

305 → 360, 18% increase
61 → 79, 30% increase
5 → 3, 40% decrease
2 → 1, 50% decrease

2023   2024
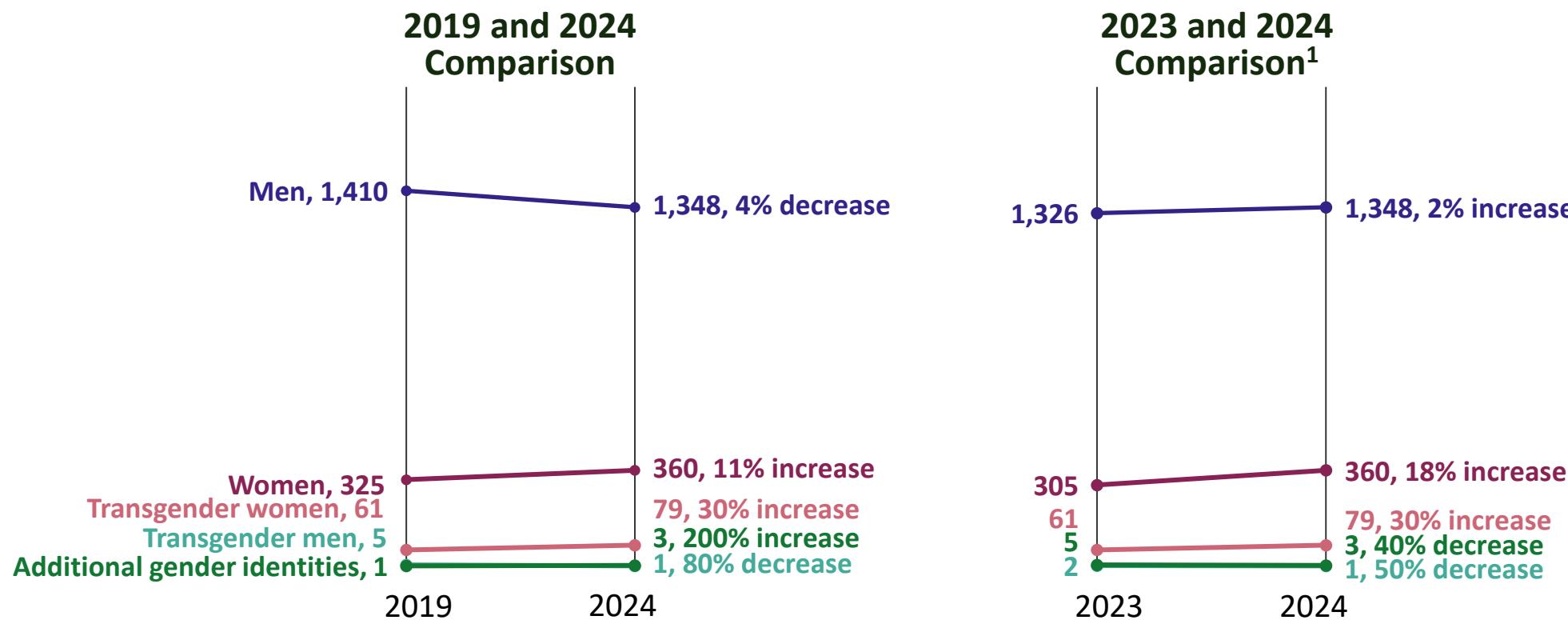
The number of men newly diagnosed with HIV decreased 4% from 2019 to 2024 and was relatively stable from 2023 to 2024. From 2019 to 2024, the number of new HIV diagnoses increased among women (11%) and transgender women (30%); similar increases occurred among these groups from 2023 to 2024. All other gender groups experienced relatively small numbers of new diagnoses during these years; percent change calculations for these groups should be interpreted with caution.

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

Number of People Newly Diagnosed With HIV
## by Race and Ethnicity – New York City, 2019-2024
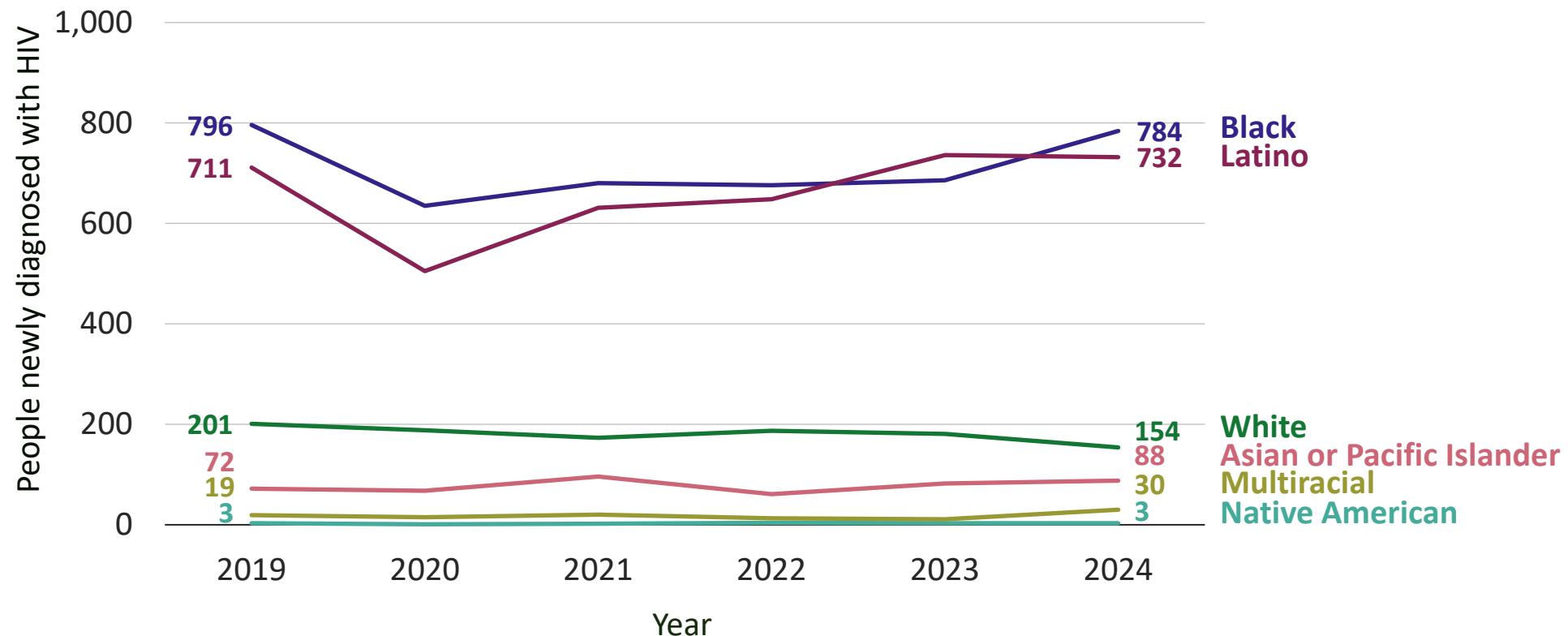
Black and Latino people consistently experienced the highest number of new HIV diagnoses, accounting for a combined 85% of new diagnoses in 2024. In 2024, the number of people newly diagnosed with HIV decreased or returned to levels similar to those in 2019 in all race and ethnicity groups. Black and Latino people experienced steep declines from 2019 to 2020 and then increases from 2020 to 2024.

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 – New York City in 2019, 2023, and 2024

2019 and 2024 Comparison

- Black, 796 → 784, 2% decrease
- Latino, 711 → 732, 3% increase
- White, 201 → 154, 23% decrease
- Asian or Pacific Islander, 72 → 88, 22% increase
- Multiracial, 19 → 30, 58% increase
- Native American, 3 → 3, No change

2019 / 2024

2023 and 2024 Comparison[1]

- 686 → 784, 14% increase
- 736 → 732, 1% decrease
- 181 → 154, 15% decrease
- 82 → 88, 7% increase
- 11 → 30, 173% increase
- 3 → 3, No change

2023 / 2024
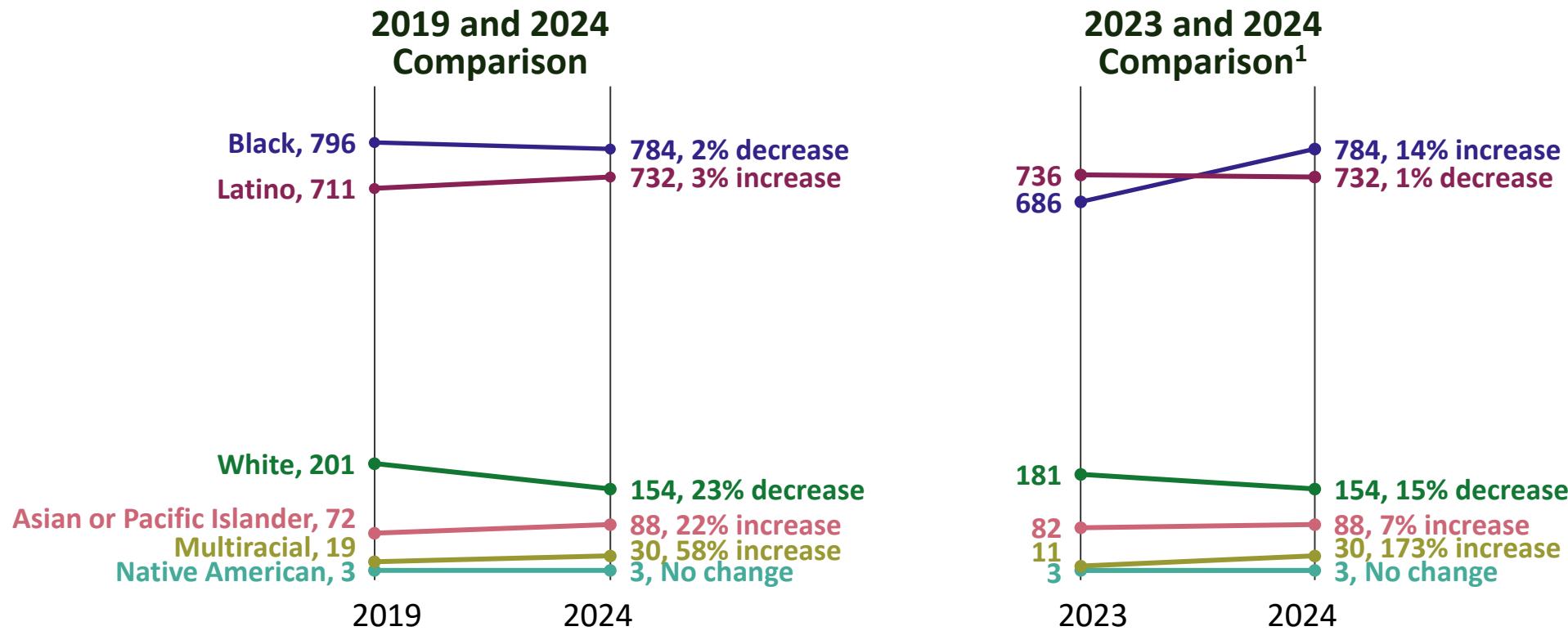
From 2019 to 2024, the number of Black and Latino people newly diagnosed with HIV remained relatively stable, white people experienced a decrease (23%), and increases occurred among Asian or Pacific Islander people (22%) and multiracial people (58%). From 2023 to 2024, increases occurred among Black people (14%) and multiracial people (173%).

[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[1,2]
by Race and Ethnicity – New York City, 2024

People newly diagnosed with HIV

Black	44%
Latino	42%
White	8%
Asian or Pacific Islander	5%
Native American	<1%
Multiracial	2%

All people in New York City[1]

Black	22%
Latino	28%
White	32%
Asian or Pacific Islander	16%
Native American	<1%
Multiracial	2%
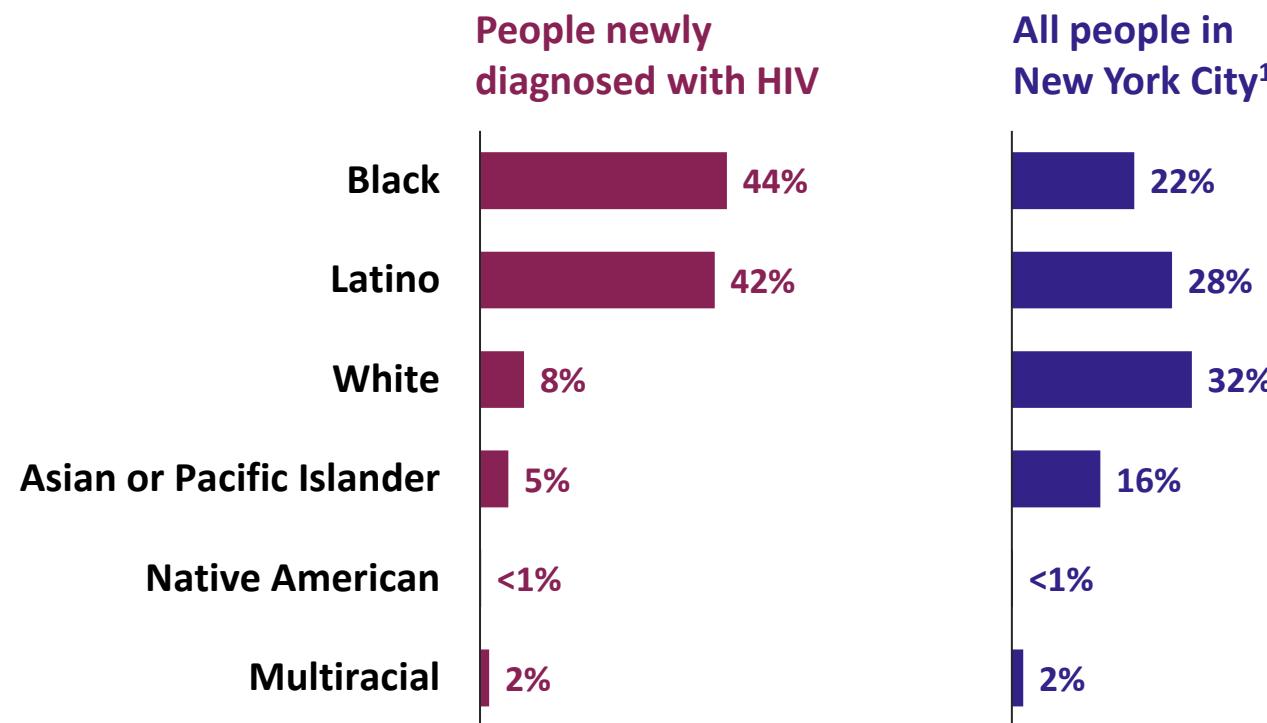
The proportions of new HIV diagnoses among Black and Latino people were higher than those groups' proportions in the New York City population.

