

CARE AND CLINICAL STATUS OF PEOPLE NEWLY DIAGNOSED WITH HIV AND PEOPLE LIVING WITH HIV IN NEW YORK CITY, 2021



HIV Epidemiology Program

New York City Department of Health and Mental Hygiene



Published November 2022

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

TABLE OF CONTENTS (1)

SLIDE NUMBER:

PEOPLE NEWLY DIAGNOSED WITH HIV

4. PEOPLE NEWLY DIAGNOSED WITH HIV IN NYC, 2021
5. TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV IN NYC, 2017-2021
6. TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY GENDER IN NYC, 2021
7. TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY RACE/ETHNICITY IN NYC, 2021
8. TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY AGE IN NYC, 2021
9. TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY TRANSMISSION CATEGORY IN NYC, 2021
10. TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY BOROUGH IN NYC, 2021
11. TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY AREA-BASED POVERTY IN NYC, 2021
12. TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY REGION OF BIRTH IN NYC, 2021
13. VIRAL SUPPRESSION WITHIN 3 AND 6 MONTHS OF NEW HIV DIAGNOSIS IN NYC, 2021
14. VIRAL SUPPRESSION WITHIN 3 MONTHS OF NEW HIV DIAGNOSIS BY GENDER IN NYC, 2021
15. VIRAL SUPPRESSION WITHIN 3 MONTHS OF NEW HIV DIAGNOSIS BY RACE/ETHNICITY IN NYC, 2021
16. VIRAL SUPPRESSION WITHIN 3 MONTHS OF NEW HIV DIAGNOSIS BY AGE IN NYC, 2021
17. VIRAL SUPPRESSION WITHIN 3 MONTHS OF NEW HIV DIAGNOSIS BY TRANSMISSION CATEGORY IN NYC, 2021
18. VIRAL SUPPRESSION WITHIN 3 MONTHS OF NEW HIV DIAGNOSIS BY BOROUGH IN NYC, 2021
19. VIRAL SUPPRESSION WITHIN 3 MONTHS OF NEW HIV DIAGNOSIS BY AREA-BASED POVERTY IN NYC, 2021
20. VIRAL SUPPRESSION WITHIN 3 MONTHS OF NEW HIV DIAGNOSIS BY REGION OF BIRTH IN NYC, 2021
21. PROPORTION OF NEW HIV-ONLY DIAGNOSES PROGRESSING TO AIDS WITHIN 2 YEARS IN NYC, 2009-2019

TABLE OF CONTENTS (2)

PEOPLE LIVING WITH HIV (PLWH)

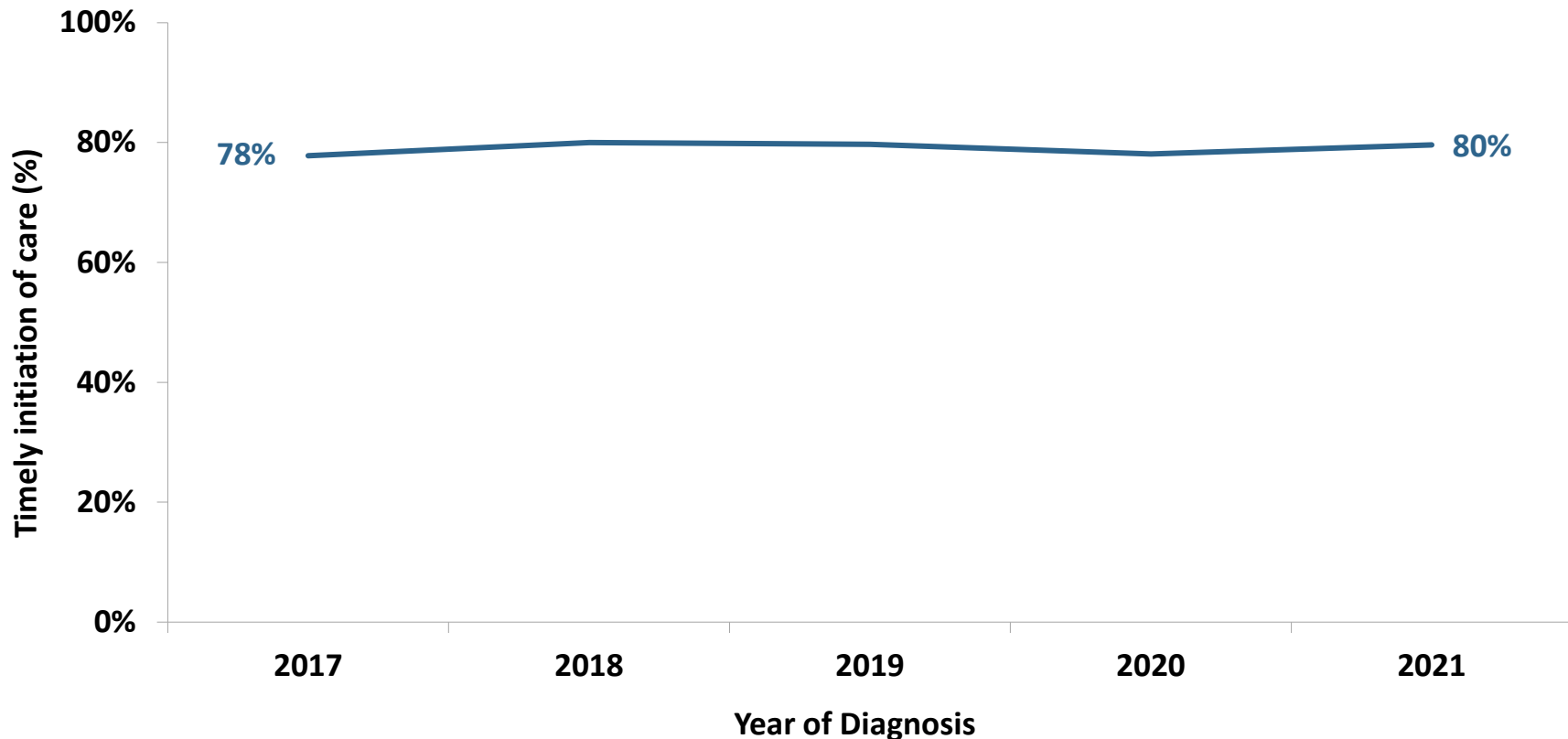
22. PEOPLE LIVING WITH HIV (PLWH), 2021
23. VIRAL SUPPRESSION AMONG DIAGNOSED PLWH IN NYC, 2017-2021
24. VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY GENDER IN NYC, 2021
25. VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY RACE/ETHNICITY IN NYC, 2021
26. VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY AGE IN NYC, 2021
27. VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY TRANSMISSION CATEGORY IN NYC, 2021
28. VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY BOROUGH IN NYC, 2021
29. VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY AREA-BASED POVERTY IN NYC, 2021
30. VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY REGION OF BIRTH IN NYC, 2021
31. PROPORTION OF PLWH IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2021
32. PROPORTION OF BLACK PLWH IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2021
33. PROPORTION OF LATINO/HISPANIC PLWH IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2021
34. PROPORTION OF WHITE PLWH IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2021
35. PROPORTION OF ASIAN PACIFIC ISLANDER PLWH IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2021
36. PROPORTION OF NATIVE AMERICAN PLWH IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2021
37. PROPORTION OF MULTIRACIAL PLWH IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2021
38. UNAIDS 90-90-90 TARGETS FOR PLWH IN NYC, OVERALL AND BY RACE/ETHNICITY, 2021

39. HOW TO FIND OUR DATA
40. APPENDIX 1: DEFINITIONS AND STATISTICAL NOTES
41. APPENDIX 2: TECHNICAL NOTES: NYC HIV CARE CONTINUUM

PEOPLE NEWLY DIAGNOSED WITH HIV IN NYC, 2021

- **1,594** people newly diagnosed with HIV in NYC in 2021

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



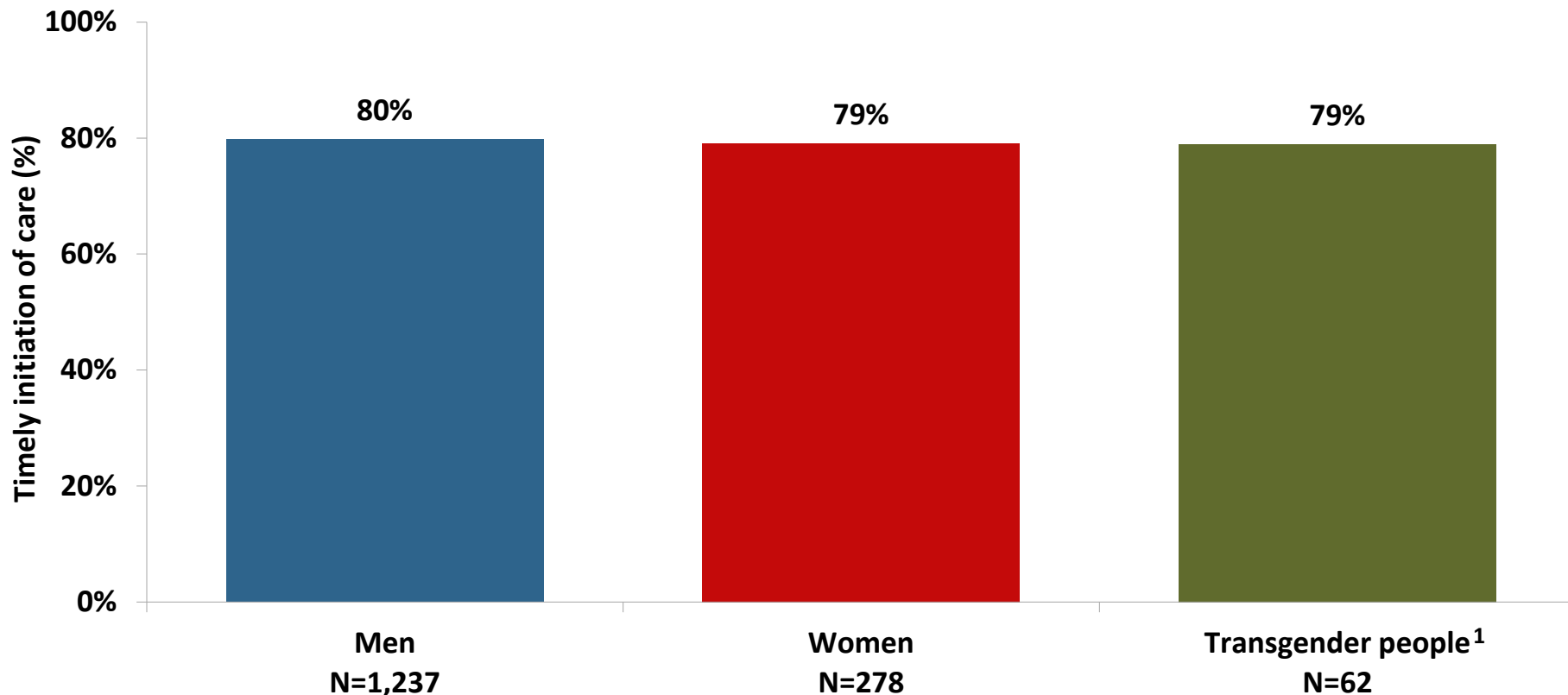
Timely initiation of care among people newly diagnosed with HIV increased in NYC between 2017 and 2021.

Timely initiation of care is defined as HIV viral load, CD4, or genotype test drawn within 1 month (30 days) of 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, 2022.