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

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Rate of New HIV Diagnoses[1,2] per 100,000 People
by Race and Ethnicity – New York City, 2019-2024
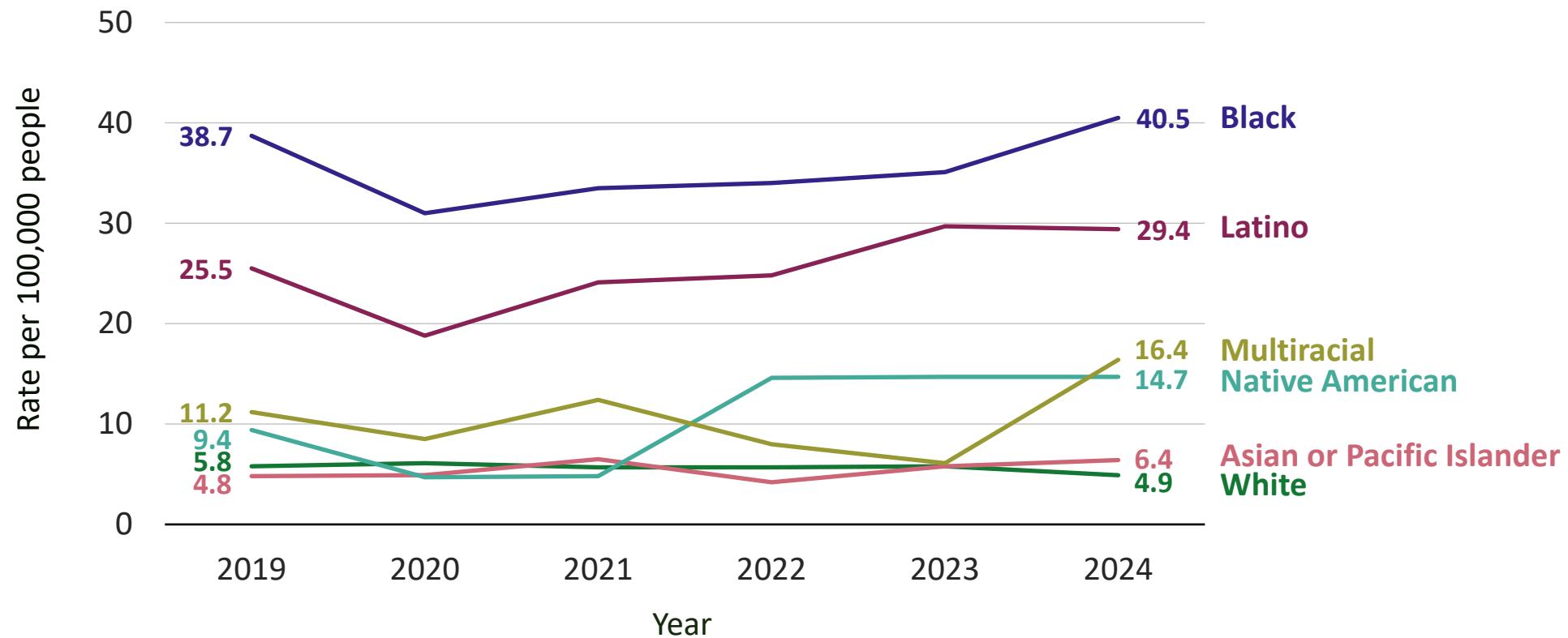
Black and Latino people consistently experienced the highest rates of new HIV diagnoses. From 2019 to 2024, the rate of new HIV diagnoses increased among Black people (5%) and Latino people (15%). The rate also increased among multiracial people (46%) and Native American people (56%), although there were fluctuations; the number of Native American people newly diagnosed with HIV remains low, the rate should be interpreted with caution. The rate of new HIV diagnoses decreased or remained relatively stable among white and Asian or Pacific Islander people.

Number of People Newly Diagnosed With HIV
by Age Group – New York City, 2019-2024
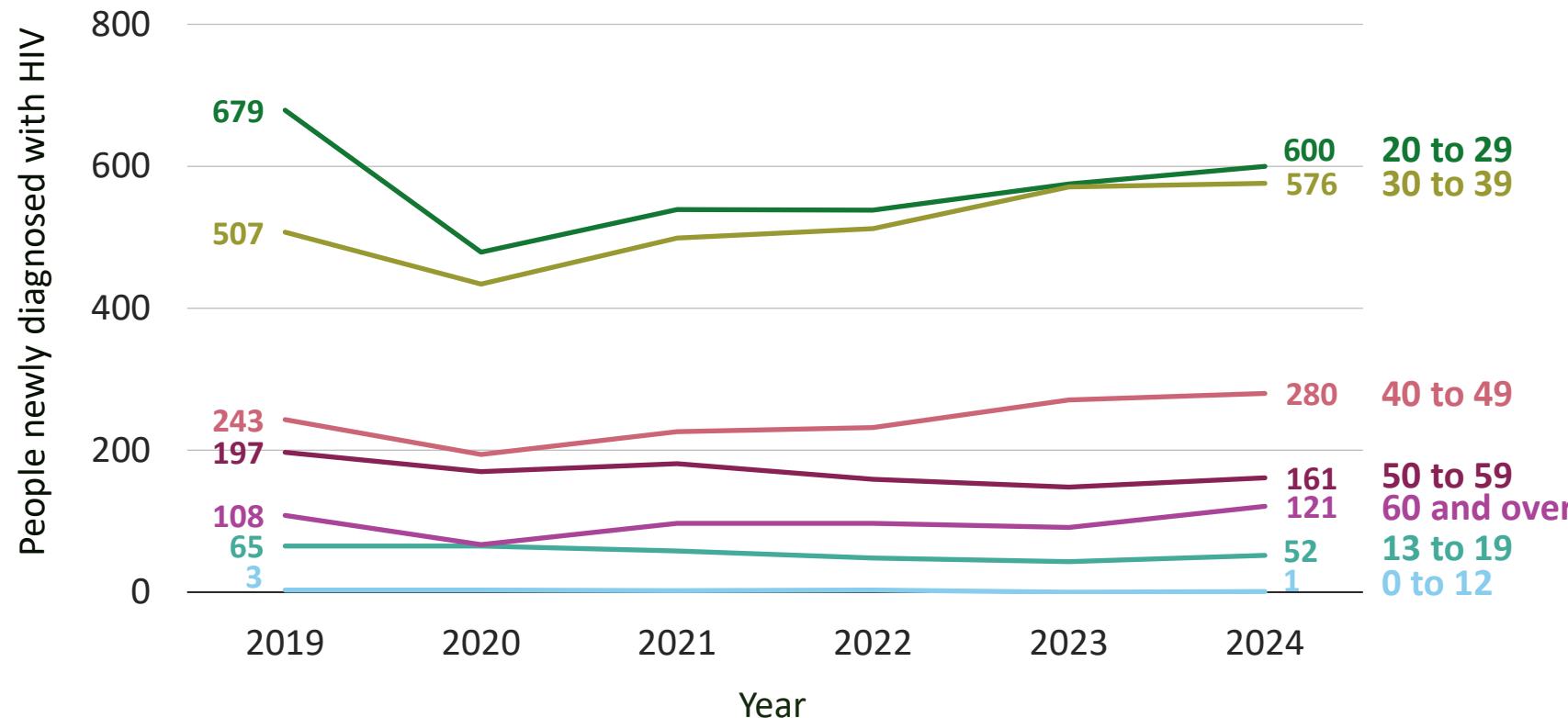
People ages 20 to 39 consistently experienced the highest number of new HIV diagnoses, accounting for a combined 66% of new diagnoses in 2024. The number of people newly diagnosed with HIV increased among people ages 30 to 39, 40 to 49, and 60 and over from 2019 to 2024. The number of people newly diagnosed with HIV in all other age groups decreased.

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 – New York City in 2019, 2023, and 2024
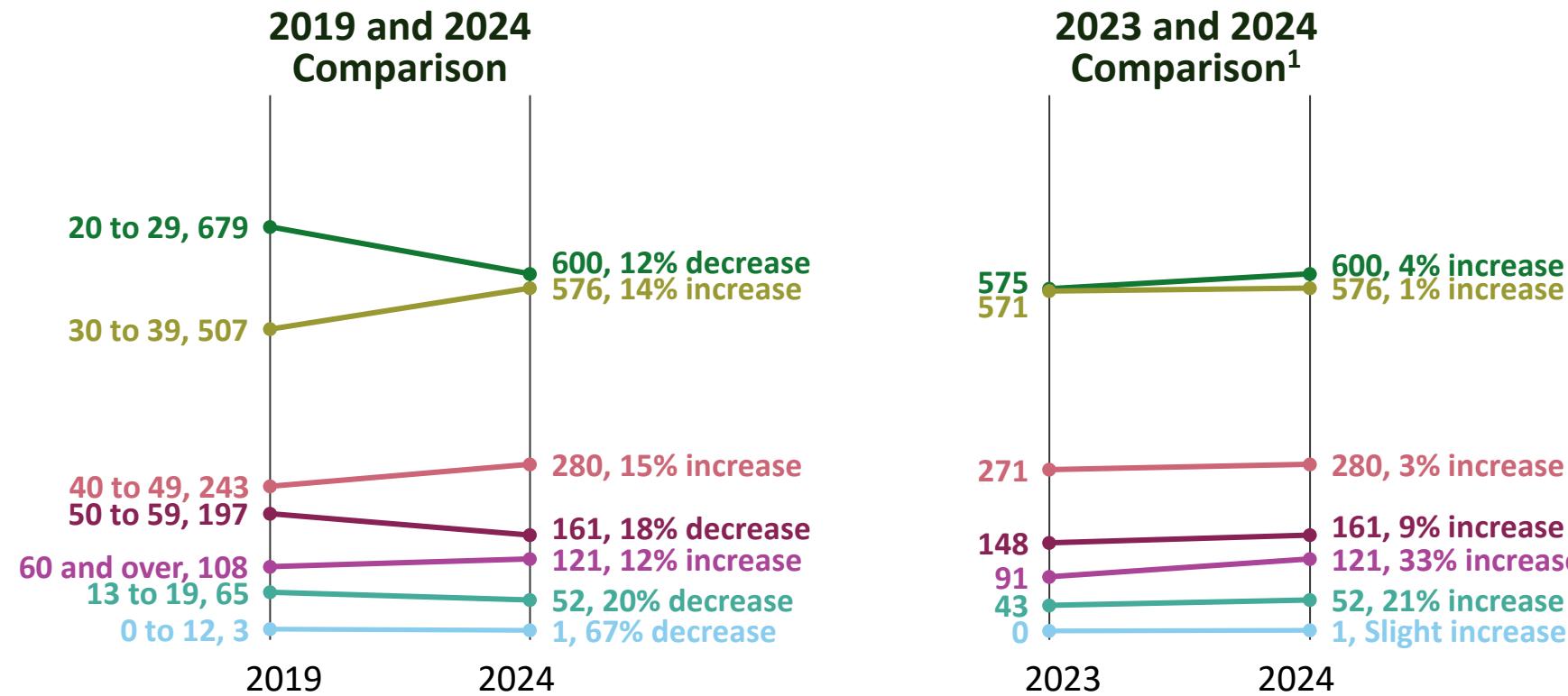
2019 and 2024 Comparison

- 20 to 29, 679 → 600, 12% decrease
- 30 to 39, 507 → 576, 14% increase
- 40 to 49, 243 → 280, 15% increase
- 50 to 59, 197 → 161, 18% decrease
- 60 and over, 108 → 121, 12% increase
- 13 to 19, 65 → 52, 20% decrease
- 0 to 12, 3 → 1, 67% decrease

2023 and 2024 Comparison[1]

- 575 → 600, 4% increase
- 571 → 576, 1% increase
- 271 → 280, 3% increase
- 148 → 161, 9% increase
- 91 → 121, 33% increase
- 43 → 52, 21% increase
- 0 → 1, Slight increase

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

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

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

People newly diagnosed with HIV

Age Group	Proportion
0 to 12	<1%
13 to 19	3%
20 to 29	33%
30 to 39	33%
40 to 49	16%
50 to 59	9%
60 and over	7%

All people in New York City[1]

Age Group	Proportion
0 to 12	14%
13 to 19	8%
20 to 29	14%
30 to 39	16%
40 to 49	13%
50 to 59	12%
60 and over	23%
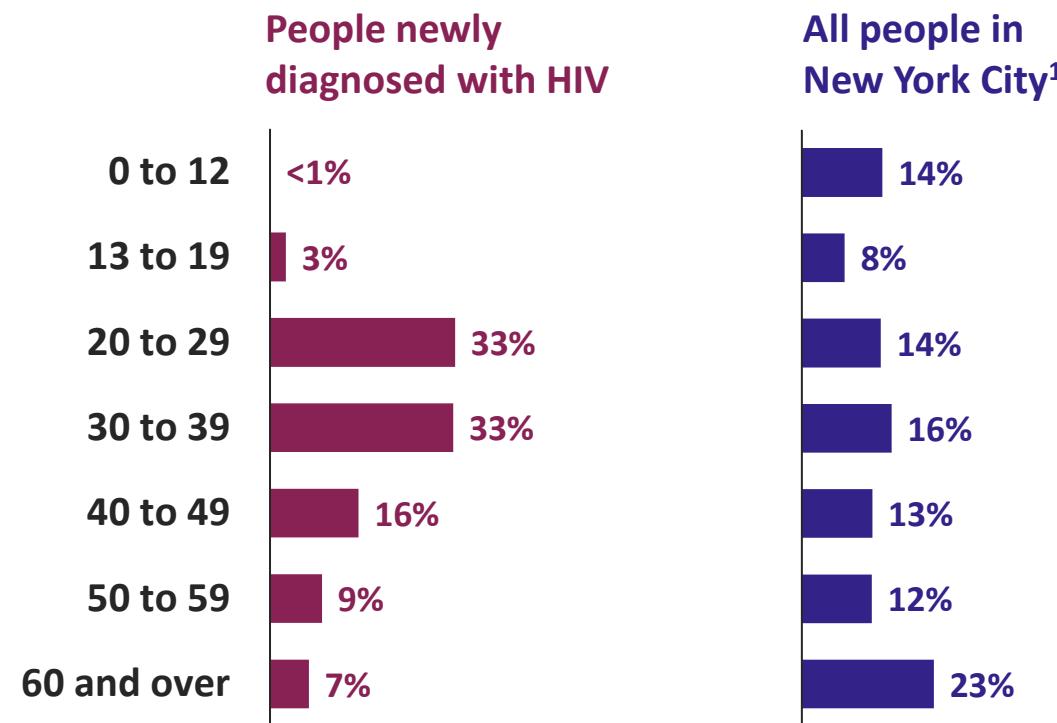
The proportions of new HIV diagnoses among people ages 20 to 39 were more than double those groups' proportions in the New York City population.

Rate of New HIV Diagnoses[1,2] per 100,000 People
## by Age Group – New York City, 2019-2024
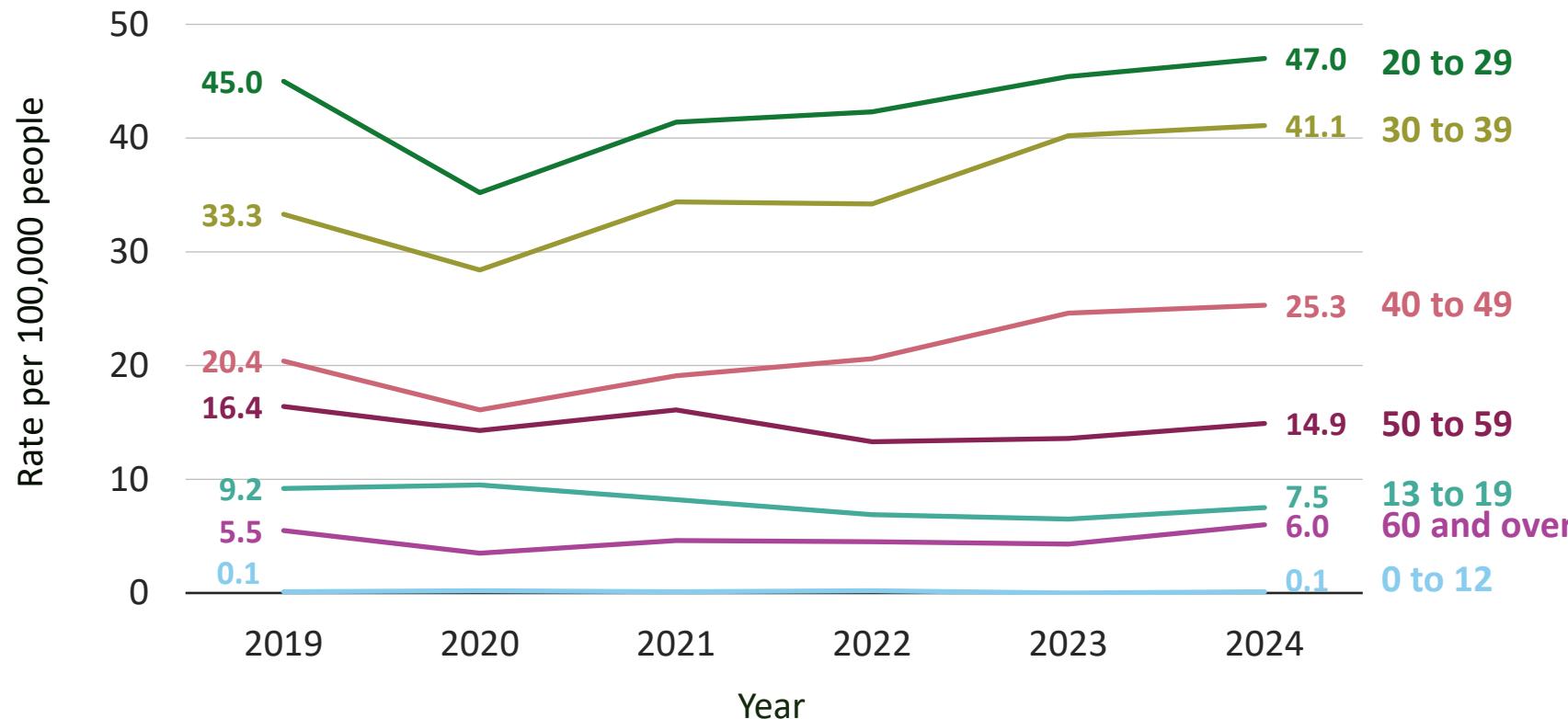
People ages 20 to 39 consistently experienced the highest rate of new HIV diagnoses. From 2019 to 2024, the rate of new HIV diagnoses increased among people ages 20 to 29 (4%), 30 to 39 (23%), and 40 to 49 (24%). The rate of new HIV diagnoses in all other age groups decreased or remained relatively stable.