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



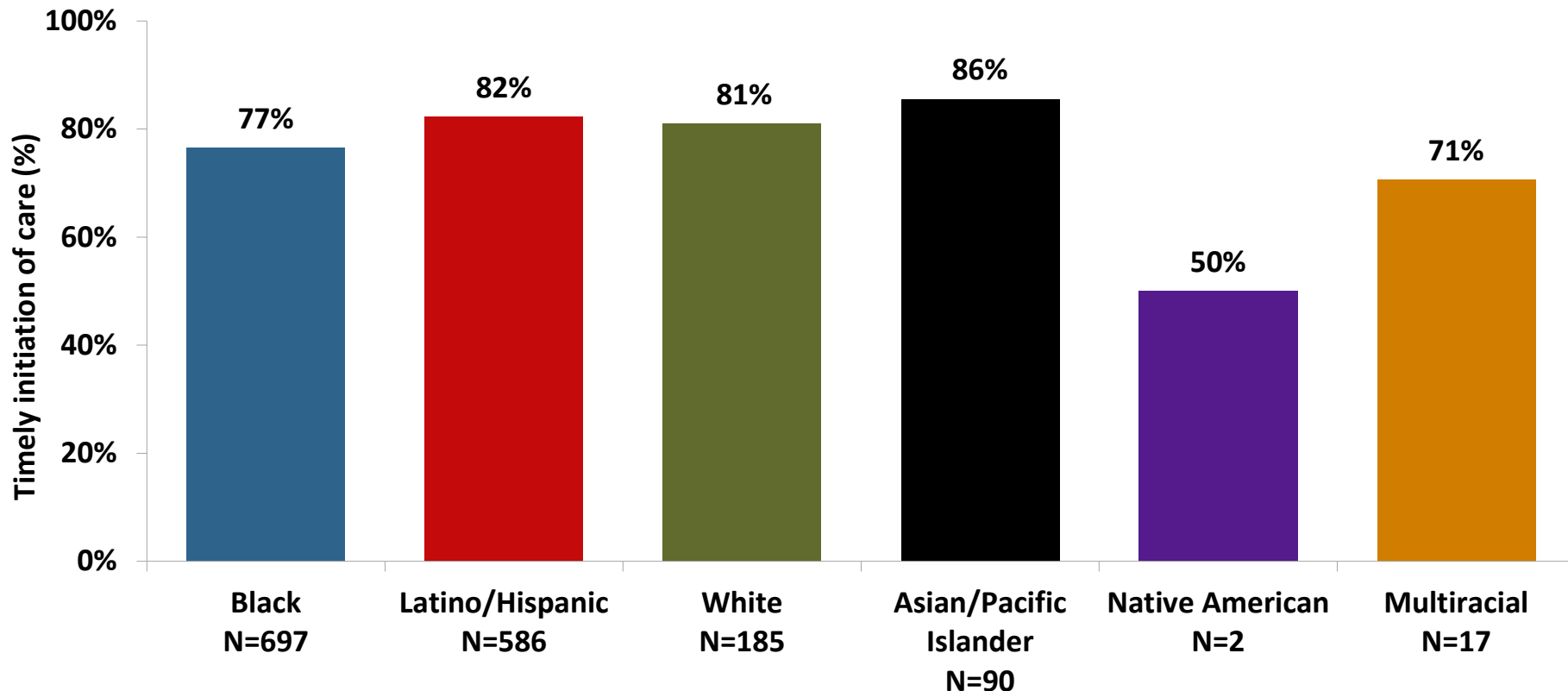
Among people newly diagnosed with HIV in NYC in 2021, there was little difference in timely initiation of care among men, women, and transgender people.

Timely initiation of care is defined as HIV viral load, CD4, or genotype test drawn within 1 month (30 days) of HIV diagnosis. People diagnosed at death have been excluded.

¹In 2021 in NYC, there were 57 new diagnoses among transgender women, and 5 new diagnosis among transgender man.

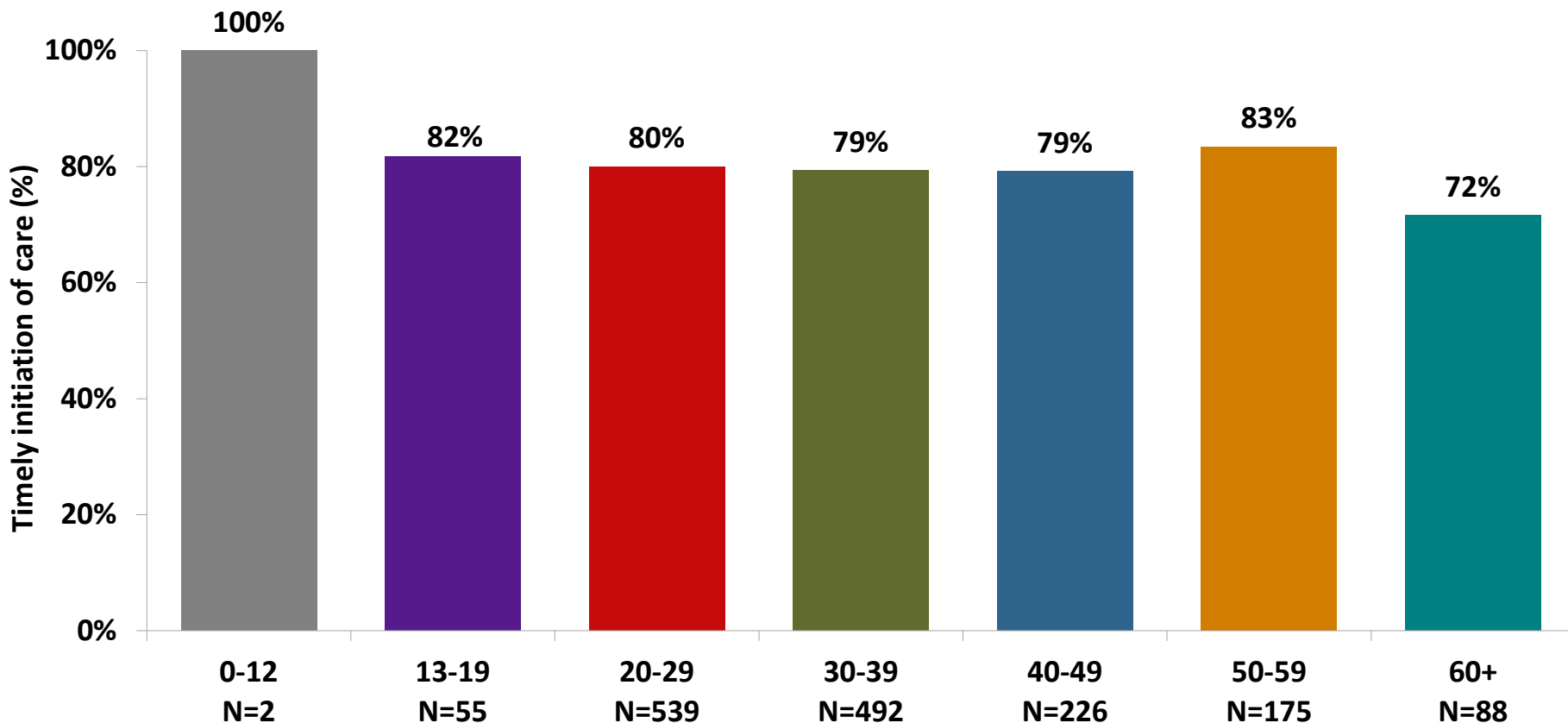
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

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



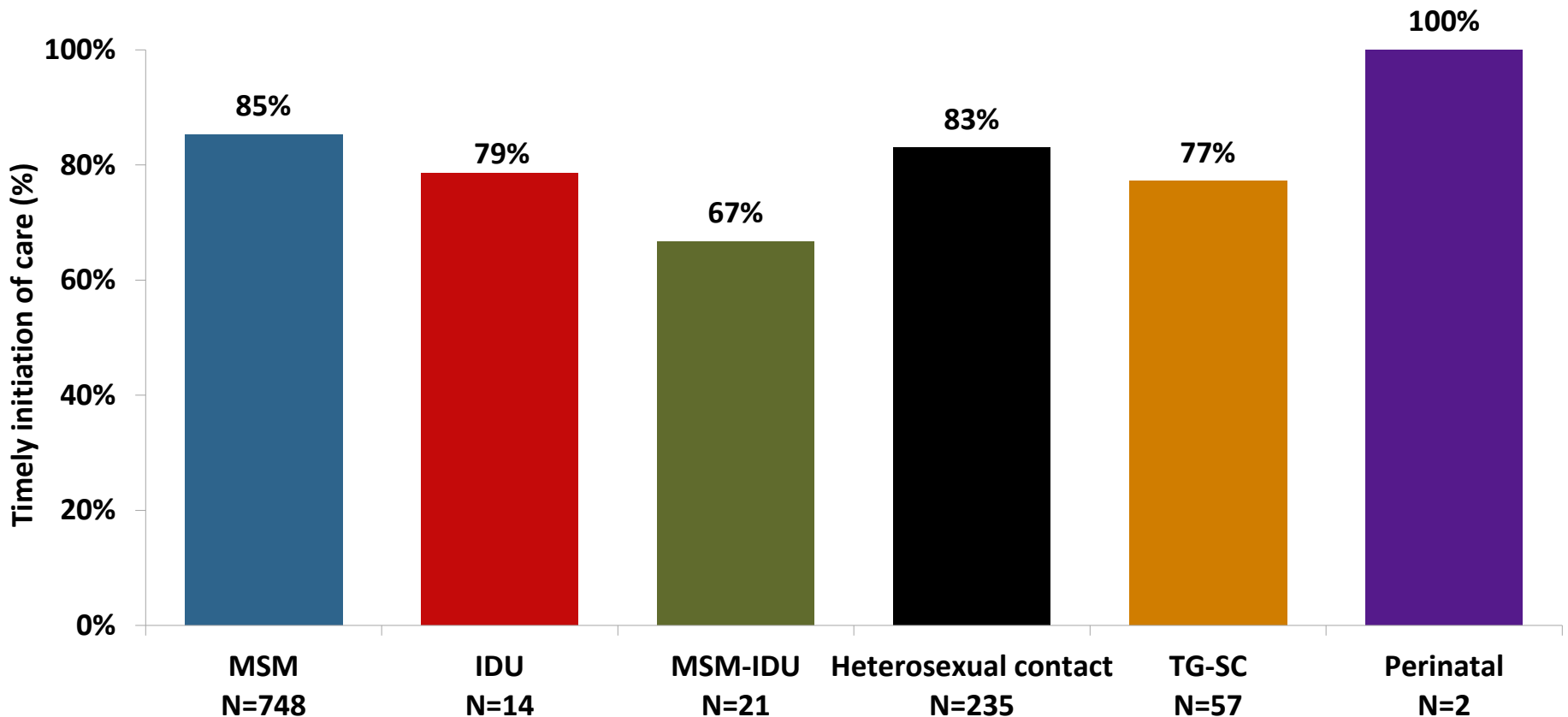
Among people newly diagnosed with HIV in NYC in 2021, smaller proportions of Black people, Native American people, and multiracial people were linked to care within thirty days of diagnosis compared with people of other race/ethnicity groups.

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



Among people newly diagnosed with HIV in NYC in 2021, people aged 60 years or older had the smallest proportion linked to care within thirty days of diagnosis.

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



Among people newly diagnosed with HIV in NYC in 2021, MSM with injection drug use history had the smallest proportion linked to care within thirty days of diagnosis.

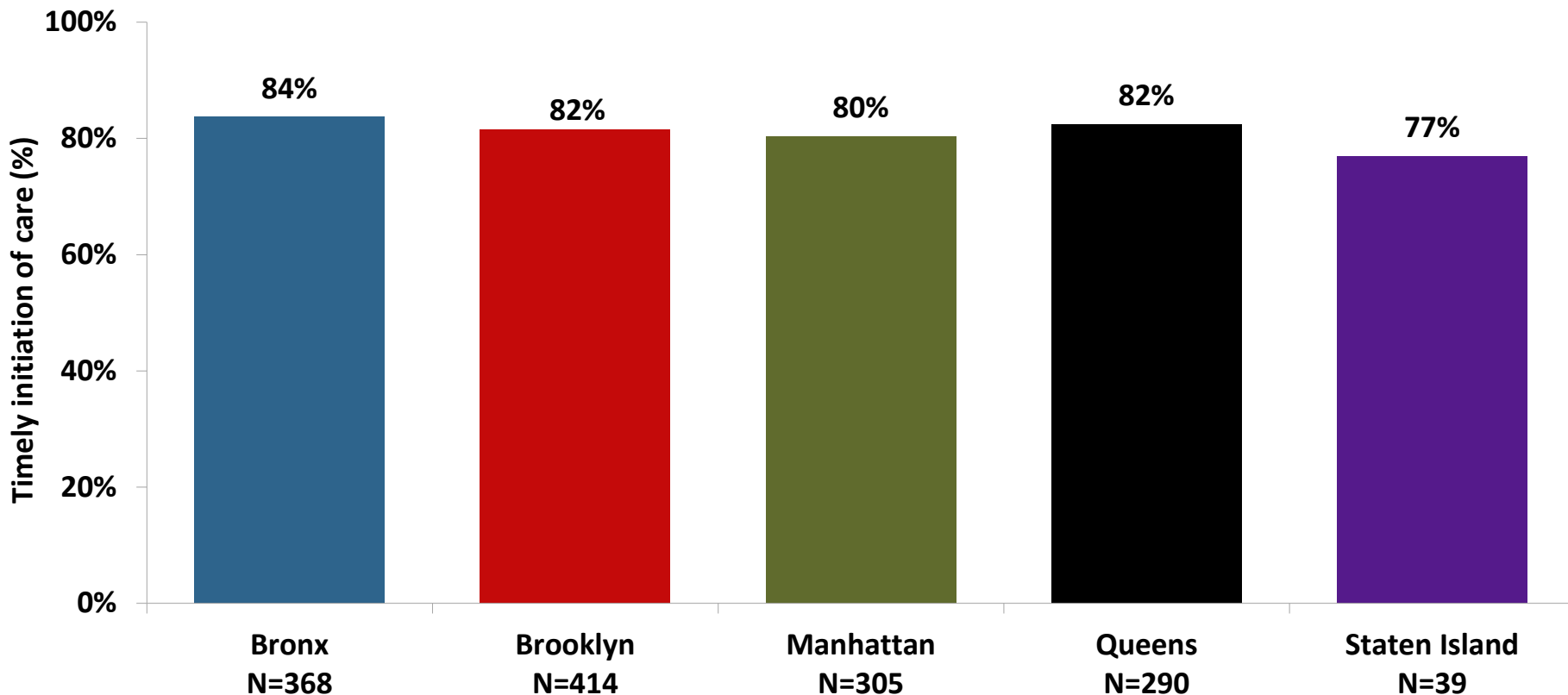
MSM=men who have sex with men; IDU=injection drug use history; TG-SC=Transgender people with sexual contact.