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

Age Group	Black	Latino	White	Asian or Pacific Islander	Native American	Multiracial
0 to 12	1	0	0	0	0	0
13 to 19	26	22	1	3	0	0
20 to 29	255	276	29	26	2	12
30 to 39	220	252	61	35	0	8
40 to 49	129	97	35	12	0	7
50 to 59	86	49	17	7	0	2
60 and over	67	36	11	5	1	1

**Black and Latino people ages 20 to 39 experienced the highest number
of new HIV diagnoses, accounting for a combined 56% of new diagnoses in 2024.**

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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 Borough of Residence – New York City, 2019-2024
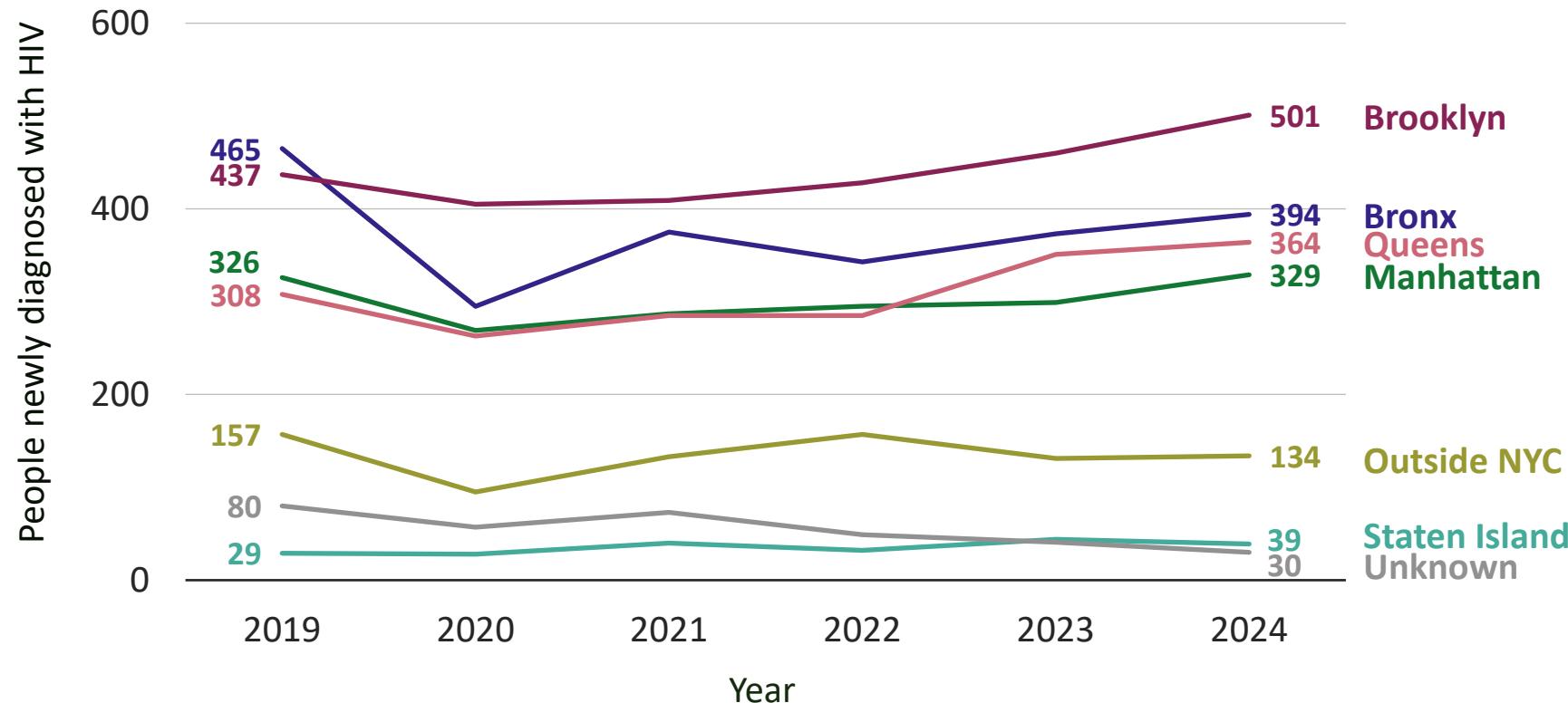
People residing in Brooklyn and the Bronx consistently experienced the highest number of new HIV diagnoses, accounting for a combined 50% of new diagnoses in 2024. The number of people newly diagnosed with HIV increased among people residing in Staten Island, Queens, and Brooklyn from 2019 to 2024. The 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 → 394, 15% decrease
- Brooklyn, 437 → 501, 15% increase
- Manhattan, 326 → 329, 1% increase
- Queens, 308 → 364, 18% increase
- Outside NYC, 157 → 134, 15% decrease
- Unknown, 80 → 30, 63% decrease
- Staten Island, 29 → 39, 34% increase

2023 and 2024 Comparison[1]

- 460 → 501, 9% increase
- 373 → 394, 6% increase
- 351 → 364, 4% increase
- 299 → 329, 10% increase
- 131 → 134, 2% increase
- 44 → 39, 11% decrease
- 41 → 30, 27% decrease
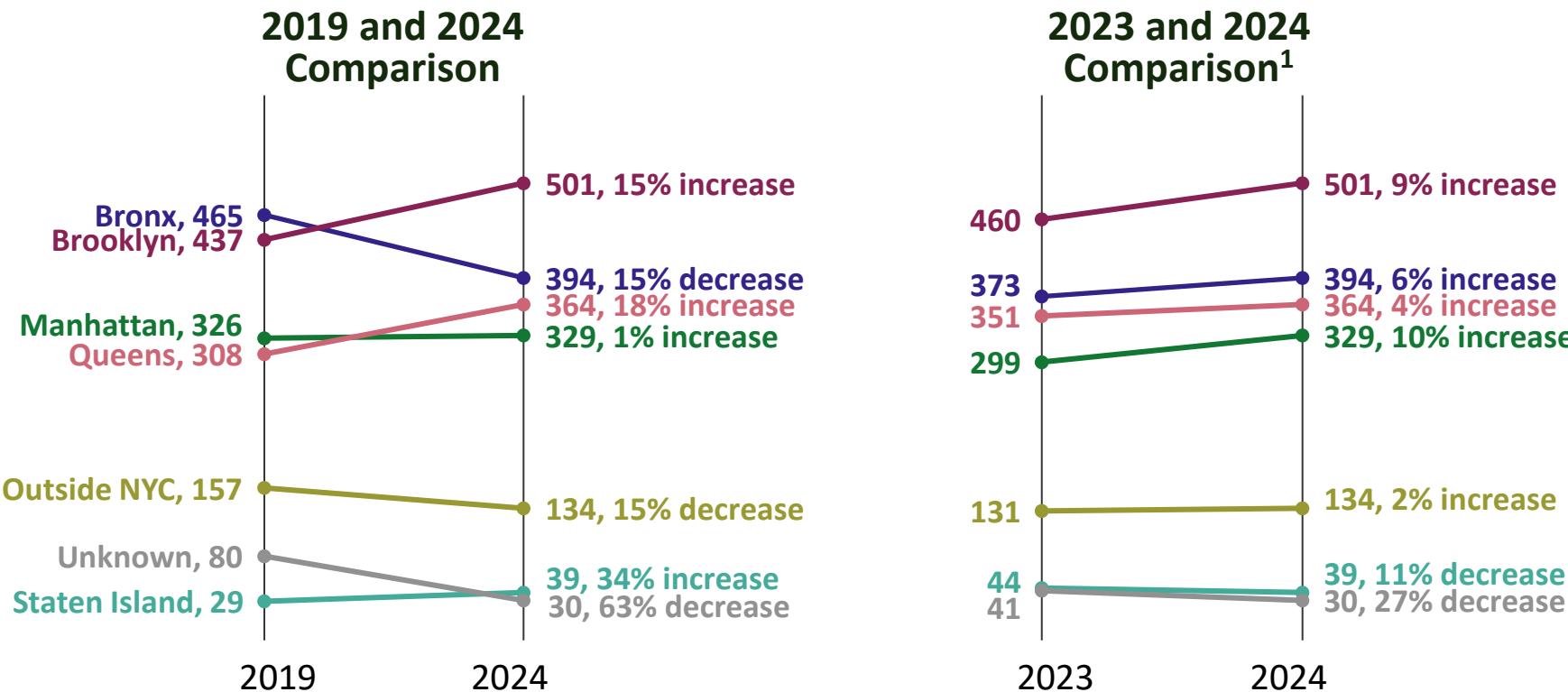
From 2019 to 2024, the number of people newly diagnosed with HIV increased among residents of Staten Island (34%), Queens (18%), and Brooklyn (15%), and decreased among residents of the Bronx (15%). From 2023 to 2024, increases were seen among residents of all boroughs except for Staten Island, which decreased by 11%.

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

People newly diagnosed with HIV

Borough	%
Bronx	24%
Brooklyn	31%
Manhattan	20%
Queens	22%
Staten Island	2%

All people in New York City[1]

Borough	%
Bronx	16%
Brooklyn	31%
Manhattan	19%
Queens	27%
Staten Island	6%
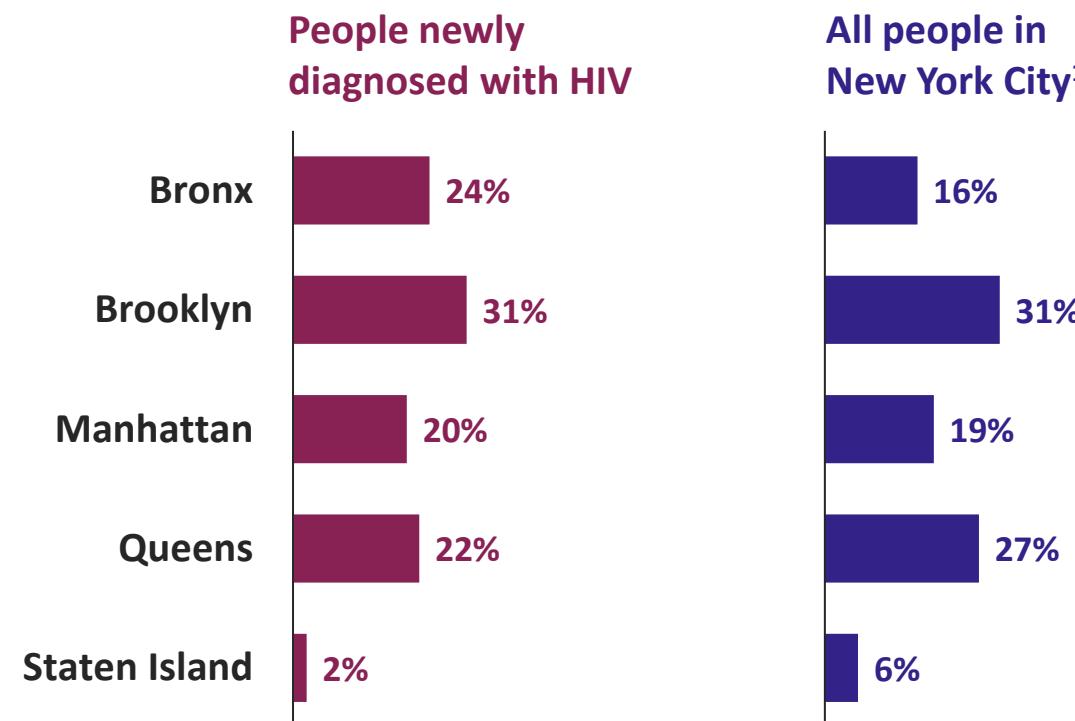
The proportions of new HIV diagnoses among people residing in the Bronx and Manhattan were higher than those groups' proportions in the New York City population.

Rate of New HIV Diagnoses[1,2] per 100,000 People
by Borough of Residence – New York City, 2019-2024
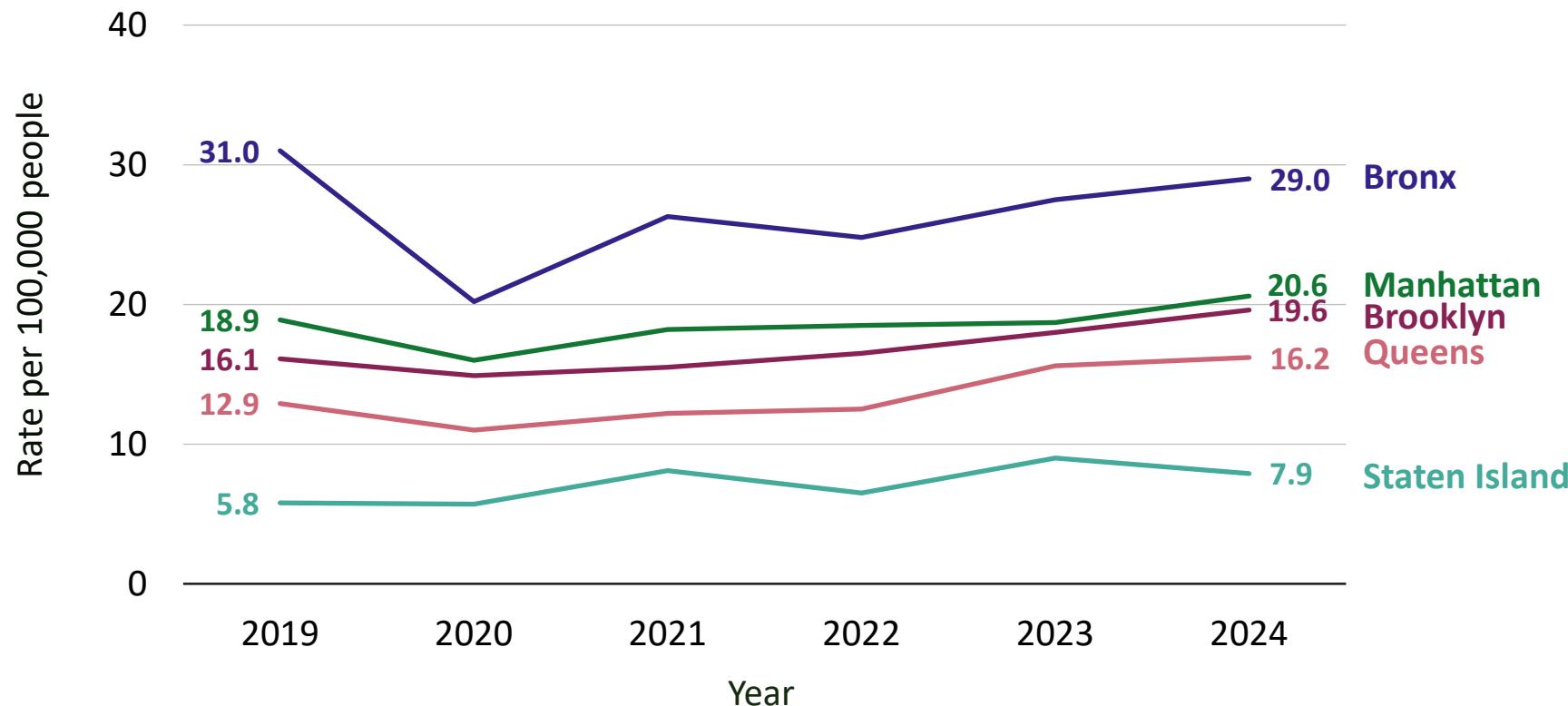
People in the Bronx consistently experienced the highest rate of new HIV diagnoses. From 2019 to 2024, the rate of new HIV diagnoses increased among people residing in Brooklyn (22%), Manhattan (9%), Queens (26%), and Staten Island (36%); the number of Staten Island residents newly diagnosed with HIV 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.

Rate of New HIV Diagnoses[1,2] per 100,000 People
by United Hospital Fund Neighborhood – New York City, 2019-2024

Rate of new HIV diagnoses per 100,000 people by UHF neighborhood

- 2.0 to 9.0
- more than 9.0 to 14.6
- more than 14.6 to 29.6
- more than 29.6 to 46.5
- Non-residential areas

N

High Bridge – Morrisania
Hunts Point – Mott Haven
East Harlem

0   2.5   5   10 Miles
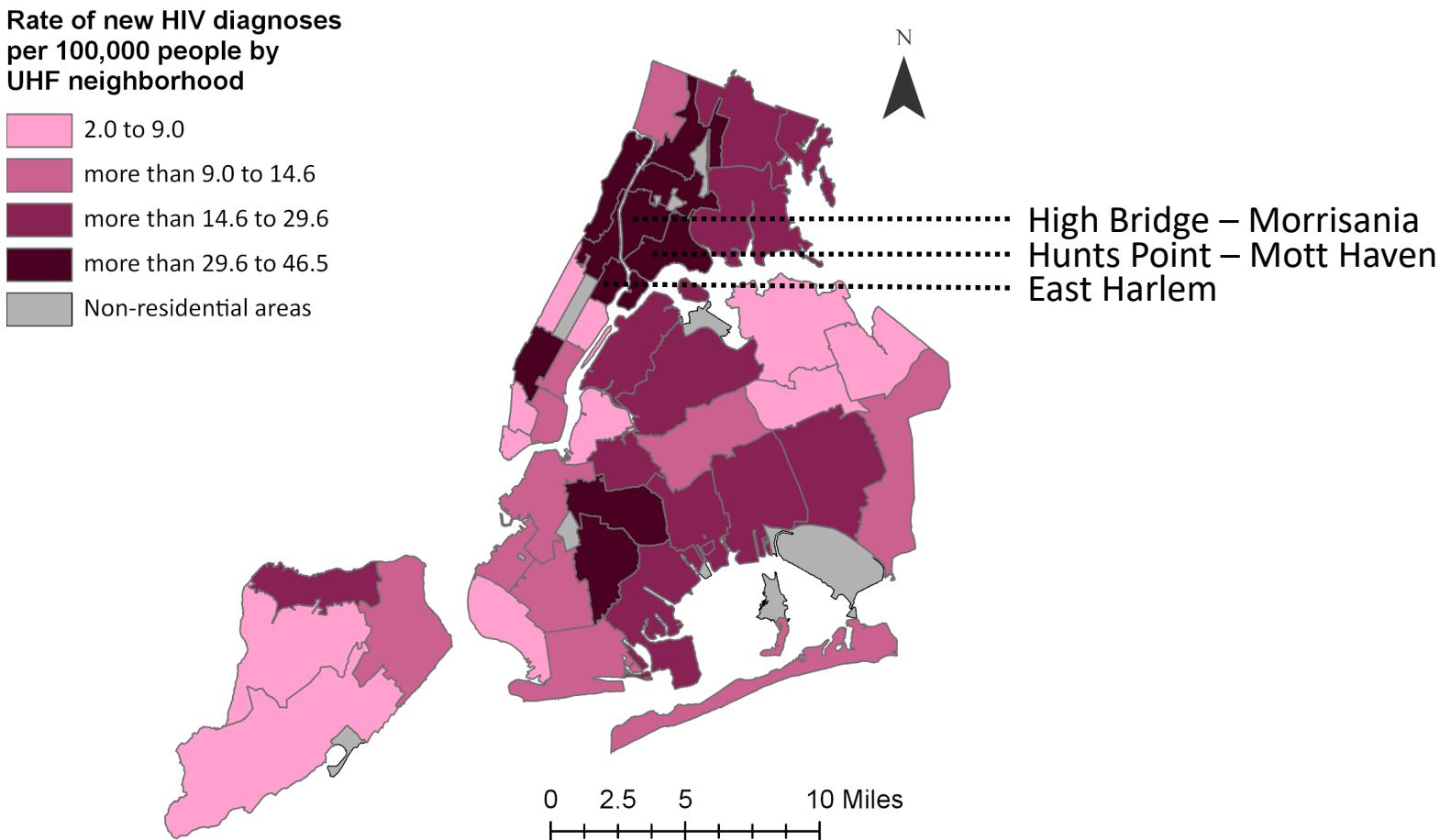
The neighborhoods with the highest rate of new HIV diagnoses per 100,000 people were East Harlem (46.5), High Bridge – Morrisania (41.8), and Hunts Point – Mott Haven (38.9).

NYC Health

Number of People Newly Diagnosed With HIV
by Neighborhood Poverty Level[1] – New York City, 2019-2024
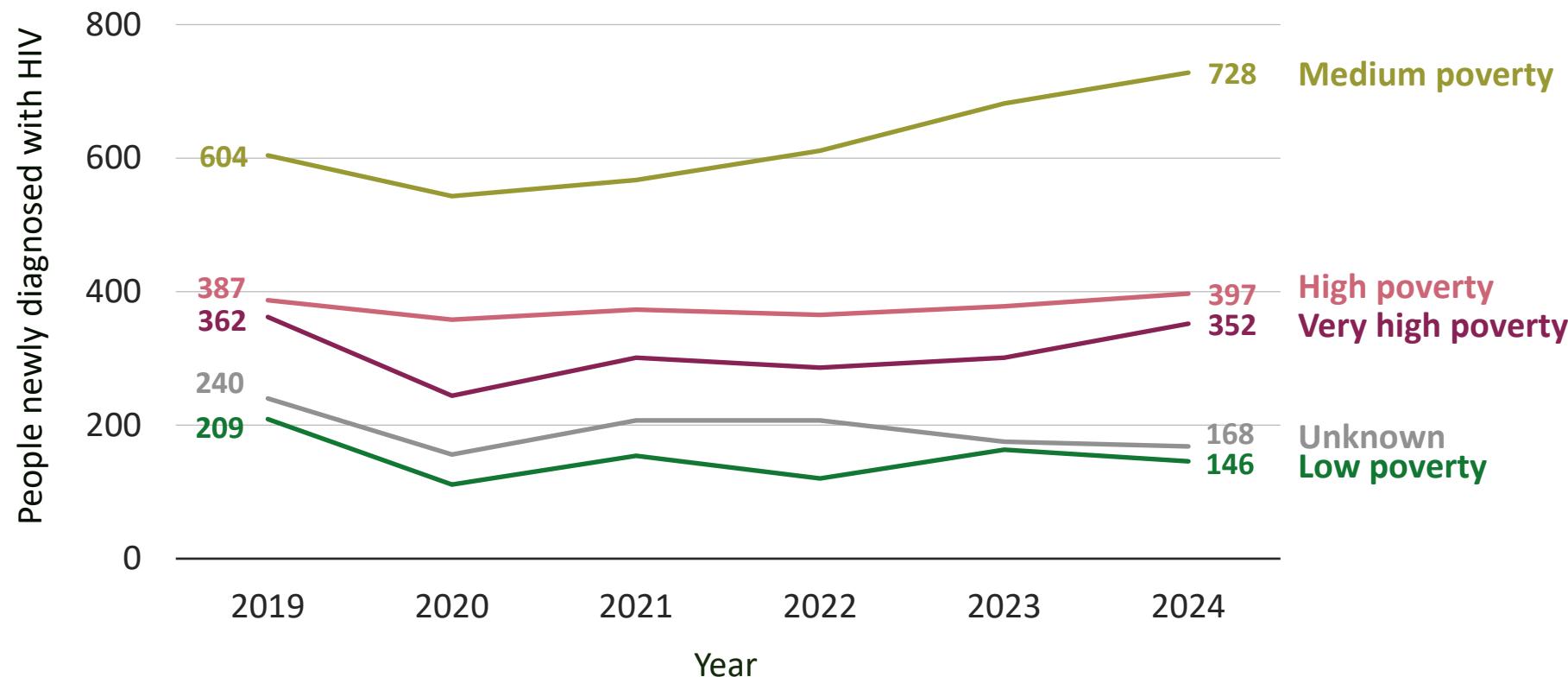
People newly diagnosed with HIV

	Medium poverty	High poverty	Very high poverty	Unknown	Low poverty
2019	604	387	362	240	209
2024	728	397	352	168	146

People residing in medium-poverty neighborhoods consistently experienced the highest number of new HIV diagnoses, accounting for 41% of new diagnoses in 2024. The number of people newly diagnosed with HIV increased among people residing in medium-poverty neighborhoods from 2019 to 2024. The number of people newly diagnosed with HIV in all other neighborhood poverty level groups decreased or remained relatively stable.

[1]Neighborhood poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.
Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty=≥30% below FPL.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.

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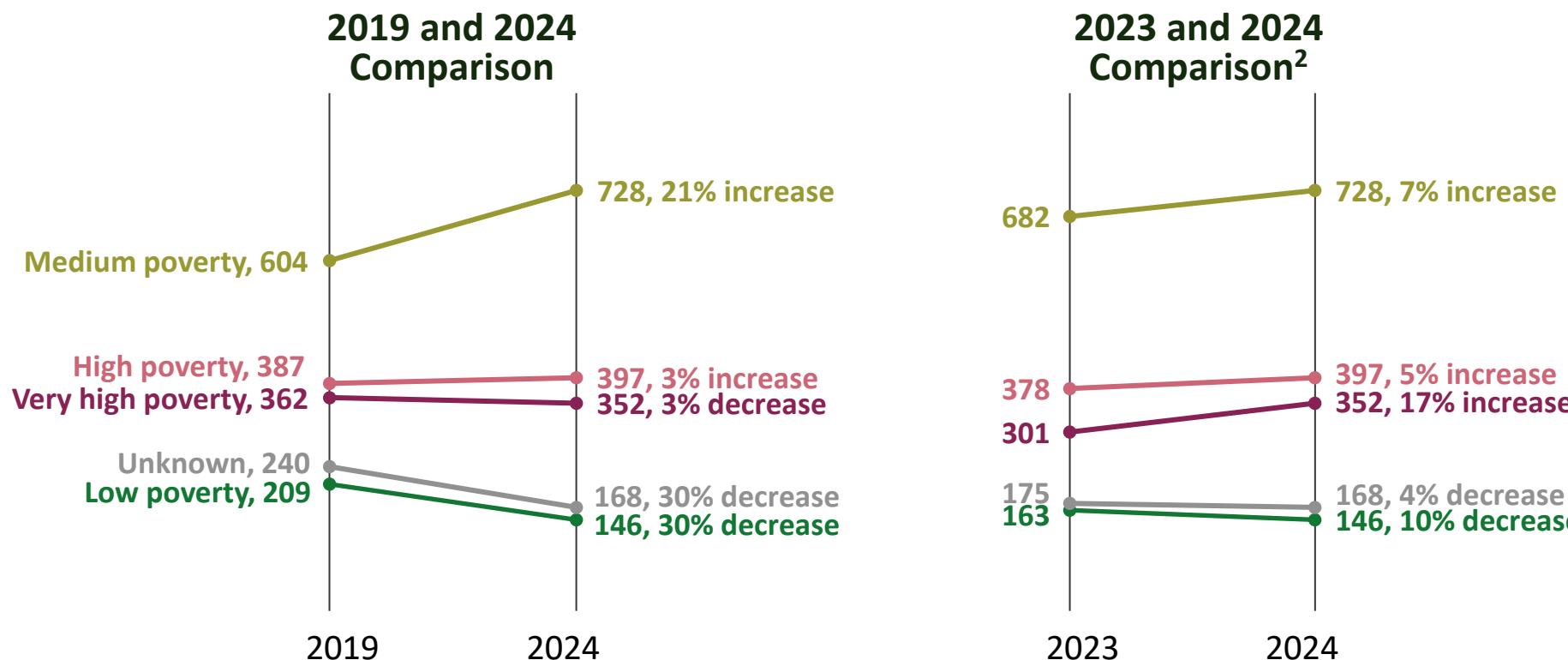
2019 and 2024 Comparison

- Medium poverty, 604 → 728, 21% increase
- High poverty, 387 → 397, 3% increase
- Very high poverty, 362 → 352, 3% decrease
- Unknown, 240 → 168, 30% decrease
- Low poverty, 209 → 146, 30% decrease

2019   2024

2023 and 2024 Comparison[2]

- 682 → 728, 7% increase
- 378 → 397, 5% increase
- 301 → 352, 17% increase
- 175 → 168, 4% decrease
- 163 → 146, 10% decrease

2023   2024

From 2019 to 2024, the number of people newly diagnosed with HIV increased among people residing in medium-poverty neighborhoods (21%), and all other neighborhood poverty level groups experienced decreases or relatively stable numbers. From 2023 to 2024, an increase occurred among people residing in very-high-poverty neighborhoods (17%).

[1]Neighborhood poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis. Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty=≥30% below FPL.
[2]One-year increases or decreases are not indicative of a trend and should be interpreted with caution.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.

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

People newly diagnosed with HIV

Poverty Level	Proportion
Low poverty	9%
Medium poverty	45%
High poverty	25%
Very high poverty	22%

All people in New York City[1]

Poverty Level	Proportion
Low poverty	21%
Medium poverty	47%
High poverty	20%
Very high poverty	12%
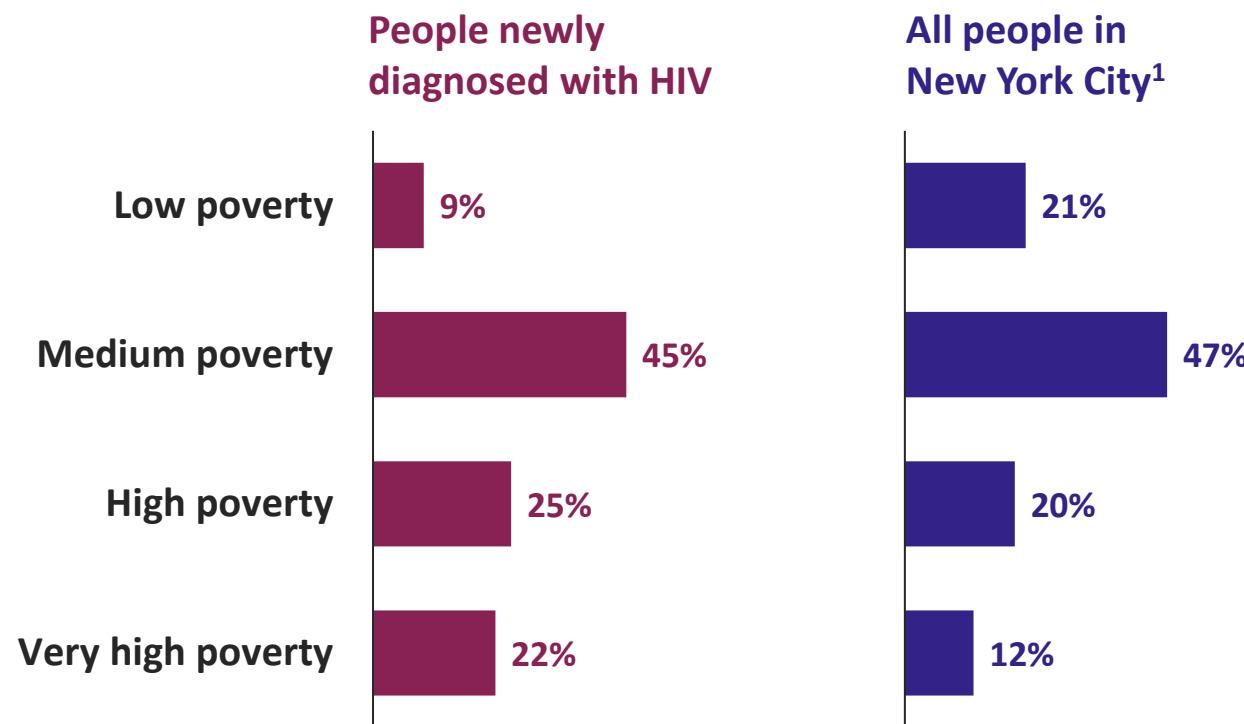
The proportions of new HIV diagnoses among people residing in high- or very-high-poverty neighborhoods were higher than those groups' proportions in the New York City population.

[1]NYC population calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates.
[2]Excludes people newly diagnosed with HIV in New York City who were residing outside of New York City at the time of diagnosis.
[3]Neighborhood poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis. Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty=≥30% below FPL.
[4]Proportions exclude people living in neighborhoods with an unknown poverty level
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.