Timely initiation of care is defined as HIV viral load, CD4, or genotype test drawn within 1 month (30 days) of HIV diagnosis. People diagnosed at death have been excluded.

New diagnoses with an unknown transmission category are not shown.

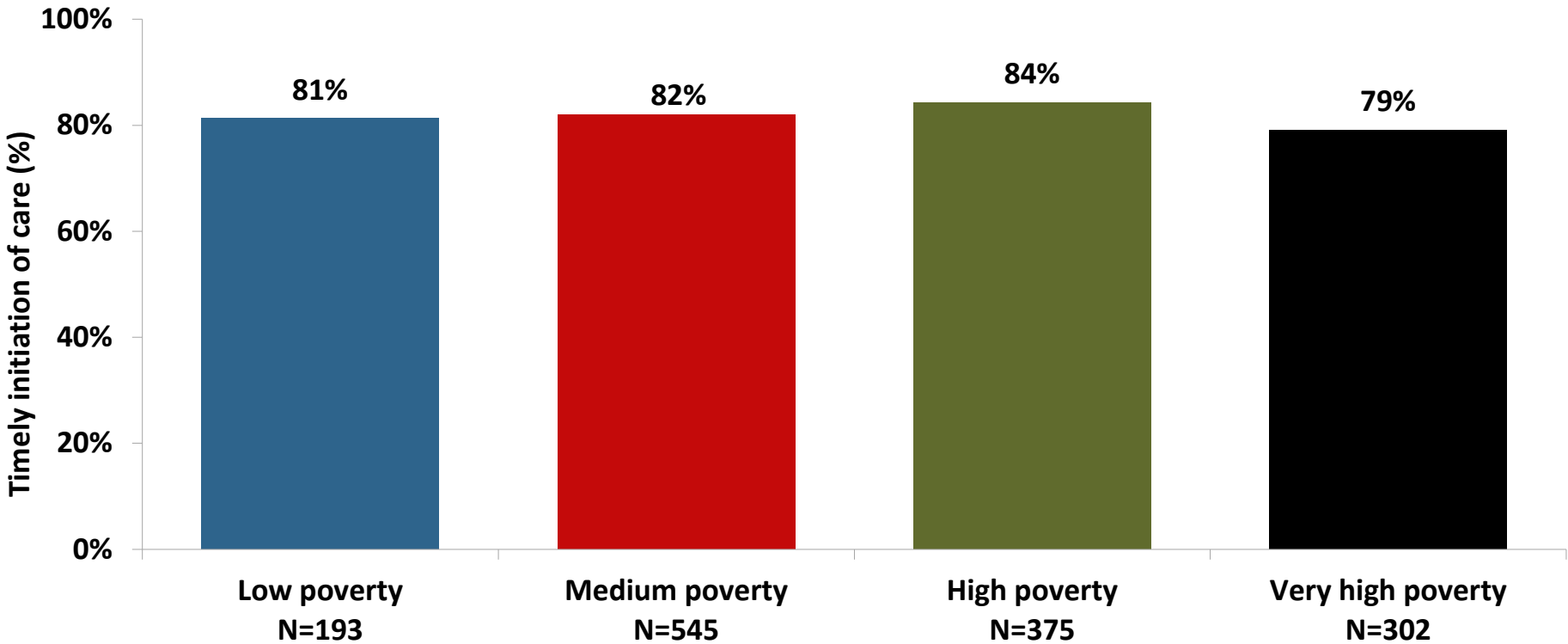
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY BOROUGH IN NYC, 2021



Among people newly diagnosed with HIV in NYC in 2021, residents of Staten Island had the smallest proportion linked to care within thirty days of diagnosis.

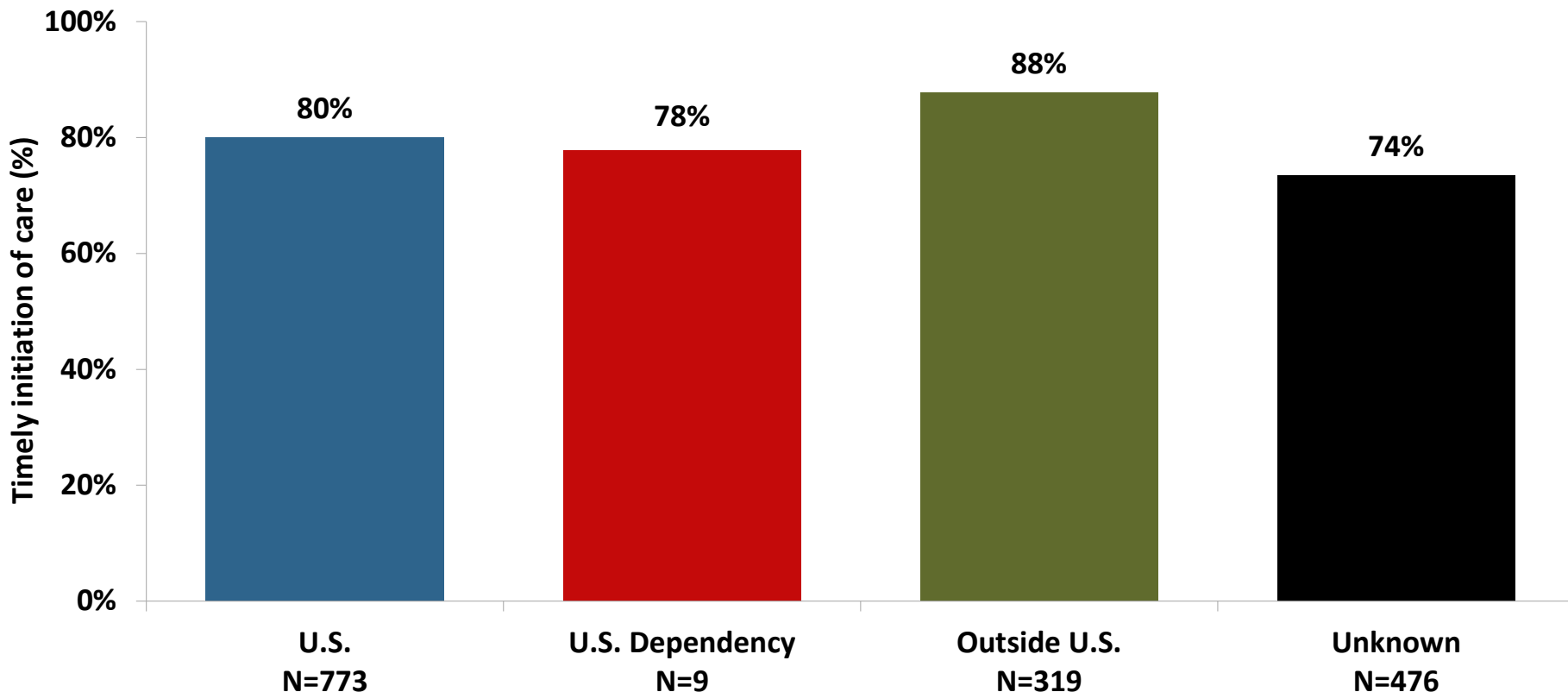
TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY AREA-BASED POVERTY¹ IN NYC, 2021



Among people newly diagnosed with HIV in NYC in 2021, residents living in very high-poverty neighborhoods had the smallest proportion linked to care within thirty days of diagnosis.

¹Area-based poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis. Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty= \geq 30% below FPL. Timely initiation of care is defined as HIV viral load, CD4, or genotype test drawn within 1 month (30 days) of HIV diagnosis. People diagnosed at death have been excluded. New diagnoses without area-based poverty information are not shown. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

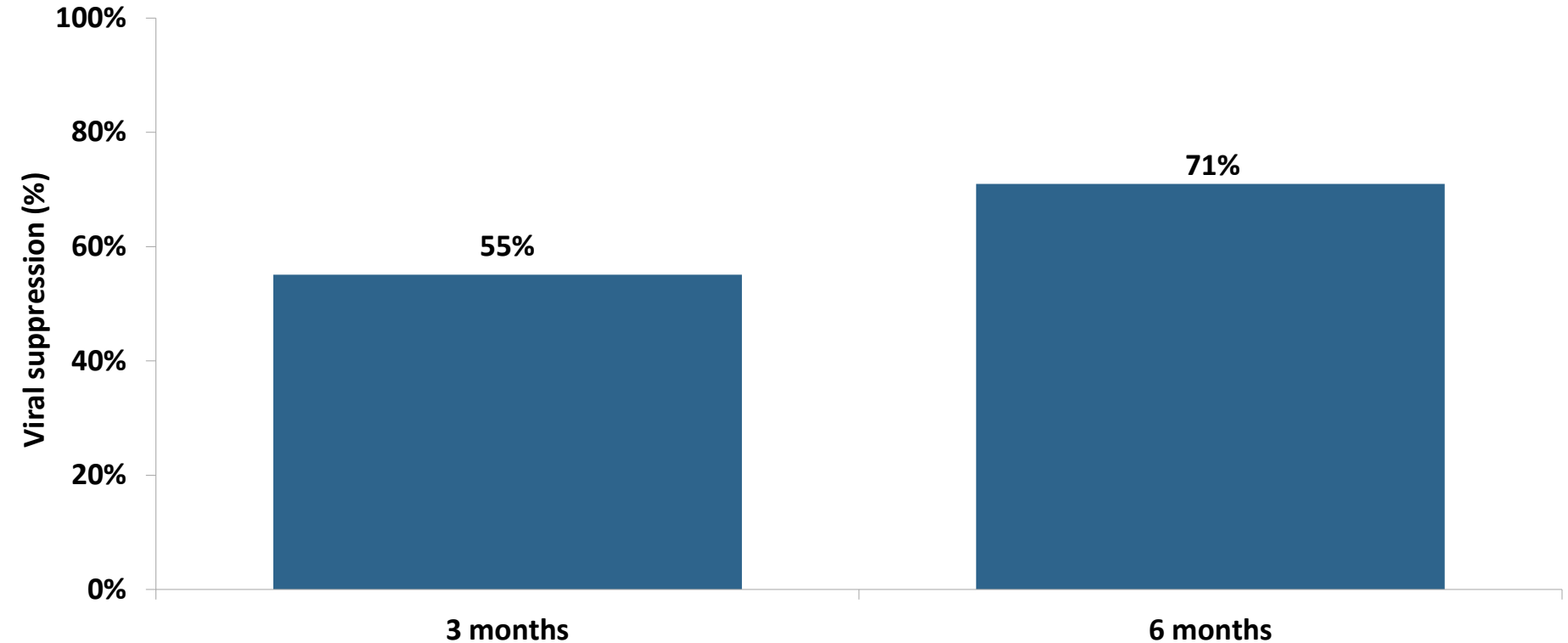
TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY REGION OF BIRTH IN NYC, 2021



Among people newly diagnosed with HIV in NYC in 2021, people born outside the U.S. had the largest proportion linked to care within thirty days of diagnosis.