Rate of New HIV diagnoses[1,2] per 100,000 People
by Neighborhood Poverty Level[3] – New York City, 2019-2024
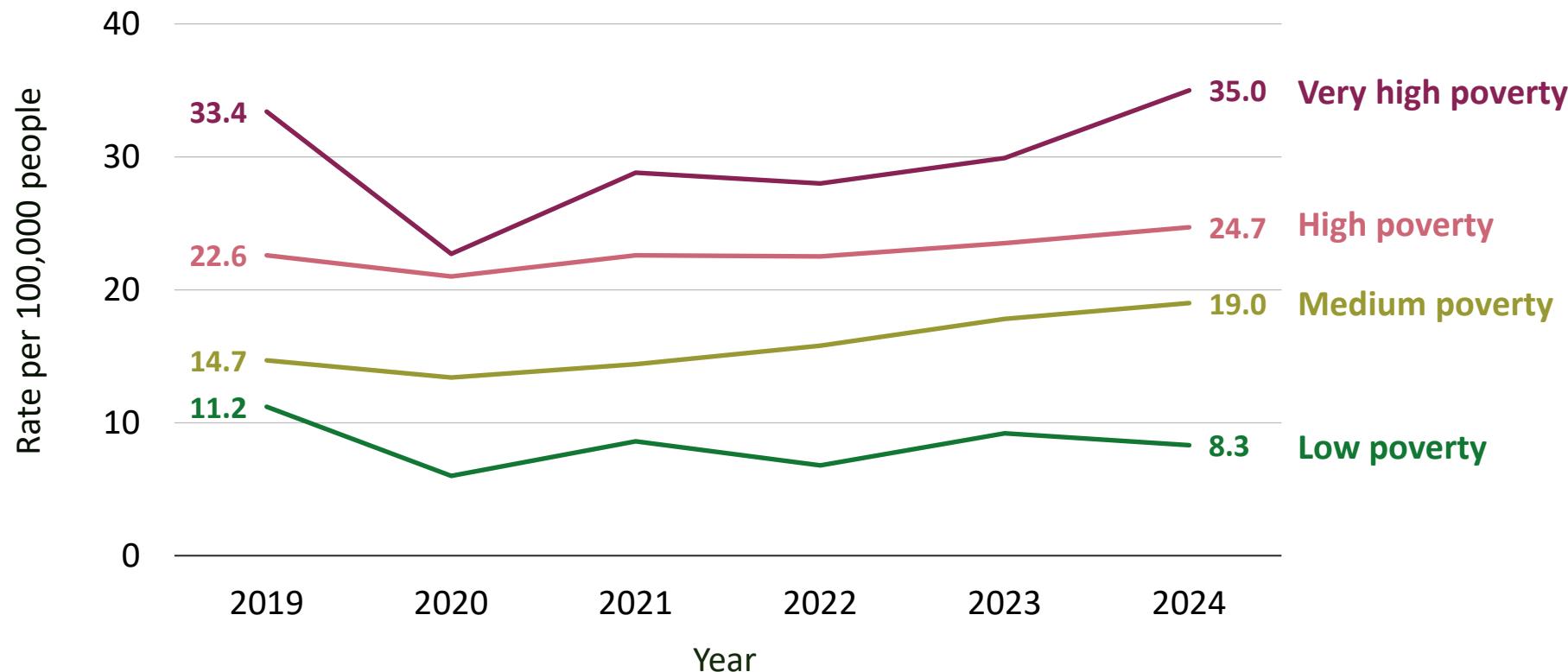
People residing in very-high-poverty neighborhoods consistently experienced the highest rates of new HIV diagnoses. From 2019 to 2024, the rate of new HIV diagnoses increased among people residing in medium-poverty neighborhoods (29%), high-poverty neighborhoods (9%), and very-high-poverty neighborhoods (5%). The rate of new HIV diagnoses among people residing in low-poverty neighborhoods decreased. People residing in very-high-poverty neighborhoods 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.
[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.

Number of People Newly Diagnosed With HIV
## by Transmission Category – New York City, 2019-2024
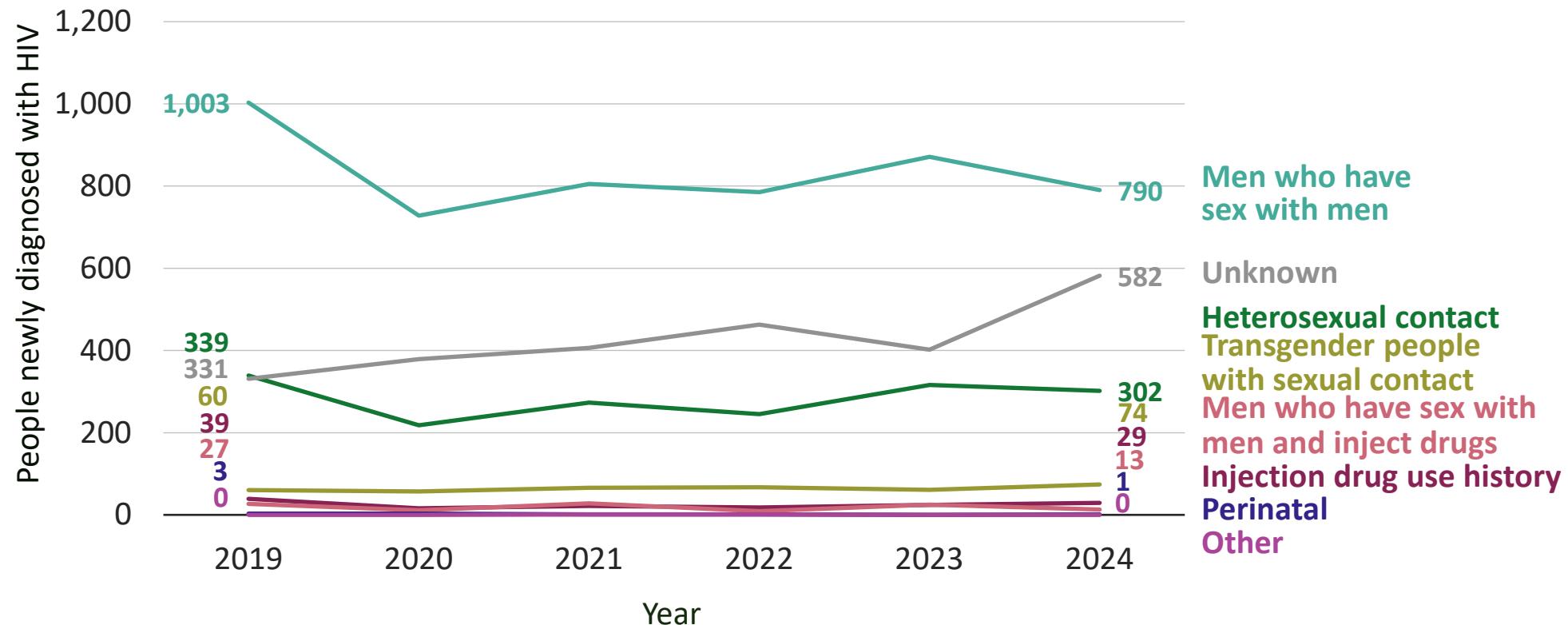
Men who have sex with men consistently experienced the highest number of new HIV diagnoses, representing 65% of new diagnoses among people for whom data on transmission category were available in 2024. The number of people newly diagnosed with HIV with an unknown transmission category increased from 2019 to 2024. The number of people newly diagnosed with HIV in all other transmission category 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 Transmission Category – New York City in 2019, 2023, and 2024

2019 and 2024 Comparison

Men who have sex with men, 1,003 → 790, 21% decrease

Heterosexual contact, 339 → 302, 11% decrease
Unknown, 331 → 582, 76% increase
Transgender people with sexual contact, 60 → 74, 23% increase
Injection drug use history, 39 → 29, 26% decrease
Men who have sex with men and inject drugs, 27 → 13, 52% decrease
Perinatal, 3 → 1, 67% decrease
Other, 0 → 0, No change

2019 — 2024

2023 and 2024 Comparison[1]

871 → 790, 9% decrease
402 → 582, 45% increase
316 → 302, 4% decrease
61 → 74, 21% increase
25 → 29, 21% increase
24 → 13, 48% decrease
0 → 1, Slight increase
0 → 0, No change

2023 — 2024

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

Number of People Newly Diagnosed With HIV
by Place of Birth – New York City, 2019-2024
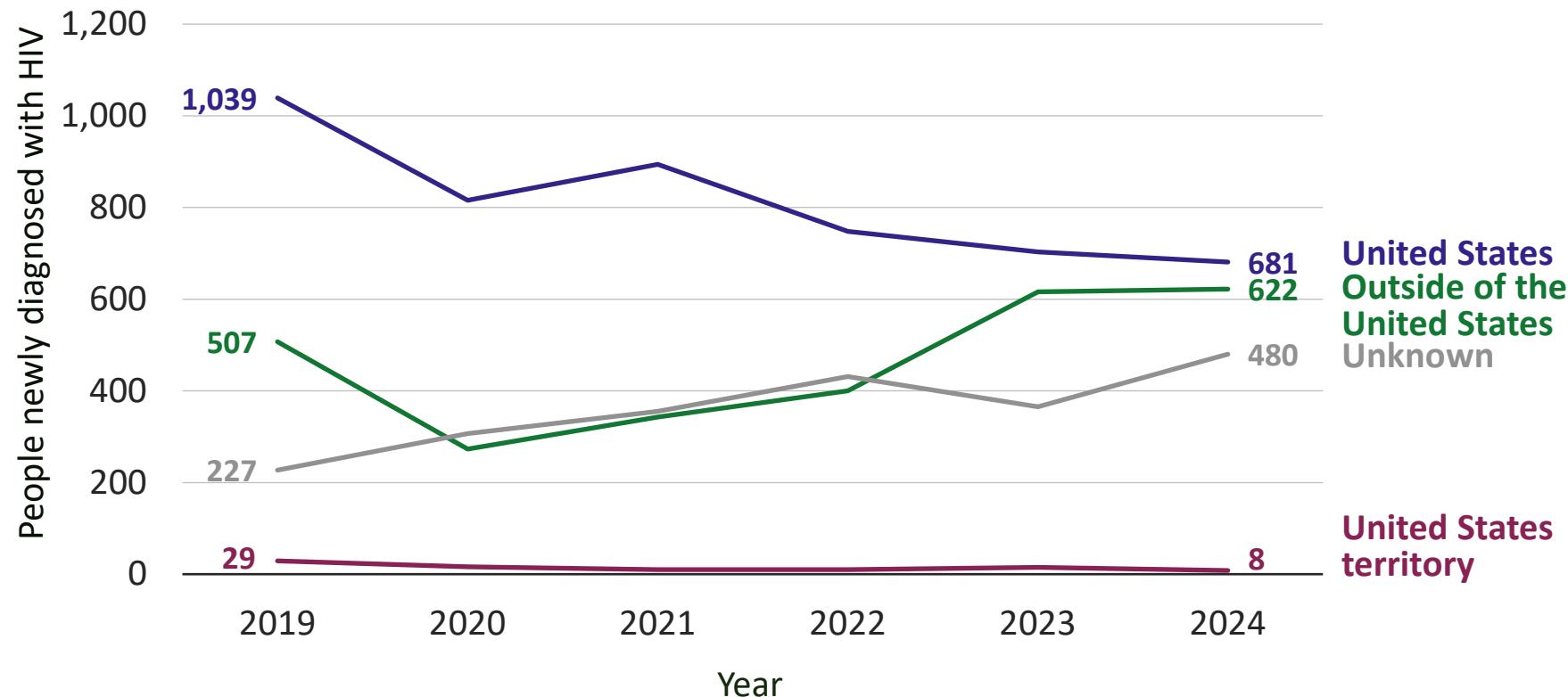
Among people newly diagnosed with HIV, the difference in the number of people born in the United States and those born outside of the United States narrowed markedly from 2019 to 2024. The number of people newly diagnosed with HIV increased among people born outside of the United States and among people with an unknown place of birth from 2019 to 2024. The number of people newly diagnosed with HIV in all other place of birth groups decreased.

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 Place of Birth – New York City in 2019, 2023, and 2024
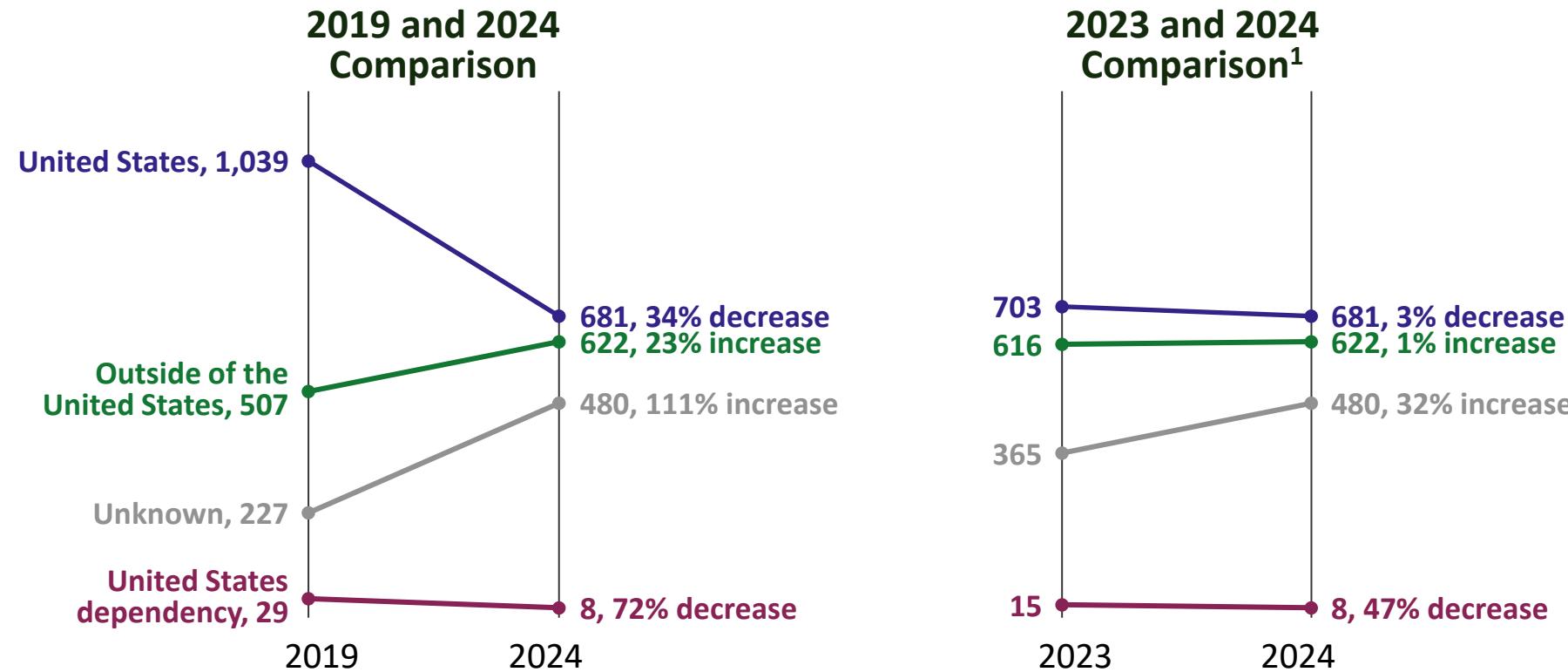
2019 and 2024 Comparison

United States, 1,039 → 681, 34% decrease
Outside of the United States, 507 → 622, 23% increase
Unknown, 227 → 480, 111% increase
United States dependency, 29 → 8, 72% decrease

2019 | 2024

2023 and 2024 Comparison[1]

703 → 681, 3% decrease
616 → 622, 1% increase
365 → 480, 32% increase
15 → 8, 47% decrease

2023 | 2024

From 2019 to 2024, the number of people newly diagnosed with HIV increased among people born outside of the United States (23%) and among people with an unknown place of birth (111%); all other groups experienced decreases. From 2023 to 2024, an increase occurred among people with an unknown place of birth (32%). 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.

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

Care Outcomes Among People Newly Diagnosed With HIV

New York City

Initiation of Care[1] Within 30 Days of Diagnosis – New York City, 2019-2024
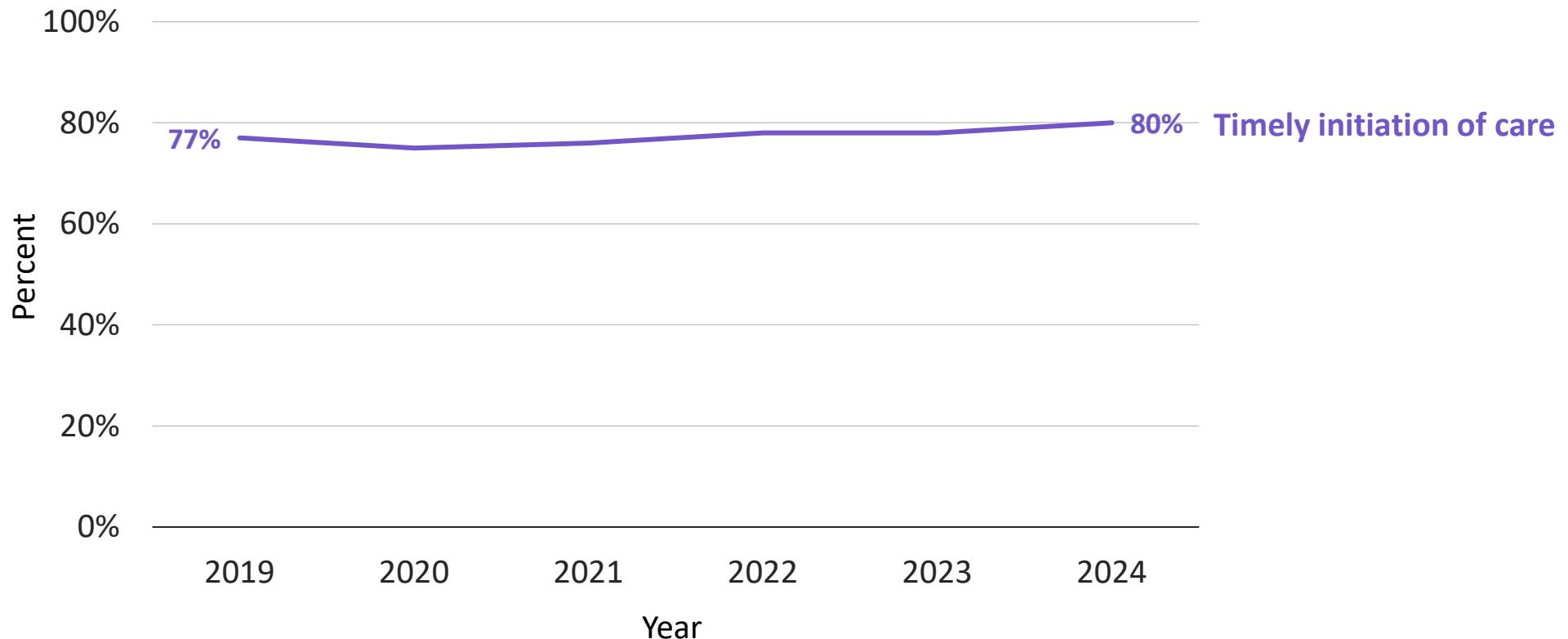
Initiation of care within 30 days of diagnosis among people newly diagnosed with HIV increased by three percentage points from 2019 to 2024.

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

80% in NYC overall

Gender
Men	80%
Women	79%
Transgender women	85%
Transgender men	100%*
Additional gender identities	67%*

Race and ethnicity
Black	77%
Latino	85%
White	77%
Asian or Pacific Islander	78%
Native American	100%*
Multiracial	86%

Age group (years)
0 to 12	0%*
13 to 19	81%
20 to 29	82%
30 to 39	80%
40 to 49	79%
50 to 59	75%
60 and over	79%
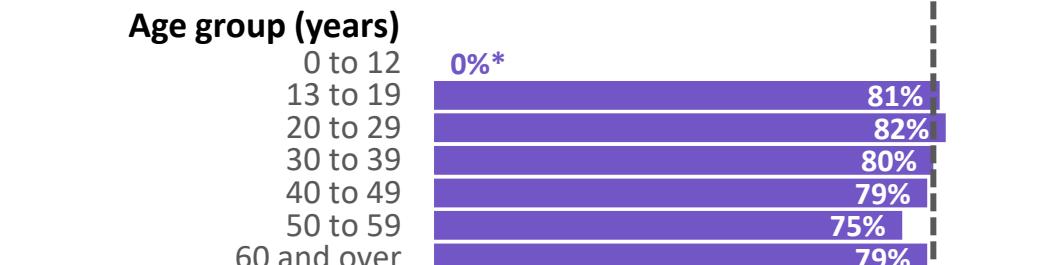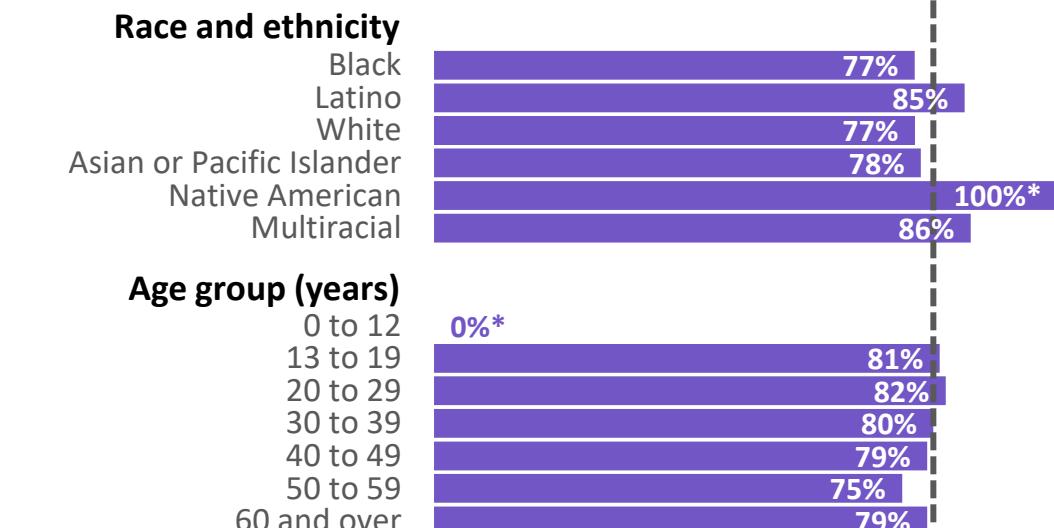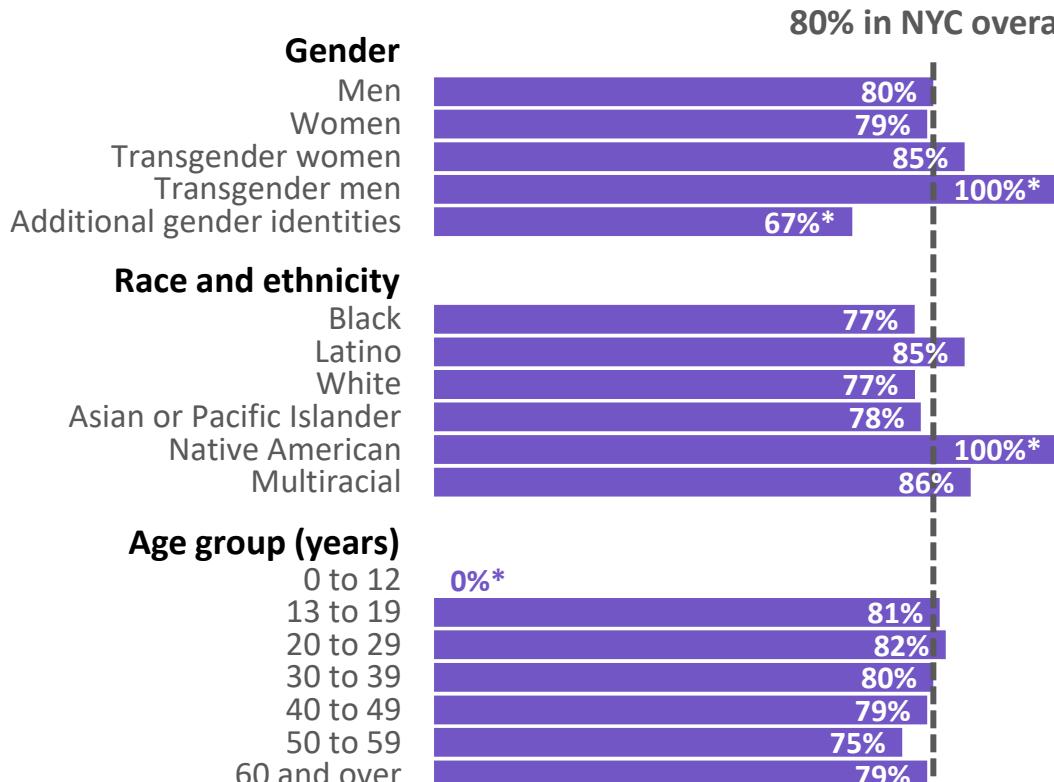
Differences in initiation of care within 30 days of diagnosis exist across demographic groups.

80% in NYC overall

Borough
Bronx	81%
Brooklyn	80%
Manhattan	88%
Queens	84%
Staten Island	87%
Outside NYC	66%
Unknown	3%

Neighborhood poverty[2]
Low poverty	87%
Medium poverty	83%
High poverty	82%
Very high poverty	82%
Unknown	54%

Transmission category
Men who have sex with men	86%
Injection drug use history	86%*
MSM-IDU	92%*
Heterosexual contact	83%
TG-SC	84%
Perinatal	0%*
Other	No new HIV diagnoses
Unknown	71%

Region of birth
U.S.	83%
U.S. territory	63%*
Outside U.S.	84%
Unknown	72%

*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.

NYC Health

Initiation of Care[1] Within 30 Days of Diagnosis
by United Hospital Fund Neighborhood – New York City, 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

Fresh Meadows

East New York

Coney Island – Sheepshead Bay

0   2.5   5   10 Miles

The neighborhoods with the lowest proportions of initiation of care within 30 days of diagnosis were Fresh Meadows (67%), East New York (69%), and Coney Island – Sheepshead Bay (72%).

[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.

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Viral Suppression[1] Within Three Months of Diagnosis – New York City, 2019-2024
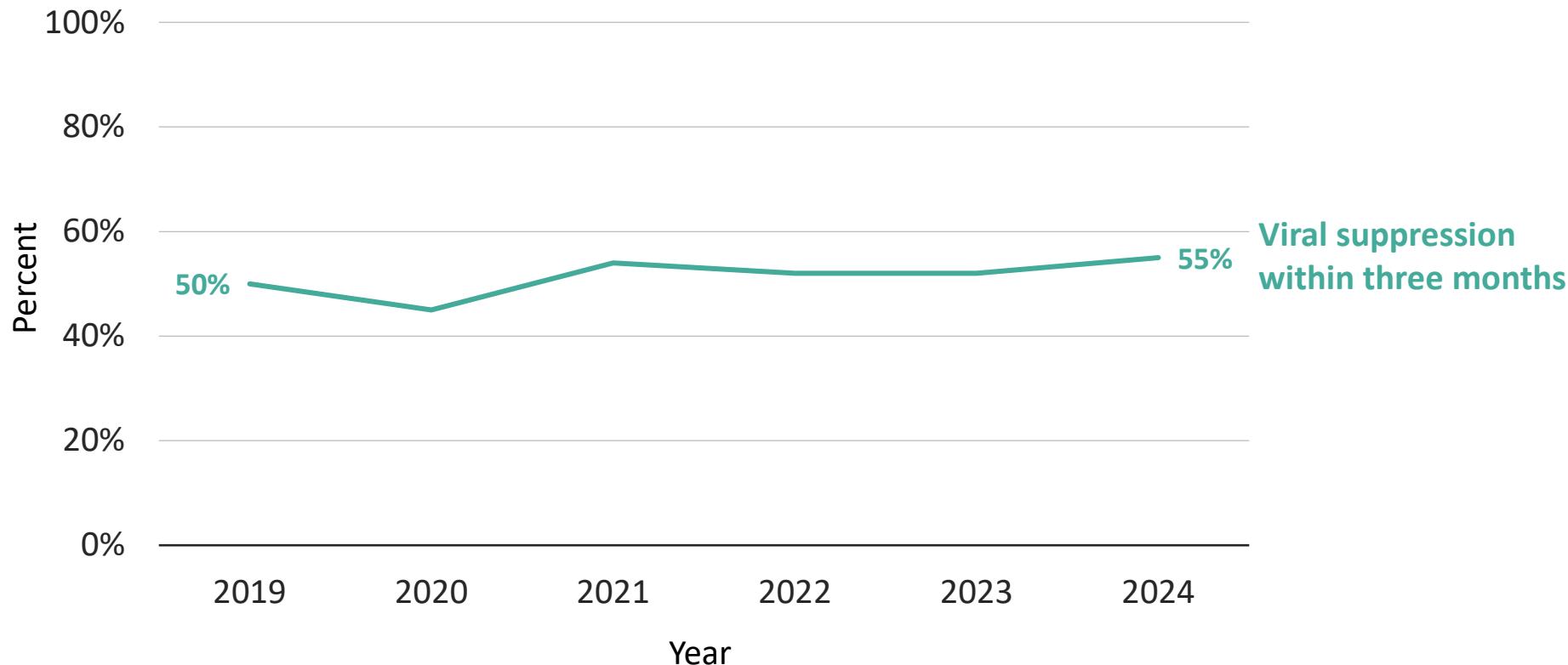
Viral suppression within three months of an HIV diagnosis among people
newly diagnosed with HIV increased by five percentage points from 2019 to 2024.

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

55% in NYC overall

Gender
- Men: 55%
- Women: 57%
- Transgender women: 57%
- Transgender men: 100%*
- Additional gender identities: 0%*

Race and ethnicity
- Black: 51%
- Latino: 60%
- White: 49%
- Asian or Pacific Islander: 61%
- Native American: 33%*
- Multiracial: 55%

Age group (years)
- 0 to 12: 100%*
- 13 to 19: 54%
- 20 to 29: 58%
- 30 to 39: 55%
- 40 to 49: 51%
- 50 to 59: 52%
- 60 and over: 56%
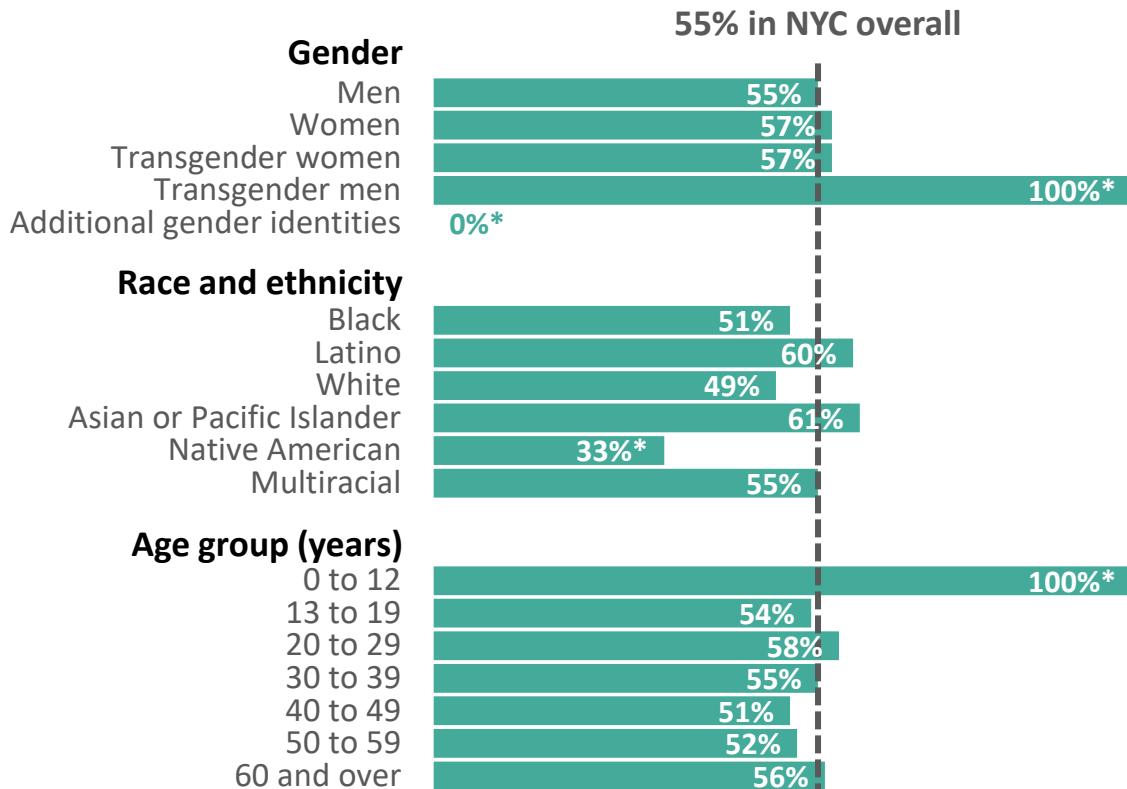
Differences in viral suppression within three months of an HIV diagnosis exist across demographic groups.