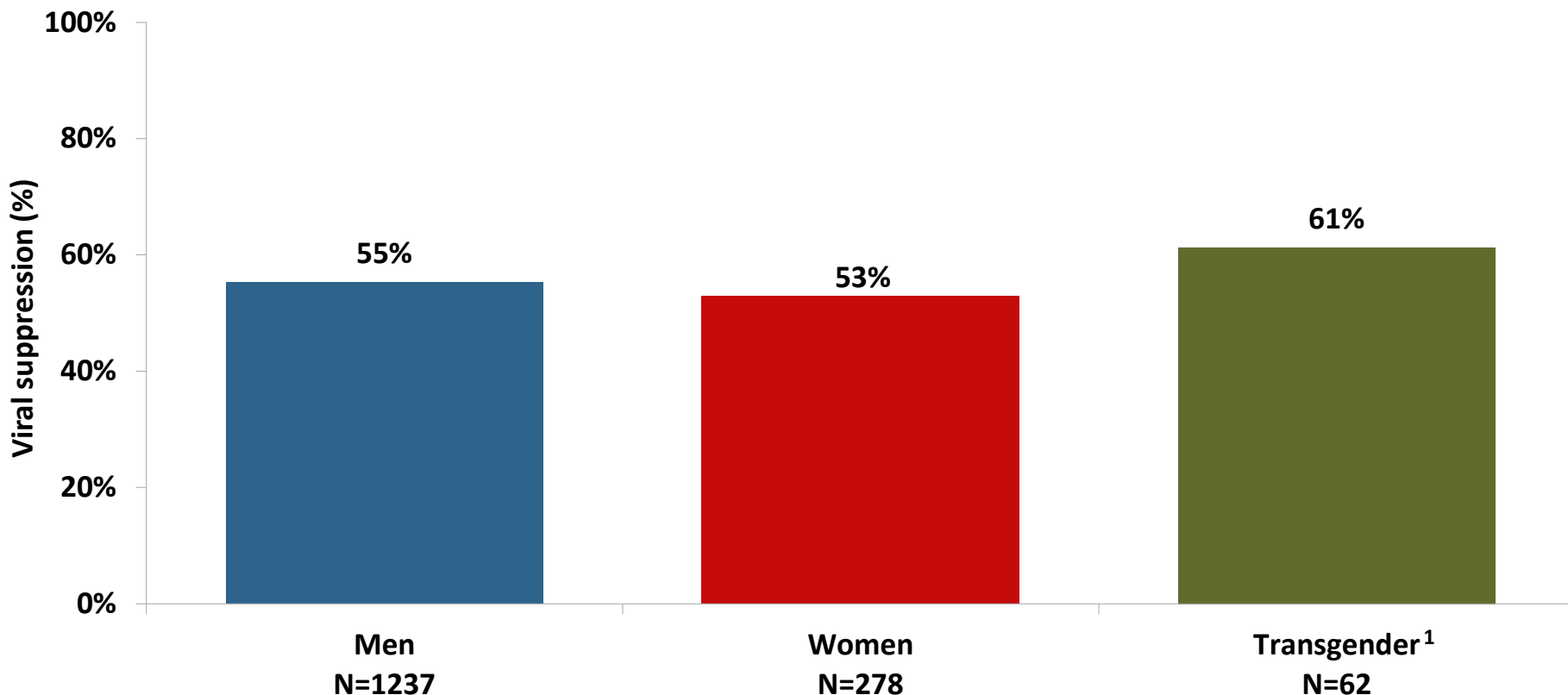
Timely initiation of care is defined as HIV viral load, CD4, or genotype test drawn within 1 month (30 days) of HIV diagnosis.
People from Puerto Rico and other U.S. dependencies (Virgin Islands, Guam) are not considered to be born outside of the U.S.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

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



Among people newly diagnosed with HIV in NYC in 2021, 55% were virally suppressed within 3 months and 71% were suppressed within 6 months of diagnosis.

VIRAL SUPPRESSION WITHIN 3 MONTHS OF NEW HIV DIAGNOSIS BY GENDER IN NYC, 2021



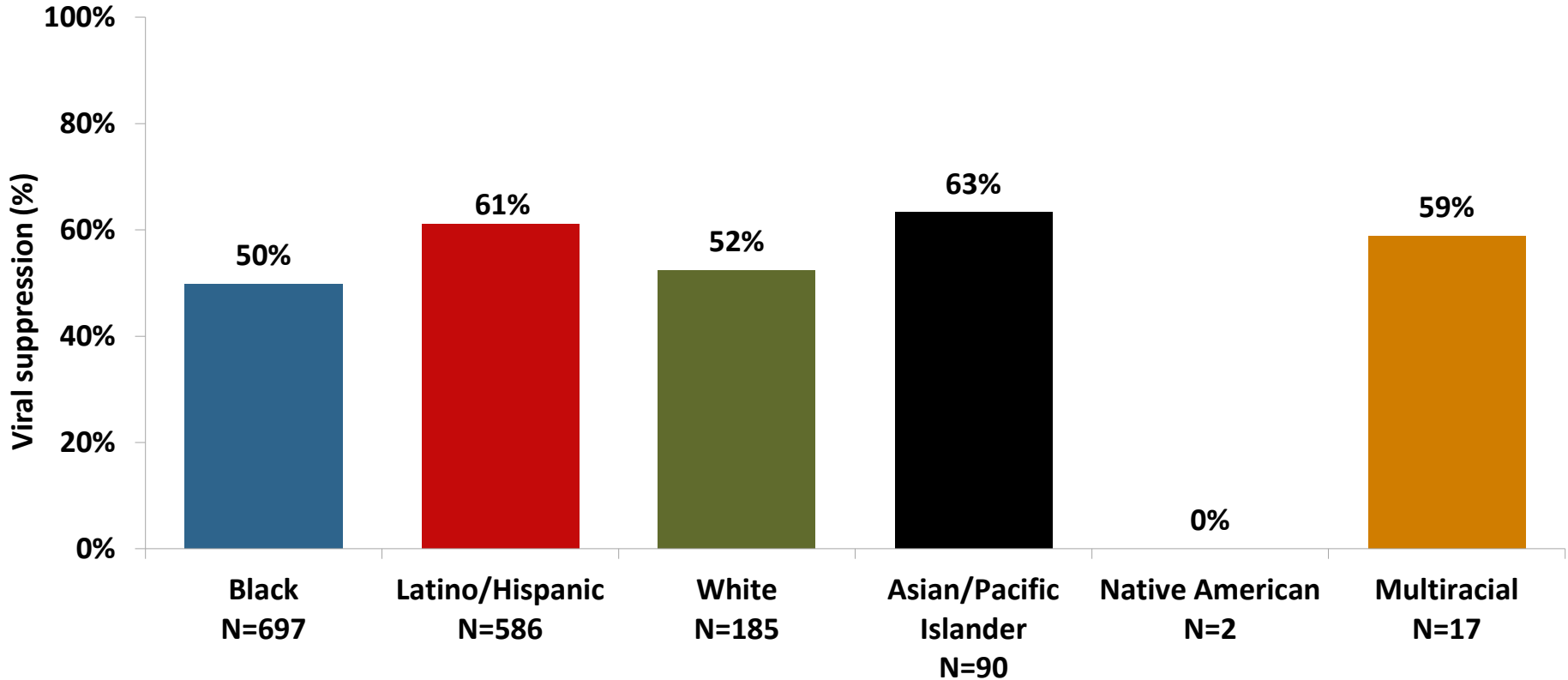
Among people newly diagnosed with HIV in NYC in 2021, transgender people had the largest proportion virally suppressed within 3 months of diagnosis.

Viral suppression is defined as viral load <200 copies/mL. People diagnosed at death have been excluded.

¹In 2021 in NYC, there were 57 new diagnoses among transgender women, and 5 new diagnoses among transgender men.

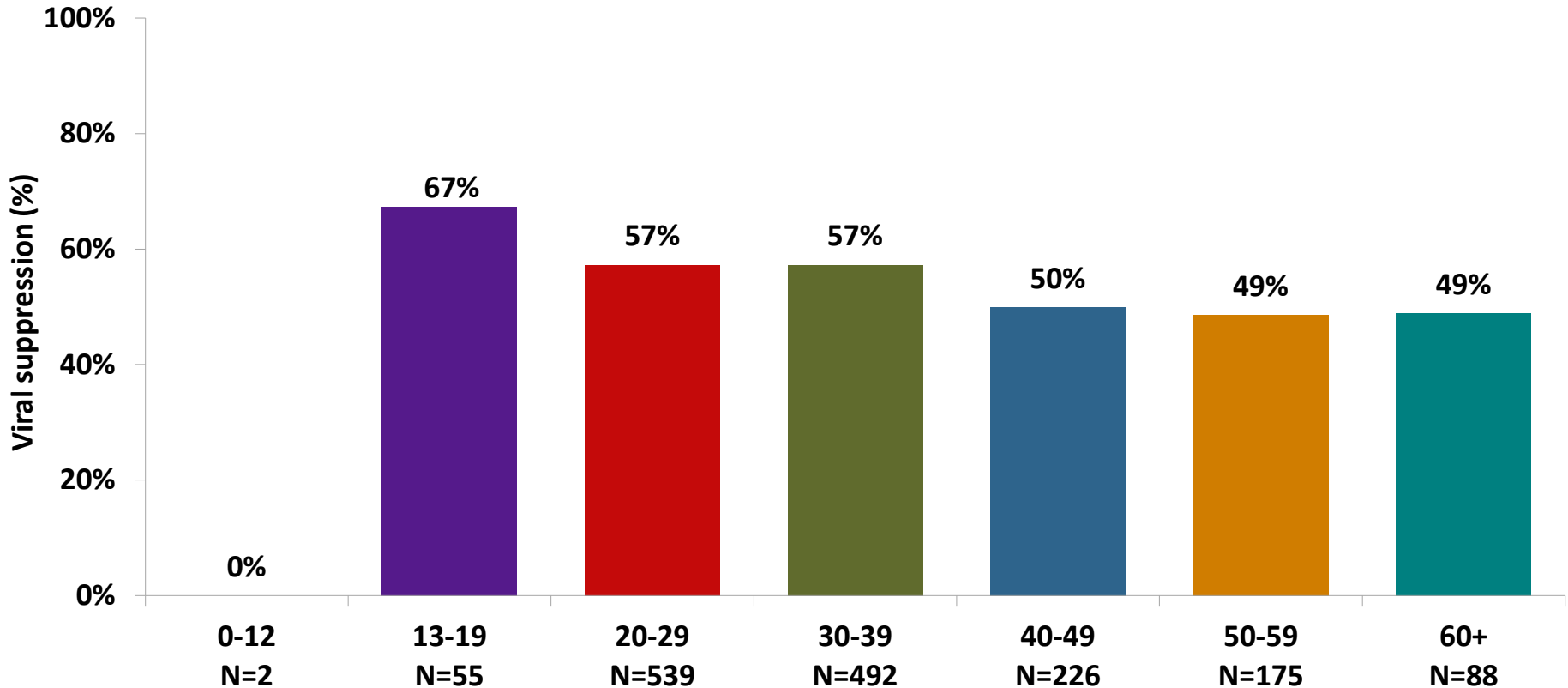
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

VIRAL SUPPRESSION WITHIN 3 MONTHS OF NEW HIV DIAGNOSIS BY RACE/ETHNICITY IN NYC, 2021



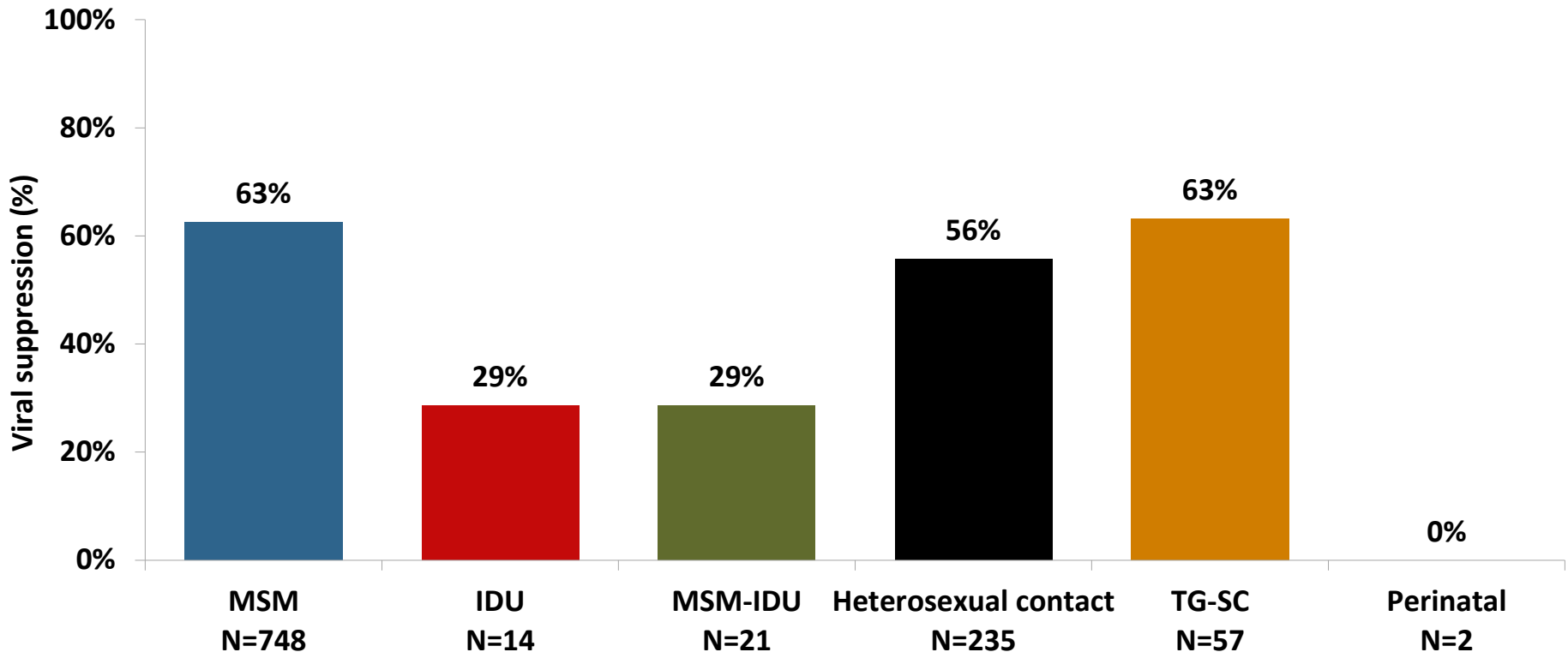
Among people newly diagnosed with HIV in NYC in 2021, Black people and Native American people had the smallest proportions virally suppressed within 3 months of diagnosis.

VIRAL SUPPRESSION WITHIN 3 MONTHS OF NEW HIV DIAGNOSIS BY AGE IN NYC, 2021



Among people newly diagnosed with HIV in NYC in 2021, people ages 13-19 had the largest proportion virally suppressed within 3 months of diagnosis.

VIRAL SUPPRESSION WITHIN 3 MONTHS OF NEW HIV DIAGNOSIS BY TRANSMISSION CATEGORY IN NYC, 2021



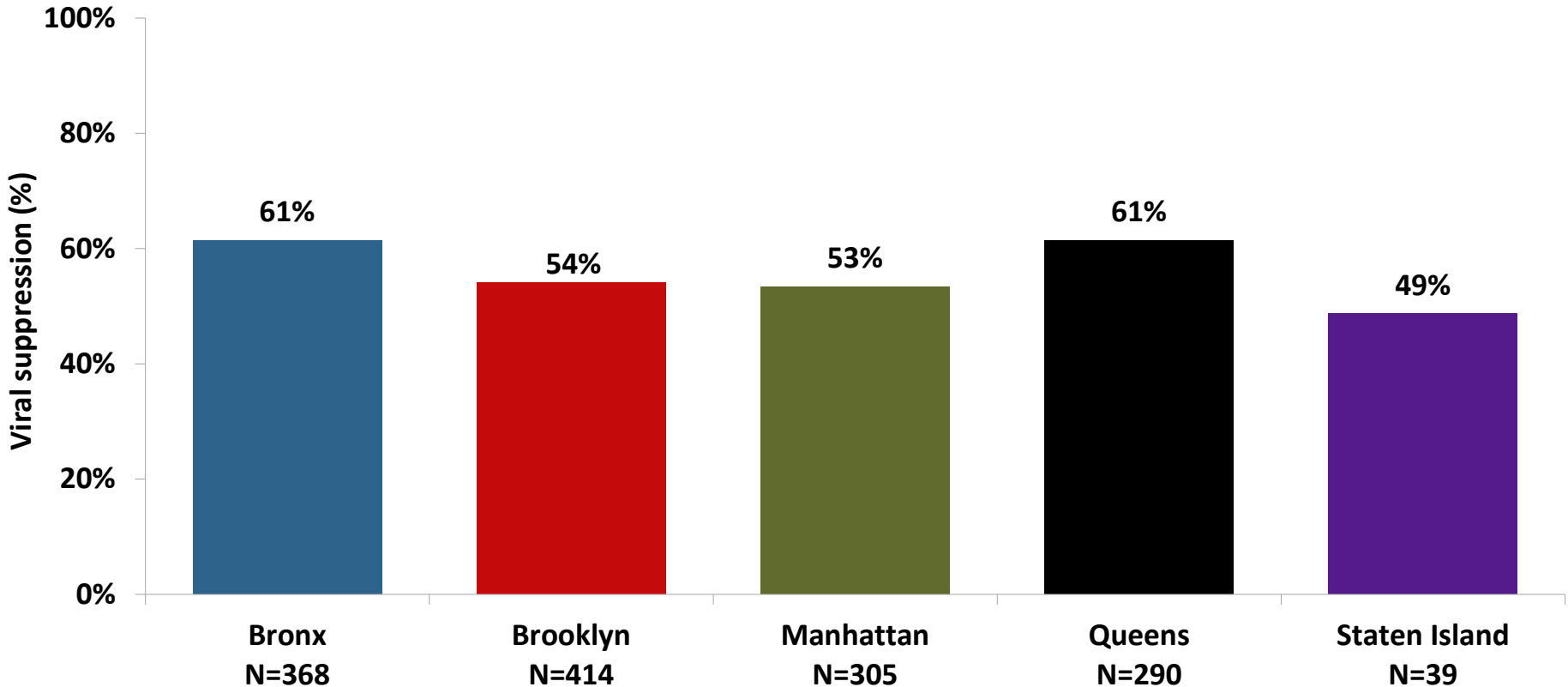
Among people newly diagnosed with HIV in NYC in 2021, MSM and transgender people with sexual contact had the largest proportions virally suppressed within 3 months of diagnosis.

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

Viral suppression is defined as viral load <200 copies/mL. People diagnosed at death have been excluded. People with an unknown transmission category are not shown.

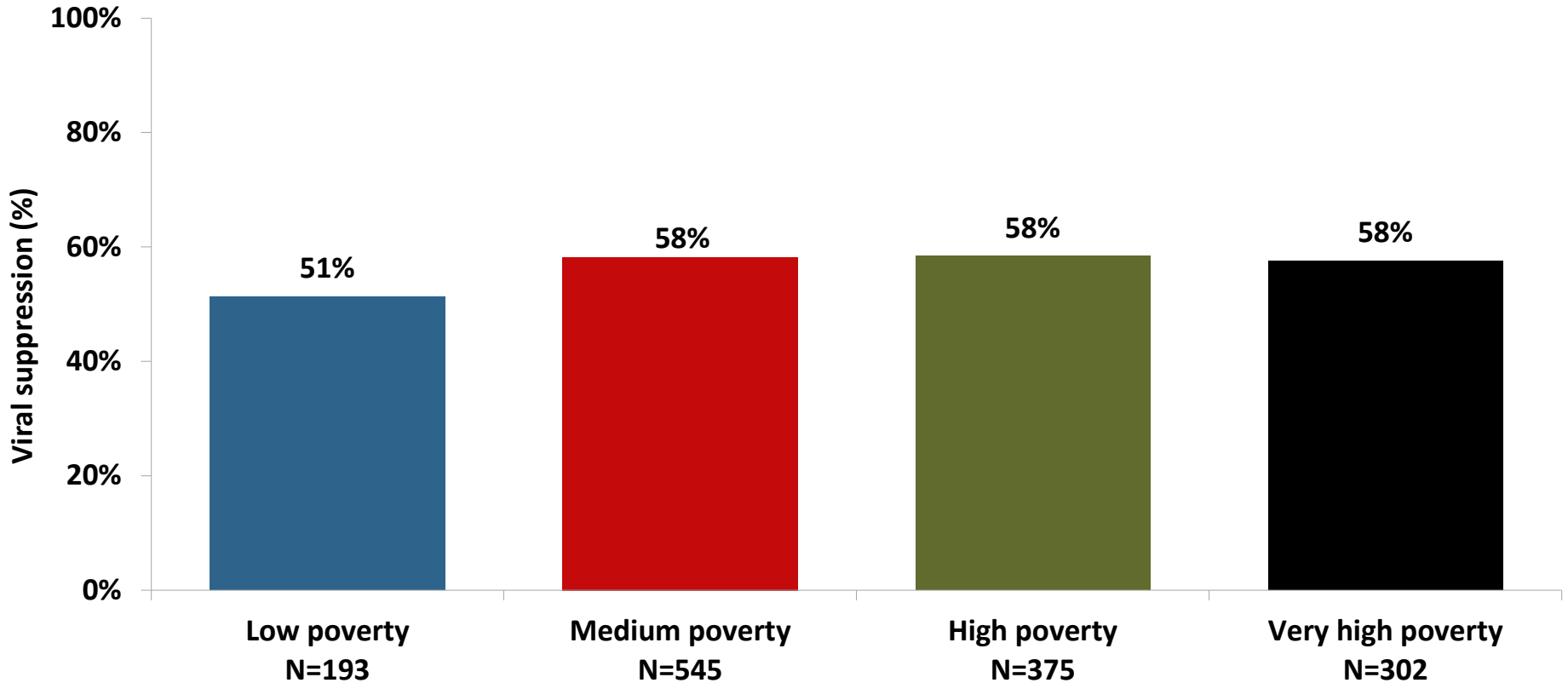
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

VIRAL SUPPRESSION WITHIN 3 MONTHS OF NEW HIV DIAGNOSIS BY BOROUGH IN NYC, 2021



Among people newly diagnosed with HIV in NYC in 2021, Staten Island residents had the smallest proportion virally suppressed within 3 months of diagnosis.

VIRAL SUPPRESSION WITHIN 3 MONTHS OF NEW HIV DIAGNOSIS BY AREA-BASED POVERTY¹ IN NYC, 2021



Among people newly diagnosed with HIV in NYC in 2021, people residing in low-poverty neighborhoods had the smallest proportion virally suppressed within 3 months of diagnosis.