Borough
- Bronx: 57%
- Brooklyn: 59%
- Manhattan: 56%
- Queens: 55%
- Staten Island: 62%
- Outside of NYC: 40%
- Unknown: 14%

Neighborhood poverty[2]
- Low poverty: 61%
- Medium poverty: 56%
- High poverty: 58%
- Very high poverty: 56%
- Unknown: 35%

Transmission category
- Men who have sex with men: 63%
- Injection drug use history: 50%*
- MSM-IDU: 77%*
- Heterosexual contact: 61%
- TG-SC: 57%
- Perinatal: 100%*
- Other: No new HIV diagnoses
- Unknown: 41%

Region of birth
- U.S.: 57%
- U.S. territory: 25%*
- Outside U.S.: 62%
- Unknown: 44%

*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.

NYC Health

Viral Suppression[1] Within Three Months of Diagnosis
by United Hospital Fund Neighborhood – New York City, 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

Crotona – Tremont

Upper West Side

Gramercy Park – Murray Hill

Union Square – Lower East Side

0   2.5   5   10 Miles

The neighborhoods 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%), Union Square – Lower East Side (45%), and Crotona – Tremont (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

New York City

NYC
Health

Viral Suppression[1] Among People Diagnosed With HIV[2] – New York City, 2019-2024
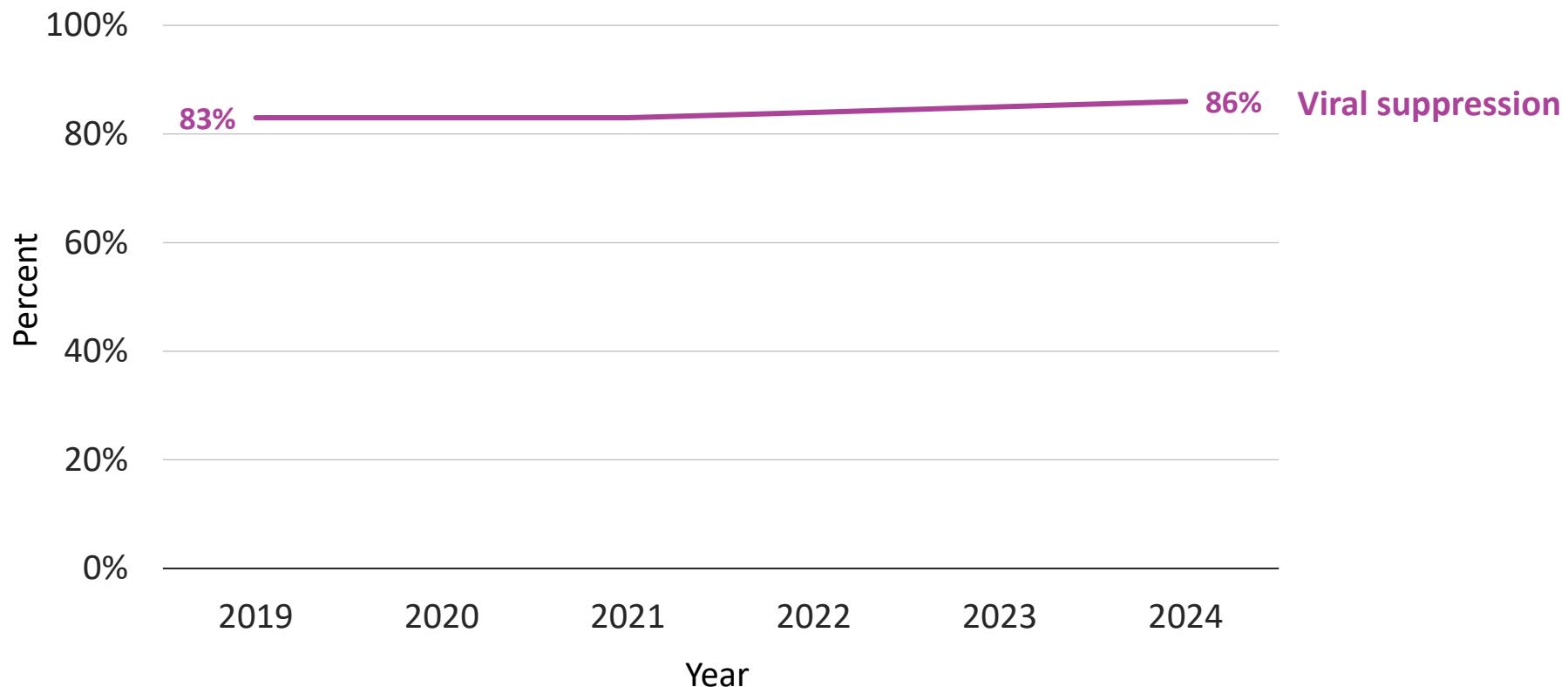
83% ————————————————————————— **86%** **Viral suppression**

Y-axis: Percent (0% to 100%)
X-axis: Year (2019, 2020, 2021, 2022, 2023, 2024)

Viral suppression among people diagnosed with HIV increased by three percentage points from 2019 to 2024.

[1]Viral suppression is defined as a viral load <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 – New York City, 2024

86% in NYC overall

Gender
Men	86%
Women	86%
Transgender women	80%
Transgender men	82%
Additional gender identities	85%

Race and ethnicity
Black	82%
Latino	87%
White	91%
Asian or Pacific Islander	91%
Native American	78%
Multiracial	81%

Age group (years)
0 to 12	93%*
13 to 19	80%
20 to 29	81%
30 to 39	82%
40 to 49	83%
50 to 59	86%
60 and over	90%
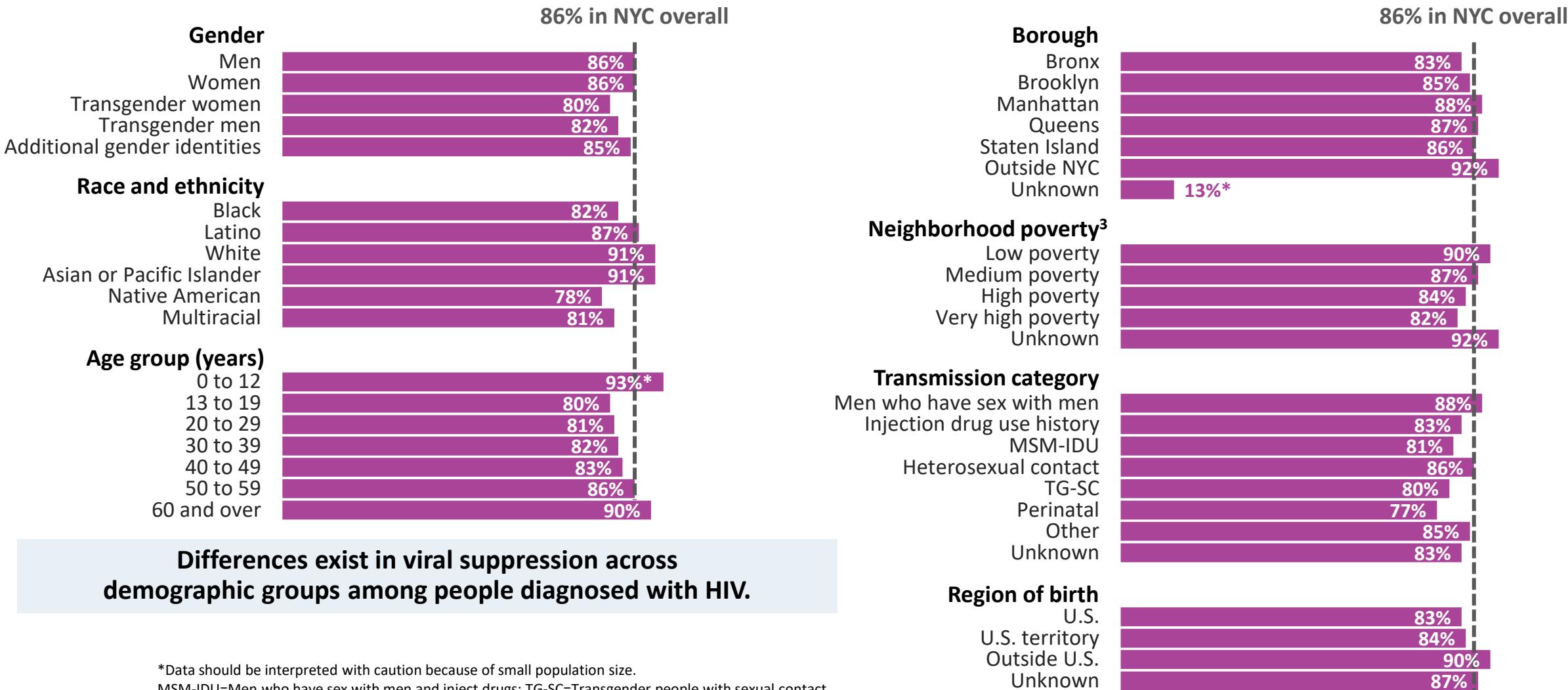
Differences exist in viral suppression across demographic groups among people diagnosed with HIV.

86% in NYC overall

Borough
Bronx	83%
Brooklyn	85%
Manhattan	88%
Queens	87%
Staten Island	86%
Outside NYC	92%
Unknown	13%*

Neighborhood poverty[3]
Low poverty	90%
Medium poverty	87%
High poverty	84%
Very high poverty	82%
Unknown	92%

Transmission category
Men who have sex with men	88%
Injection drug use history	83%
MSM-IDU	81%
Heterosexual contact	86%
TG-SC	80%
Perinatal	77%
Other	85%
Unknown	83%

Region of birth
U.S.	83%
U.S. territory	84%
Outside U.S.	90%
Unknown	87%

*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 a viral load <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.
[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[1] Among People Diagnosed With HIV[2] by United Hospital Fund Neighborhood – New York City, 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

Crotona – Tremont

Hunts Point – Mott Haven

Bedford Stuyvesant – Crown Heights

0   2.5   5   10 Miles
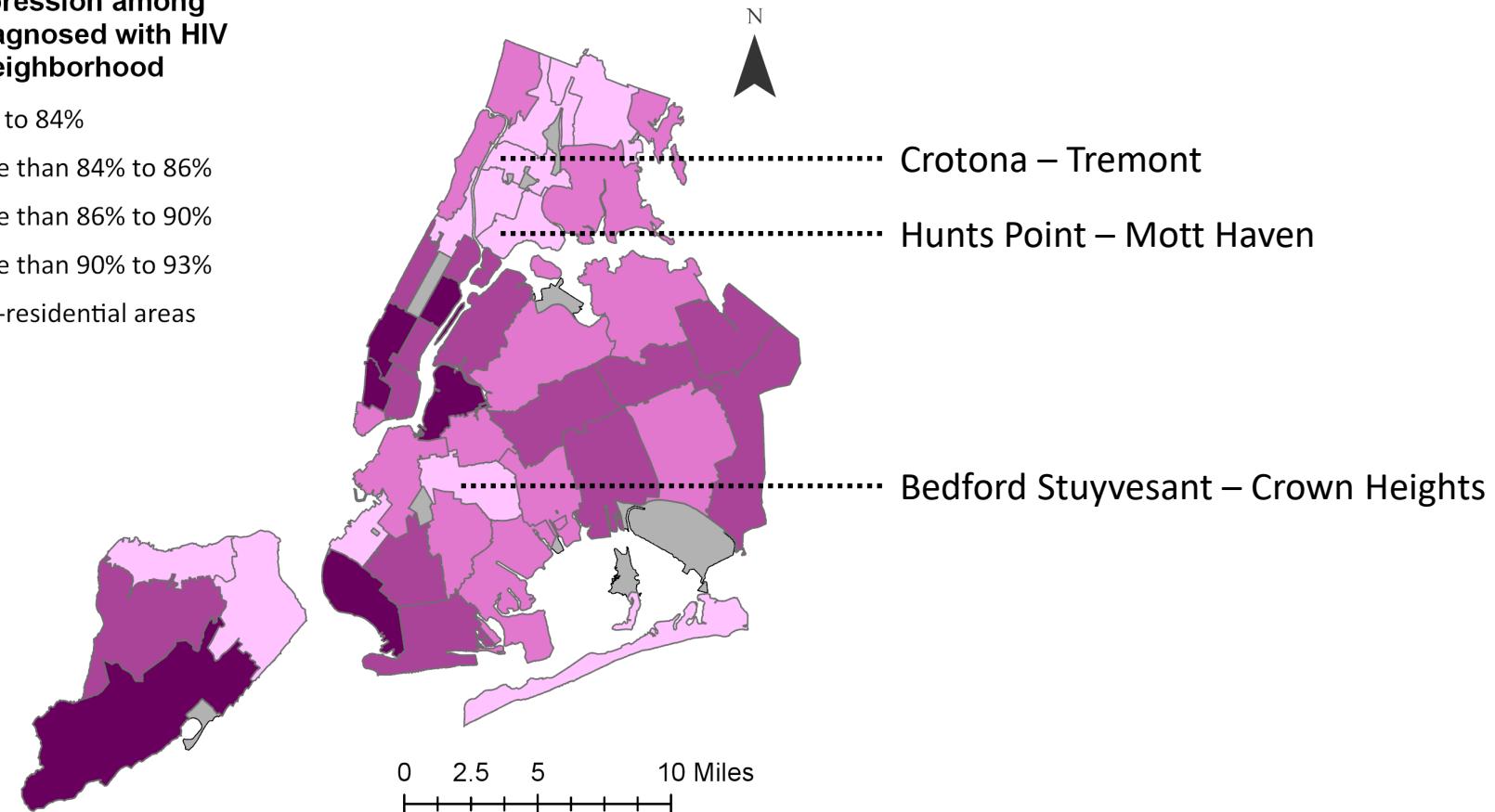
The neighborhoods with the lowest proportions of virally suppressed people diagnosed with HIV were Crotona – Tremont (80%), Hunts Point – Mott Haven (81%), and Bedford Stuyvesant – Crown Heights (81%).

[1]Viral suppression is defined as a viral load <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] – New York City, 2024

	Overall	Black	Latino	White	Asian or Pacific Islander	Native American	Multiracial
Estimated number of people with HIV	91,300	40,000	33,400	14,100	2,900	230	580
HIV-diagnosed	94%	94%	93%	97%	92%	97%	92%
Received care	87%	86%	88%	91%	86%	85%	81%
Prescribed ART	83%	81%	84%	88%	82%	81%	77%
Virally suppressed	81%	77%	81%	89%	83%	76%	74%
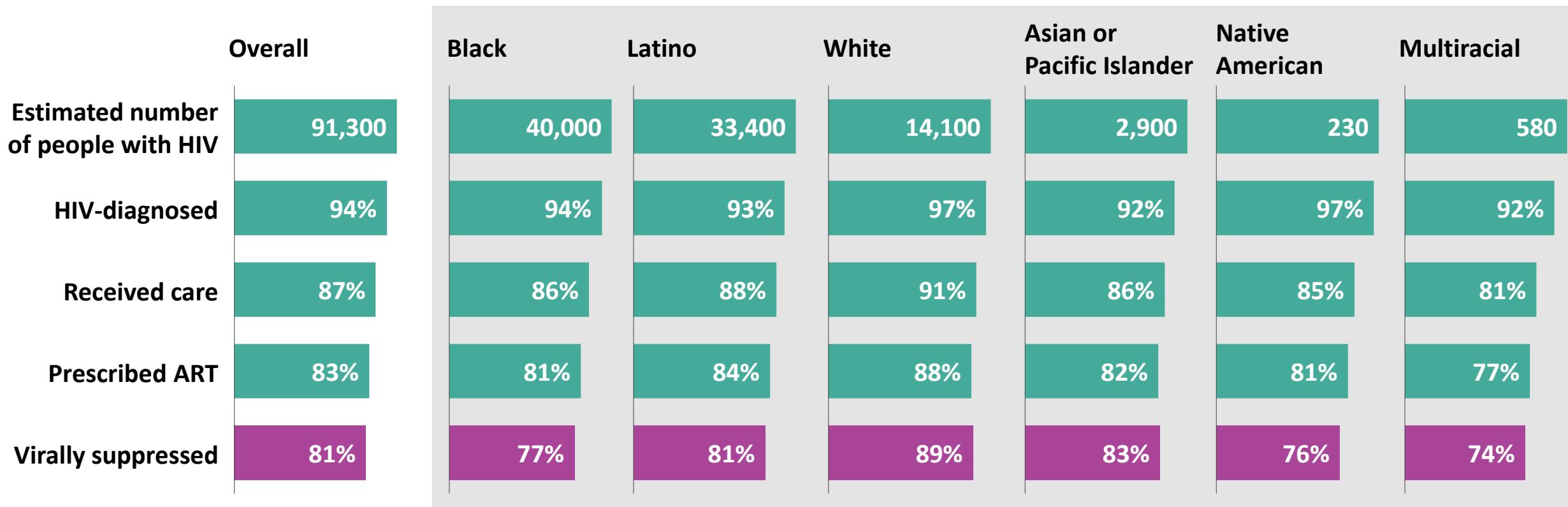
Of approximately 91,300 people with HIV in 2024, 81% had a suppressed viral load. There were differences in the HIV care continuum by race and ethnicity in 2024.