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

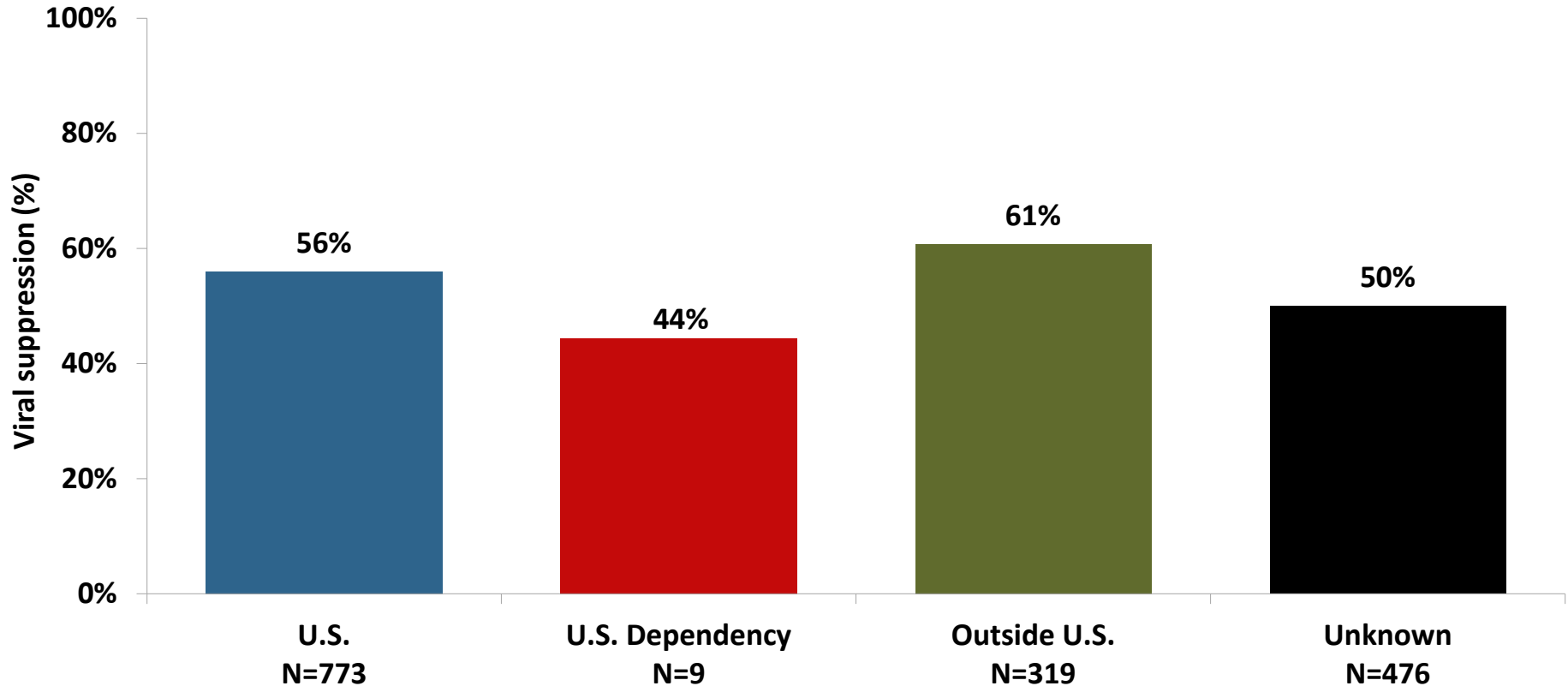
Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty= \geq 30% below FPL.

Viral suppression is defined as viral load <200 copies/mL. People diagnosed at death have been excluded.

New diagnoses without area-based poverty information are not shown.

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

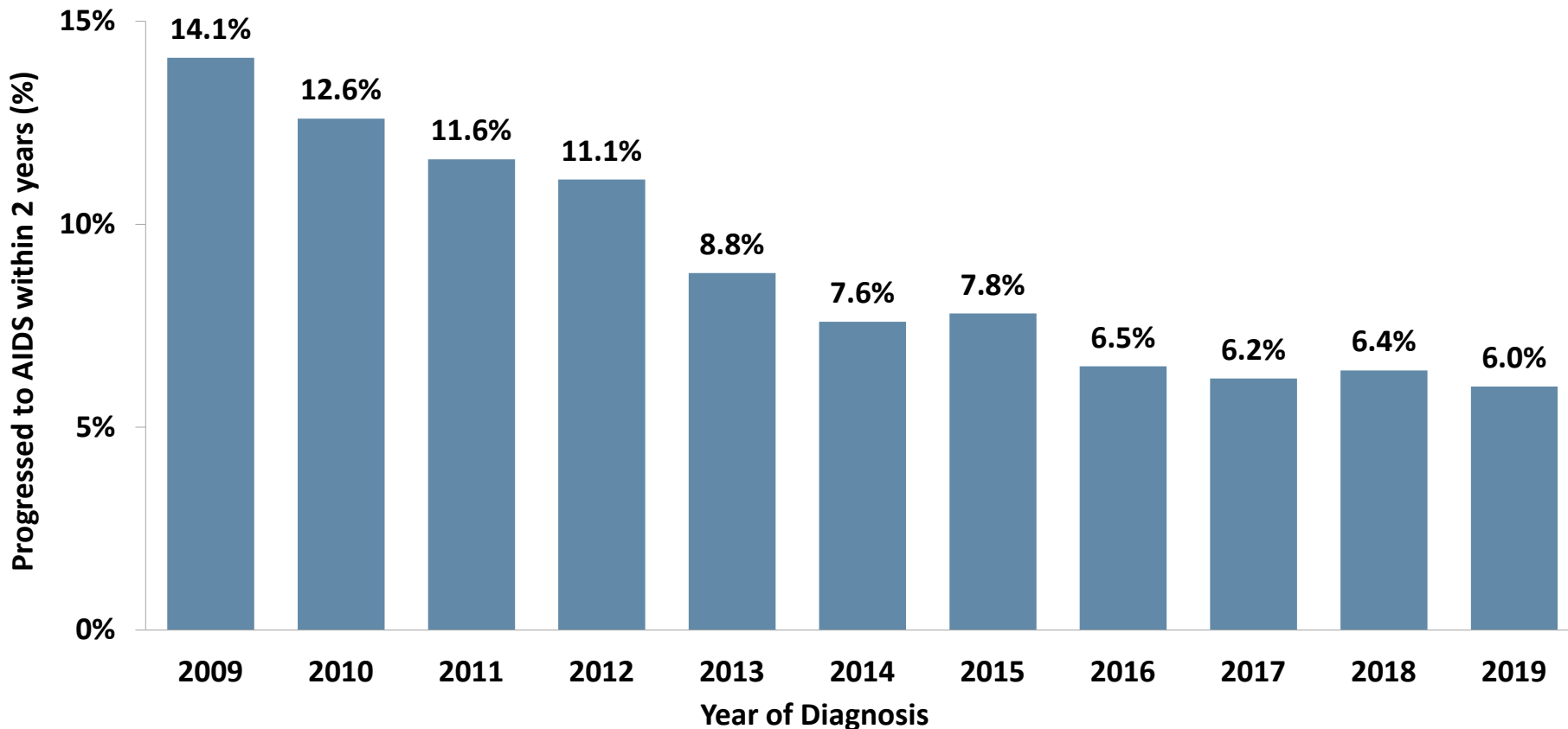
VIRAL SUPPRESSION WITHIN 3 MONTHS OF NEW HIV DIAGNOSIS BY REGION OF BIRTH IN NYC, 2021



Among people newly diagnosed with HIV in NYC in 2021, people born in the U.S. dependencies had the smallest proportion virally suppressed within 3 months of diagnosis.

Viral suppression is defined as viral load <200 copies/mL. People diagnosed at death have been excluded. People with unknown country of birth are not shown. People from Puerto Rico and other U.S. dependencies (Virgin Islands, Guam) are not considered to be born outside of the U.S. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

PROPORTION OF NEW HIV-ONLY DIAGNOSES PROGRESSING TO AIDS WITHIN 2 YEARS IN NYC, 2009-2019



The proportion of people diagnosed with HIV-only in NYC who progressed to AIDS within 2 years of diagnosis decreased by 57% between 2009 and 2019.

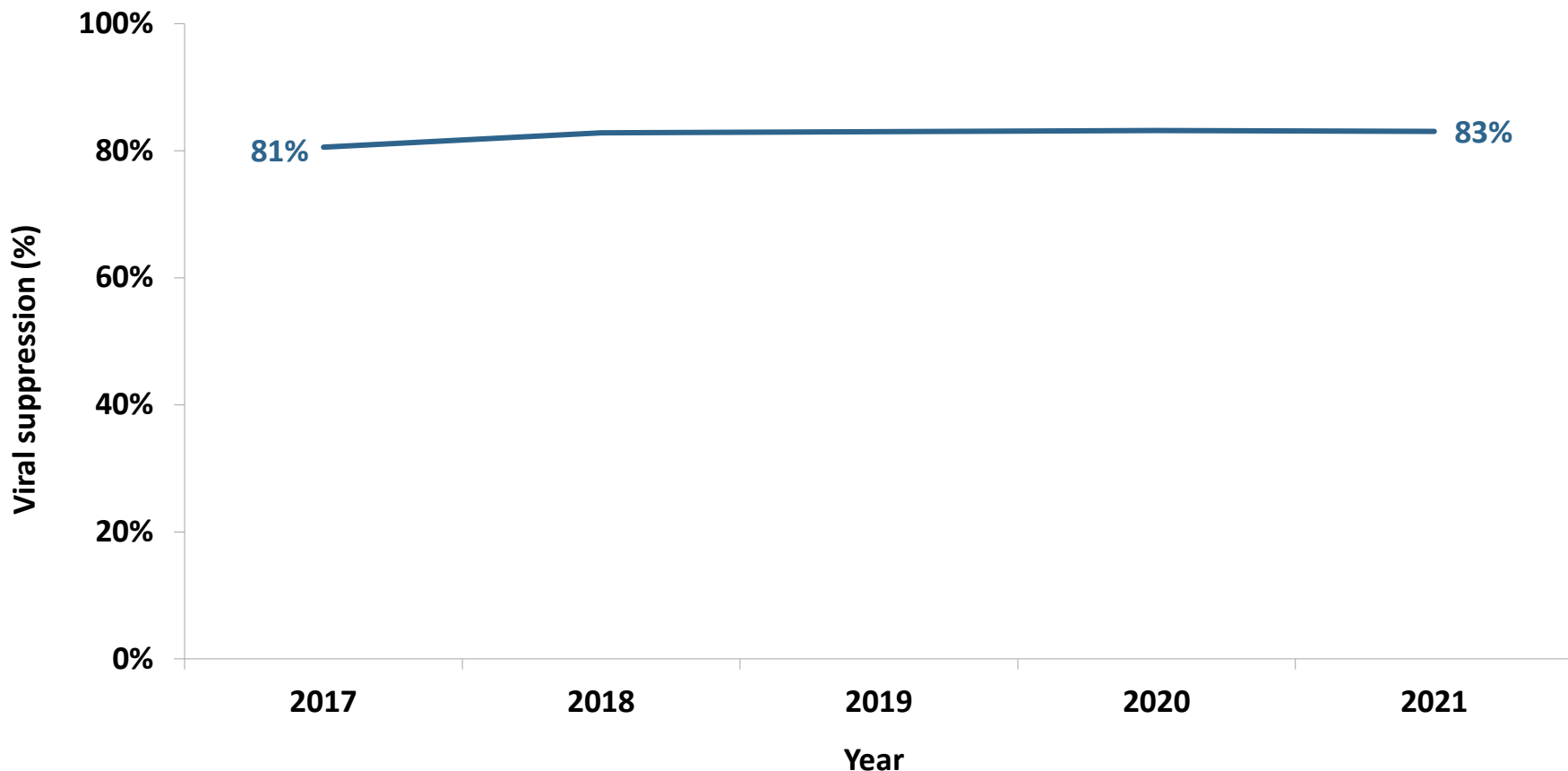
People are classified as having AIDS if they either have one or more AIDS-defining opportunistic illnesses (based on the 1993 CDC case definition) or a laboratory test indicating suppressed CD4+ cell counts (<200 cells/ μ L).

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

PEOPLE WITH HIV (PWH)

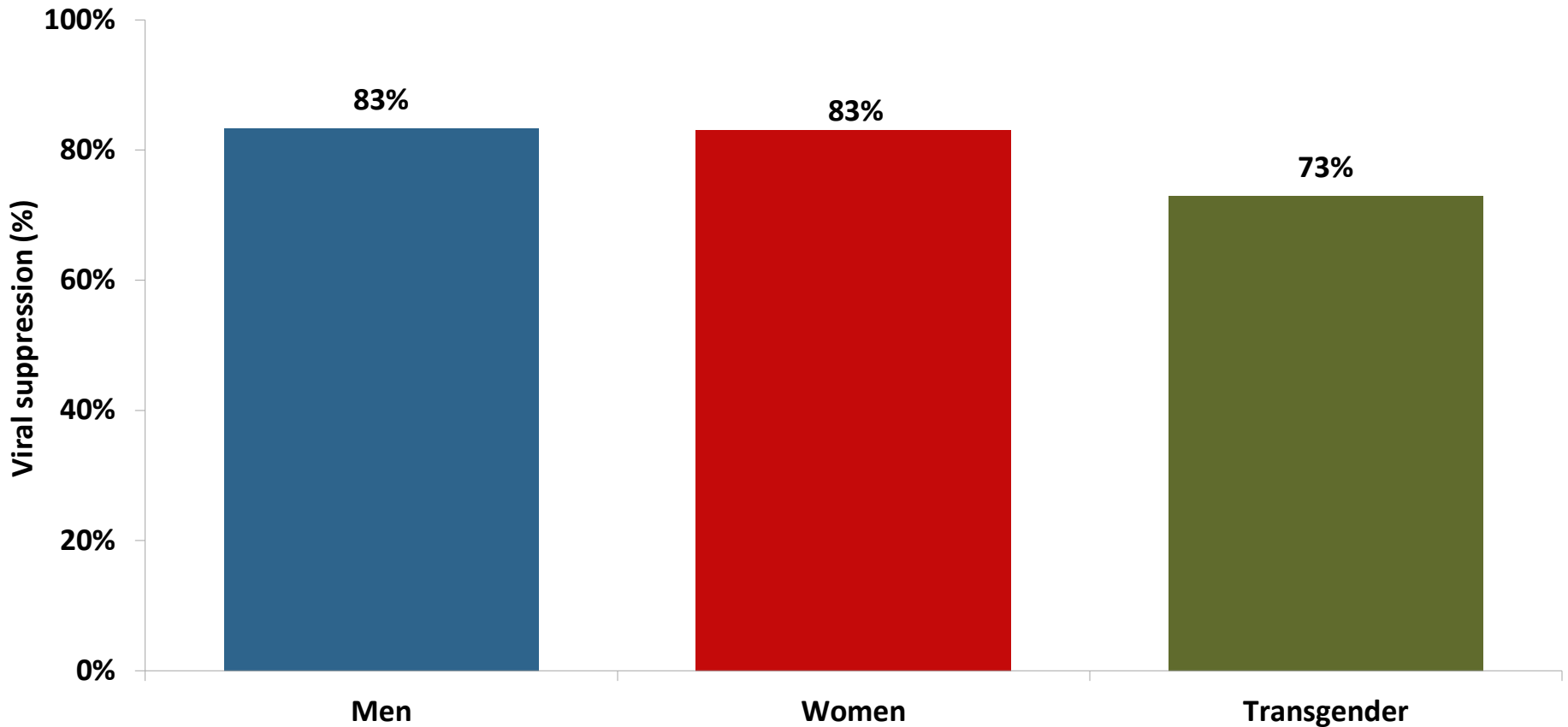
- **87,500** PWH in NYC
 - Approximate number of people with HIV in NYC at the end of 2021
- **82,900** diagnosed PWH in NYC
 - Approximate number of people with diagnosed HIV in NYC at the end of 2021, including those diagnosed with HIV in or before 2021, living in NYC at the end of 2021, and reported to the NYC DOHMH by March 31, 2022

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH IN NYC, 2017-2021



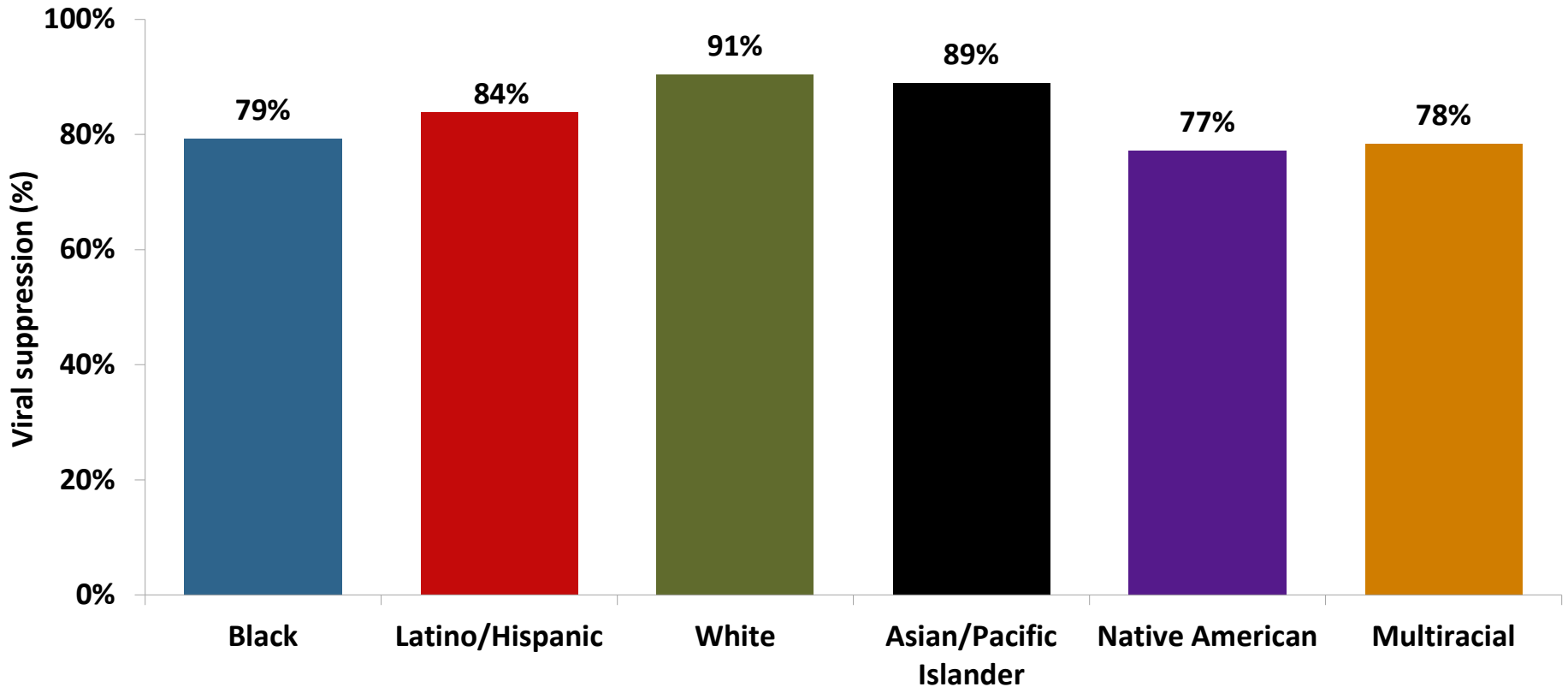
Viral suppression among diagnosed people living with HIV (PLWH) increased slightly in NYC between 2017 and 2021.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY GENDER IN NYC, 2021



Among diagnosed people living with HIV (PLWH) in NYC, a smaller proportion of transgender people were virally suppressed than non-transgender men and women.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY RACE/ETHNICITY IN NYC, 2021



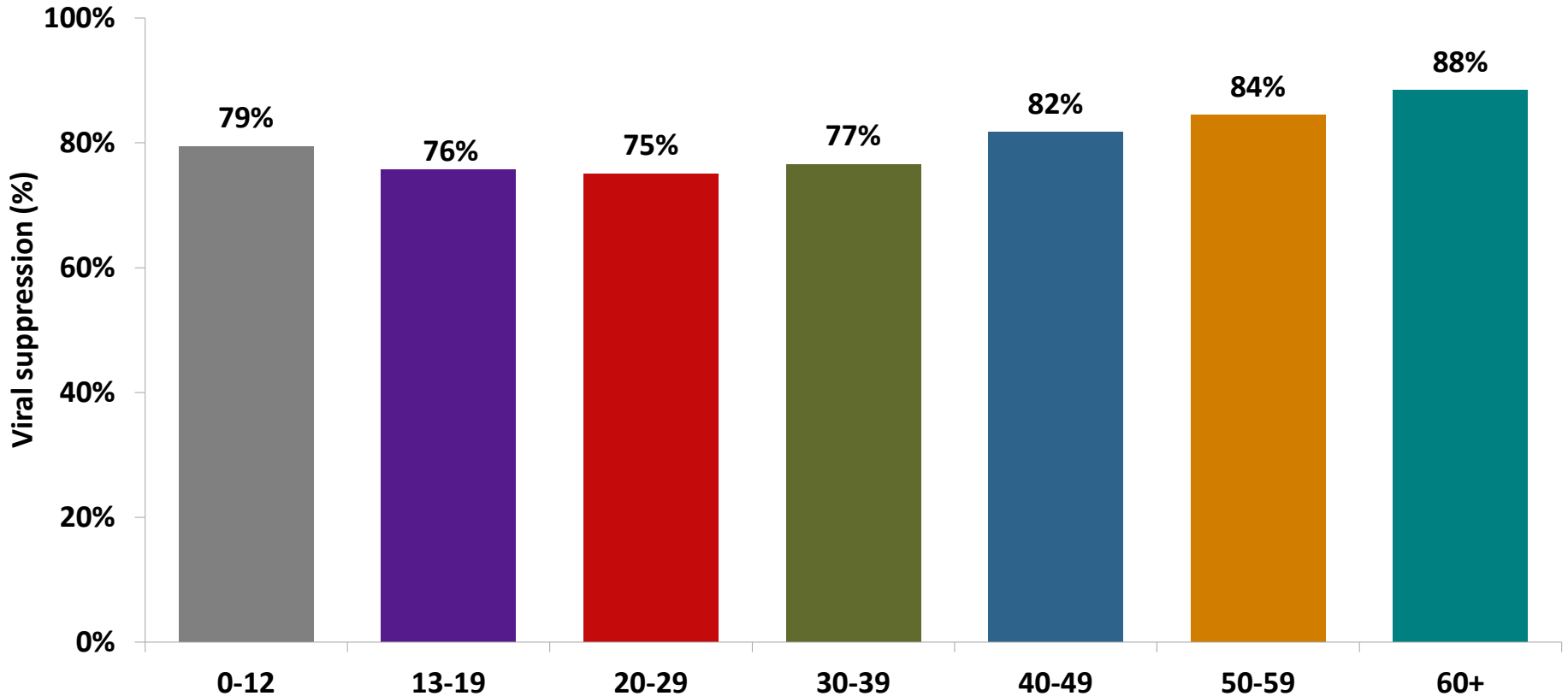
Among diagnosed people living with HIV (PLWH) in NYC, White people and Asian/Pacific Islander people had the largest proportions virally suppressed among all racial/ethnic groups.

Viral suppression is defined as viral load <200 copies/mL.

People with unknown race/ethnicity are not shown.

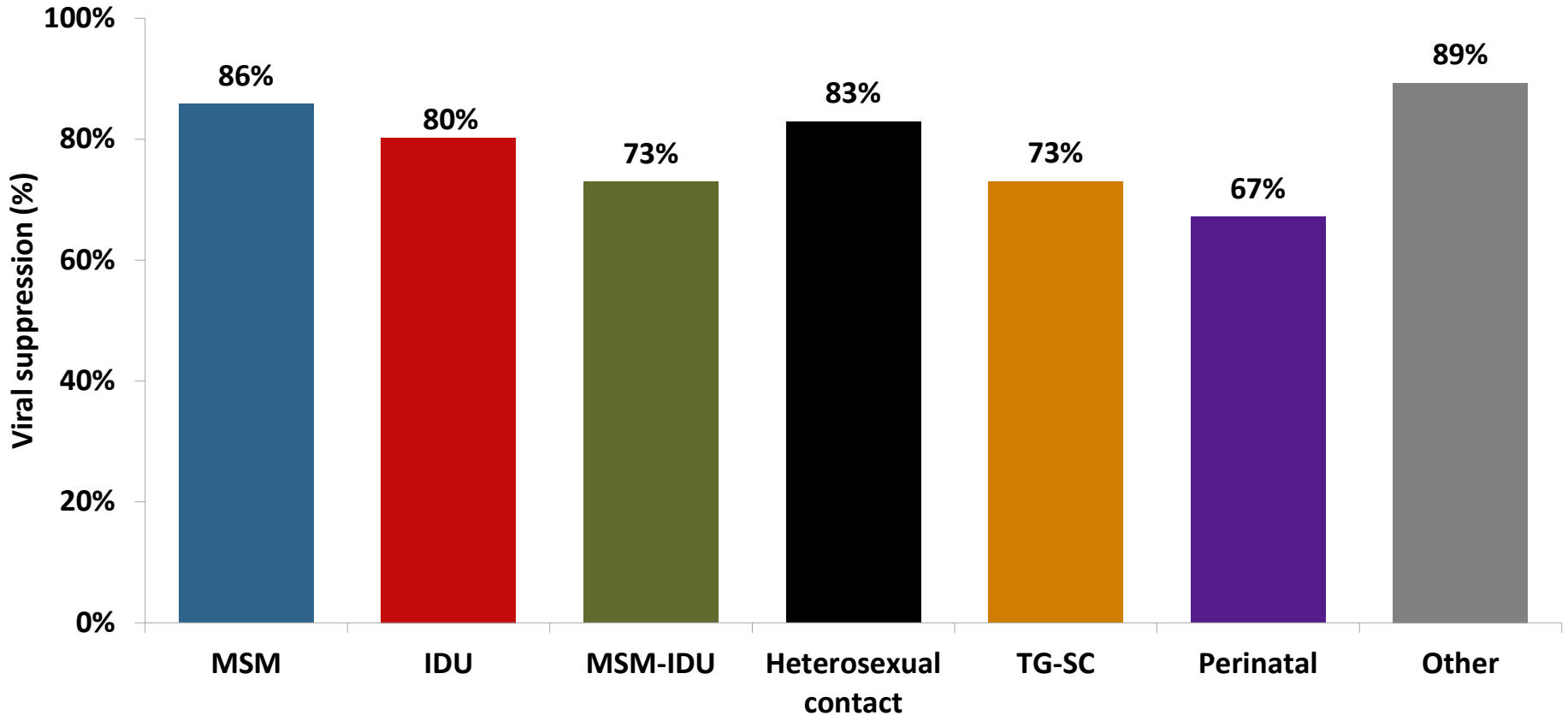
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY AGE IN NYC, 2021



Among diagnosed people living with HIV (PLWH) in NYC, the highest proportions virally suppressed were the oldest age groups.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY TRANSMISSION CATEGORY IN NYC, 2021



Among diagnosed people living with HIV (PLWH) in NYC, people in the perinatal transmission category had the smallest proportion virally suppressed.