Proportion of People With HIV Meeting UNAIDS 95-95-95 Targets[1]
Overall and by Race and Ethnicity – New York City, 2024

	People with HIV who are diagnosed	People diagnosed with HIV who are on ART	People diagnosed with HIV on ART who are virally suppressed
Overall	94%	88%	97%
Black	94%	86%	95%
Latino	93%	90%	97%
White	97%	91%	99%
Asian or Pacific Islander	92%	89%	99%
Native American	97%	83%	94%
Multiracial	92%	84%	96%

95% target   95% target   95% target
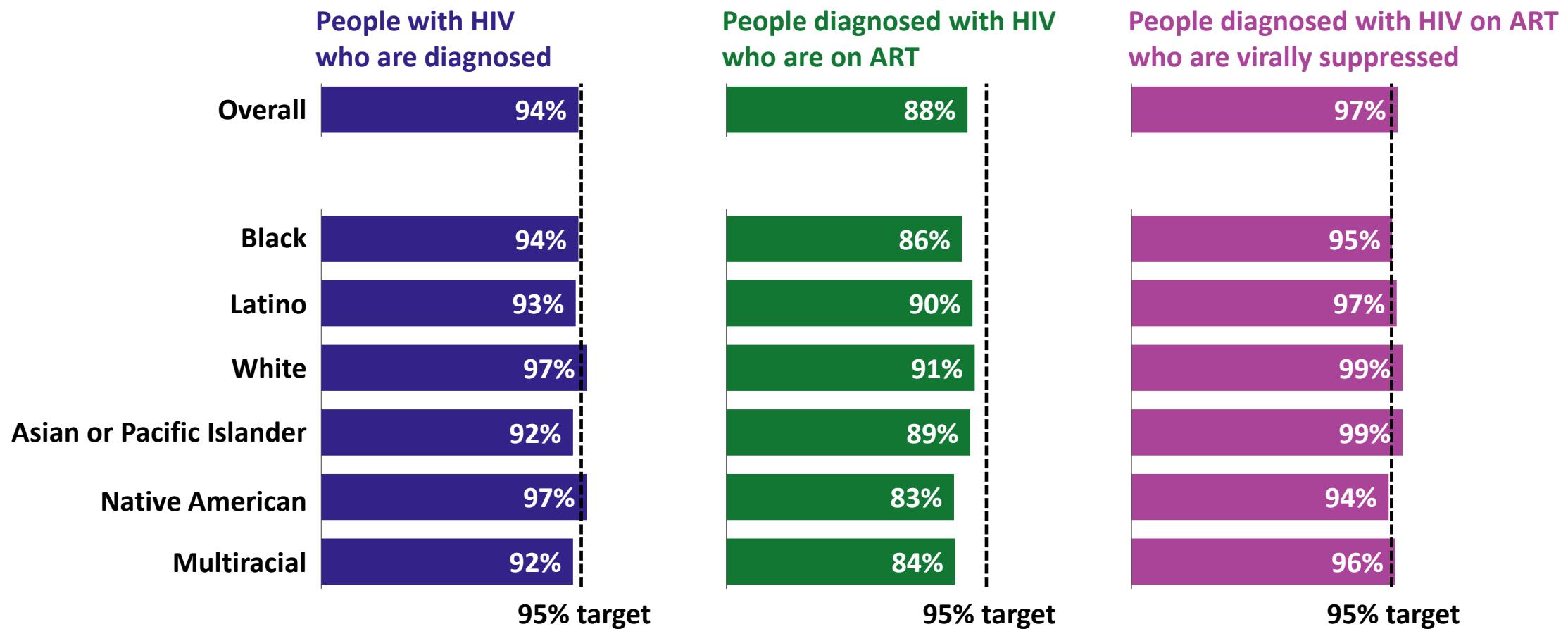
The proportion of people with HIV who are diagnosed and the proportion of people diagnosed with HIV who are on ART are lower than the 95% target. There were inequities in meeting UNAIDS 95-95-95 targets by race and ethnicity in 2024.

NYC Health

[1]For more information on these targets, see: https://www.unaids.org/sites/default/files/media_asset/201506_JC2743_Understanding_FastTrack_en.pdf
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 – New York City, 2019-2024
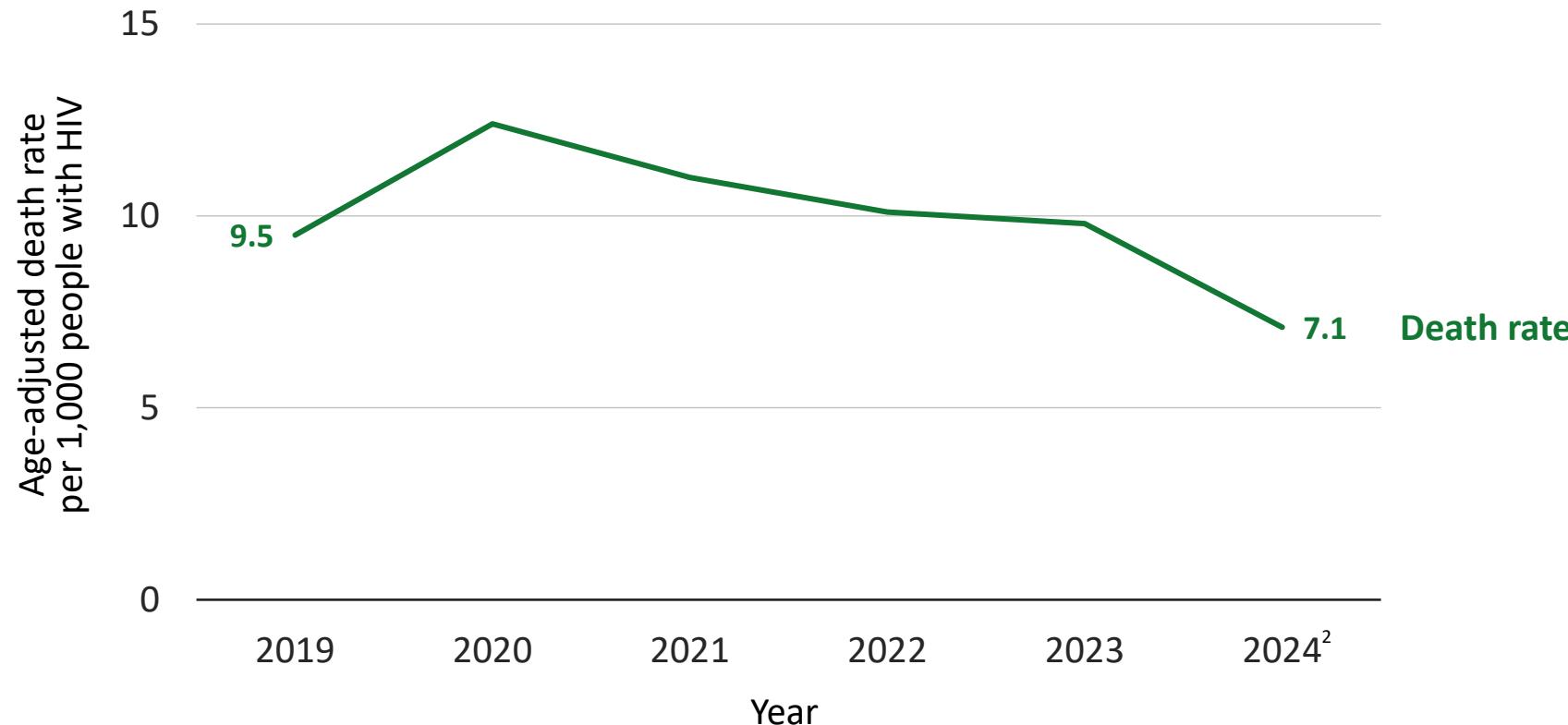
The age-adjusted death rate among people with HIV declined by 25% since 2019 and 43% since its recent peak in 2020.

[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 – New York City, 2024

7.1 deaths per 1,000 people with HIV in NYC overall

Gender

Men	6.6
Women	7.5
Transgender women	11.8
Transgender men	52.4*
Additional gender identities	0*

Race and ethnicity

Black	8.7
Latino	7.0
White	4.1
Asian or Pacific Islander	4.5
Native American	10.4*
Multiracial	13.1*

7.1 deaths per 1,000 people with HIV in NYC overall

Borough

Bronx	9.4
Brooklyn	6.9
Manhattan	5.7
Queens	7.1
Staten Island	13.6
Outside of NYC	2.3

Neighborhood poverty

Low poverty	4.2
Medium poverty	7.2
High povety	7.9
Very high poverty	10.0
Unknown	4.0

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

*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.

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

Jamaica

Port Richmond

Stapleton – St. George

0   2.5   5   10 Miles
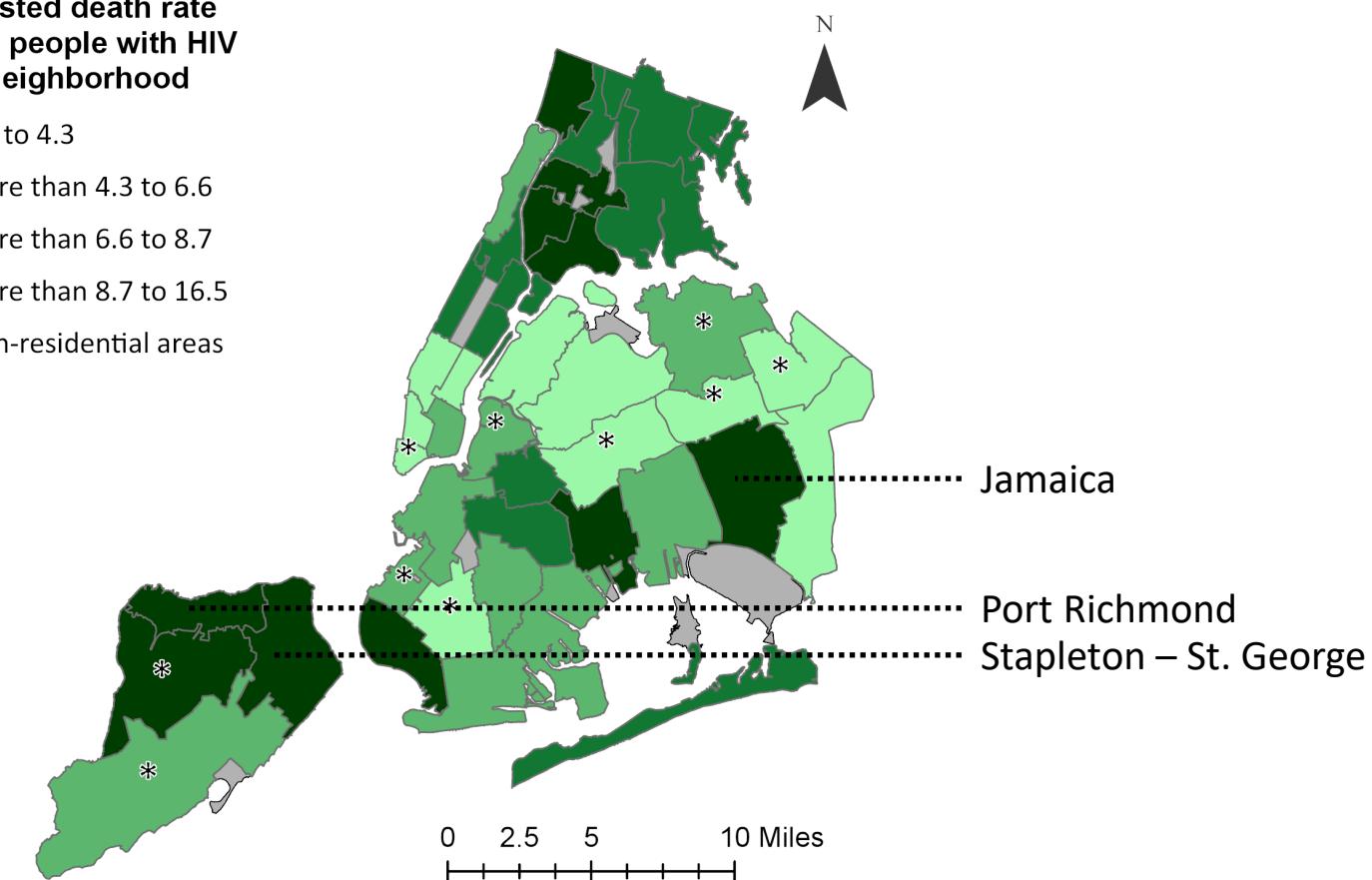
The neighborhoods with the highest age-adjusted death rates were Stapleton – St. George (16.5 per 1,000), Port Richmond (14.7 per 1,000), and Jamaica (13.7 per 1,000).

*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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Proportion of Deaths Among People With HIV
by Cause of Death – New York City, 2023[1]

Unknown
1%

HIV-related[2]
19%
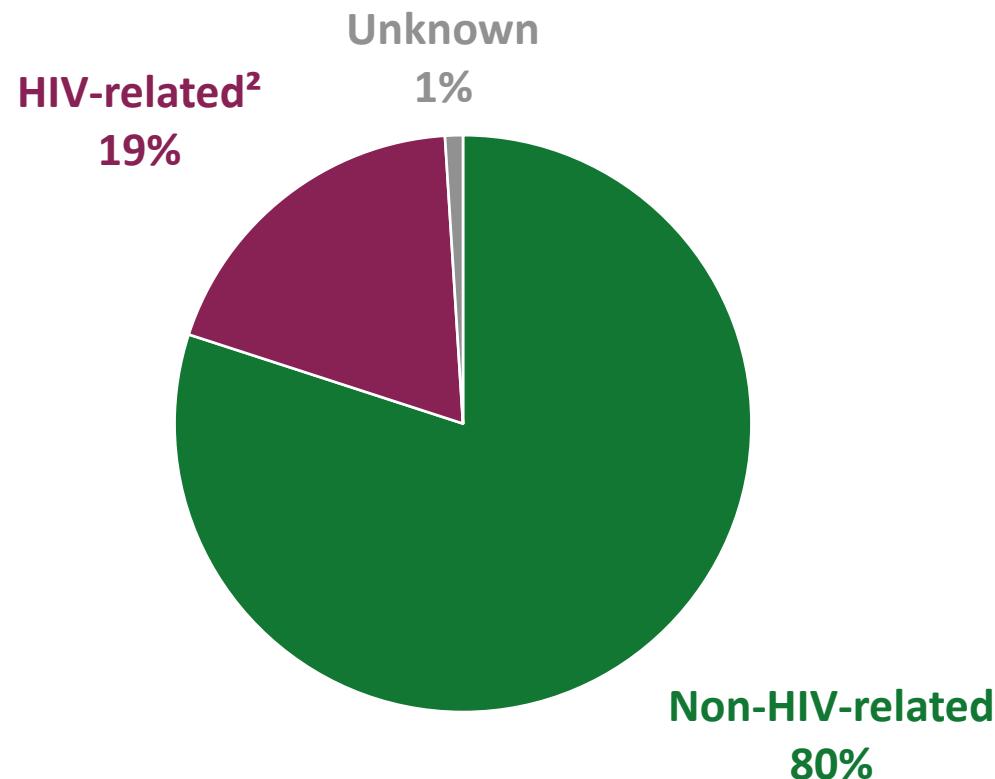
Non-HIV-related
80%

In 2023, 80% of deaths among people with HIV were due to non-HIV-related causes. Among these, the top causes were cardiovascular disease (29%), accidents (21%), and non-HIV-related cancers (19%).

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.

- **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/

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