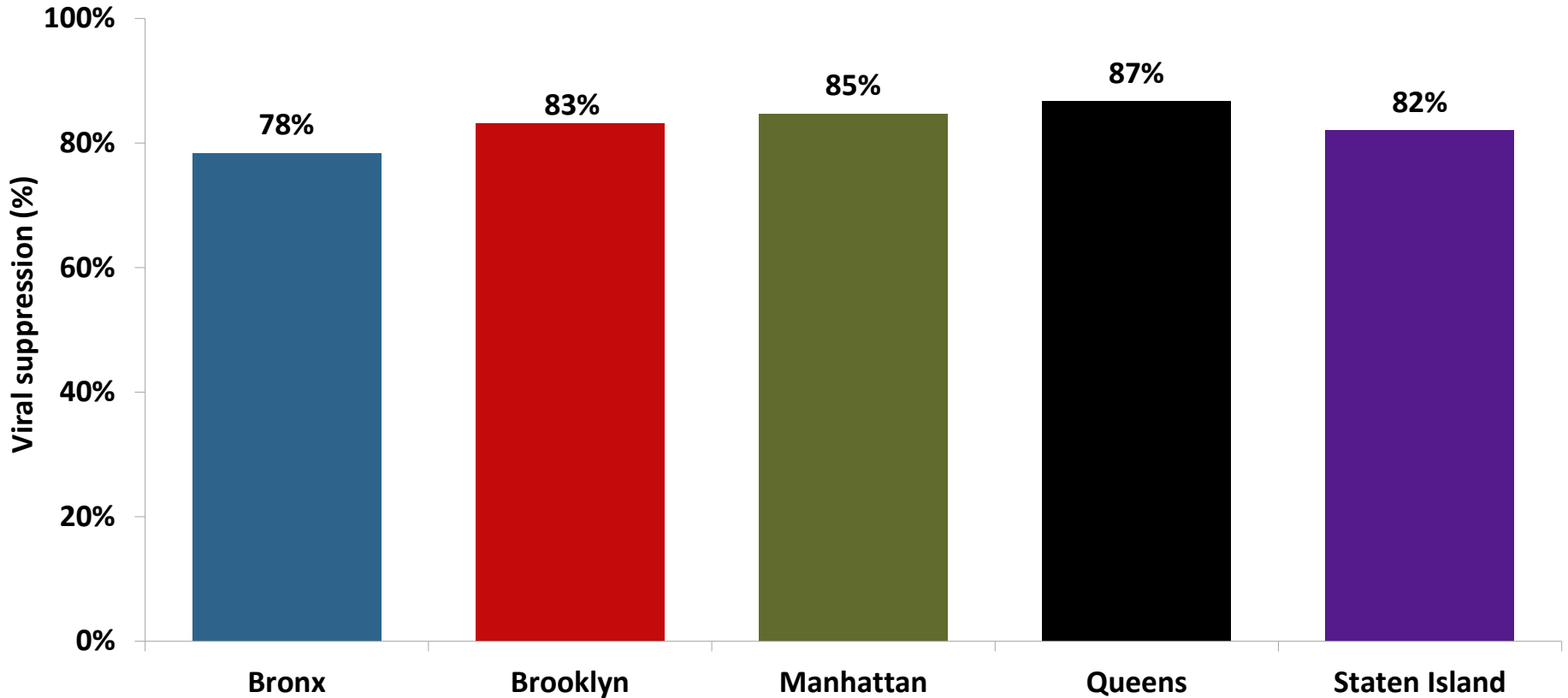
MSM=men who have sex with men; IDU= injection drug use history; TG-SC=Transgender people with sexual contact.

Viral suppression is defined as viral load <200 copies/mL.

People with an unknown transmission category are not shown.

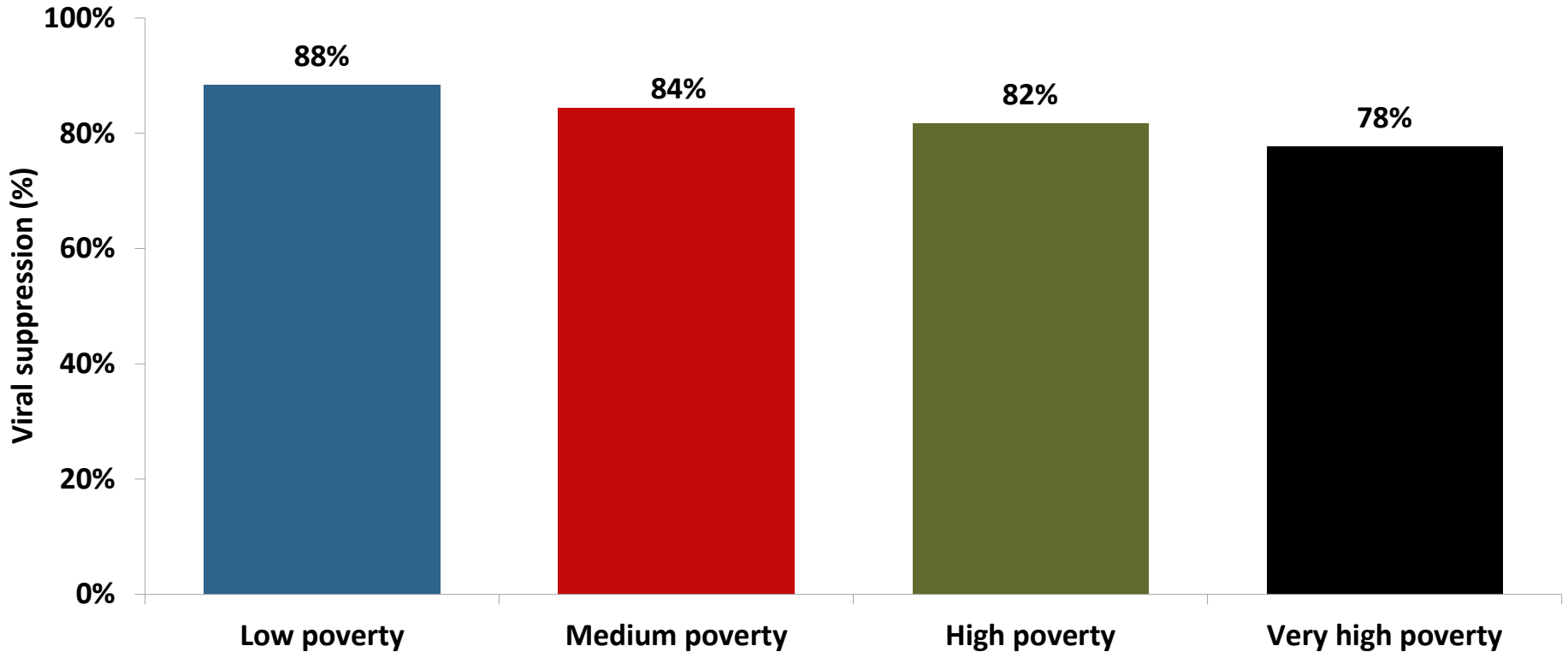
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY BOROUGH IN NYC, 2021



Among diagnosed people living with HIV (PLWH) in NYC, residents of the Bronx had the smallest proportion virally suppressed.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY AREA-BASED POVERTY¹ IN NYC, 2021



Among diagnosed people living with HIV (PLWH) in NYC, people living in low-poverty neighborhoods had the largest proportion virally suppressed.

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

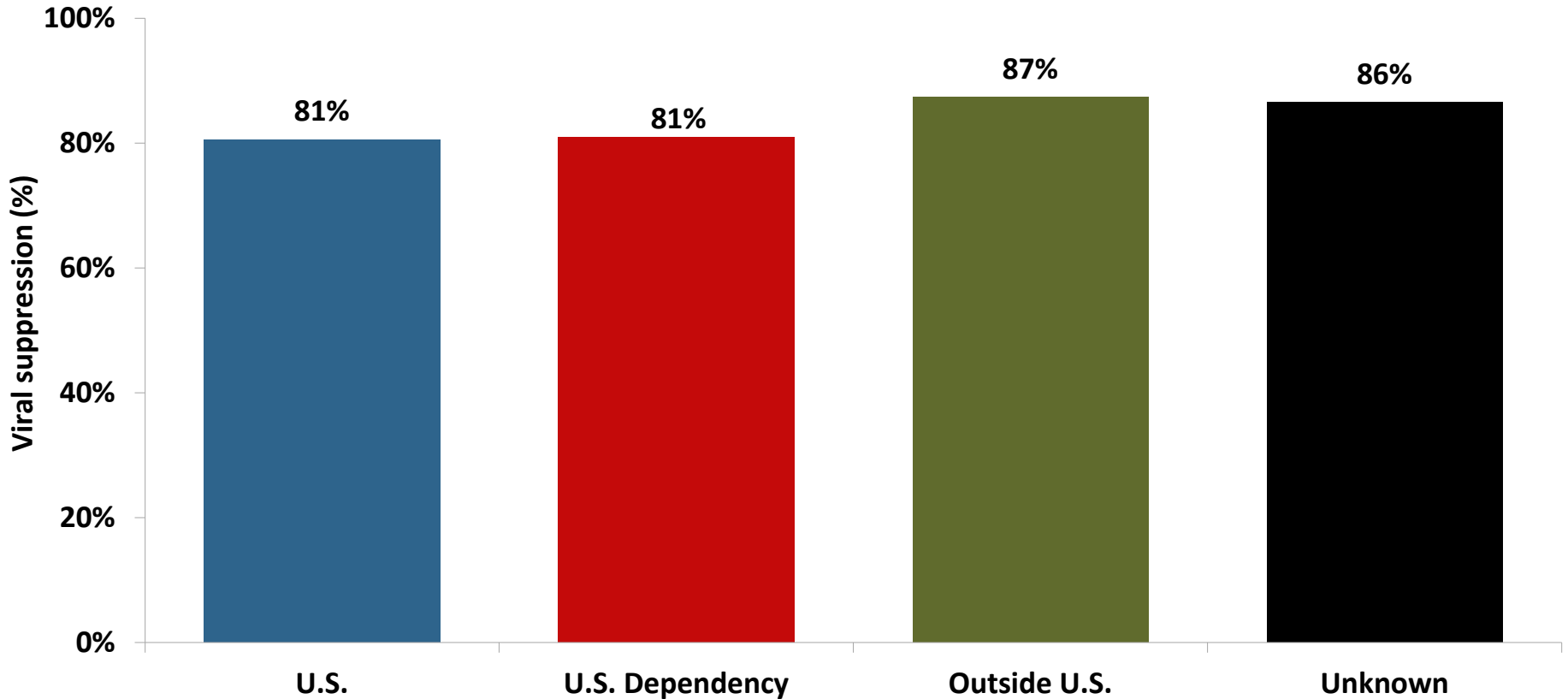
Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty= \geq 30% below FPL.

Viral suppression is defined as viral load <200 copies/mL.

PLWH without area-based poverty information are not shown.

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

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY REGION OF BIRTH IN NYC, 2021



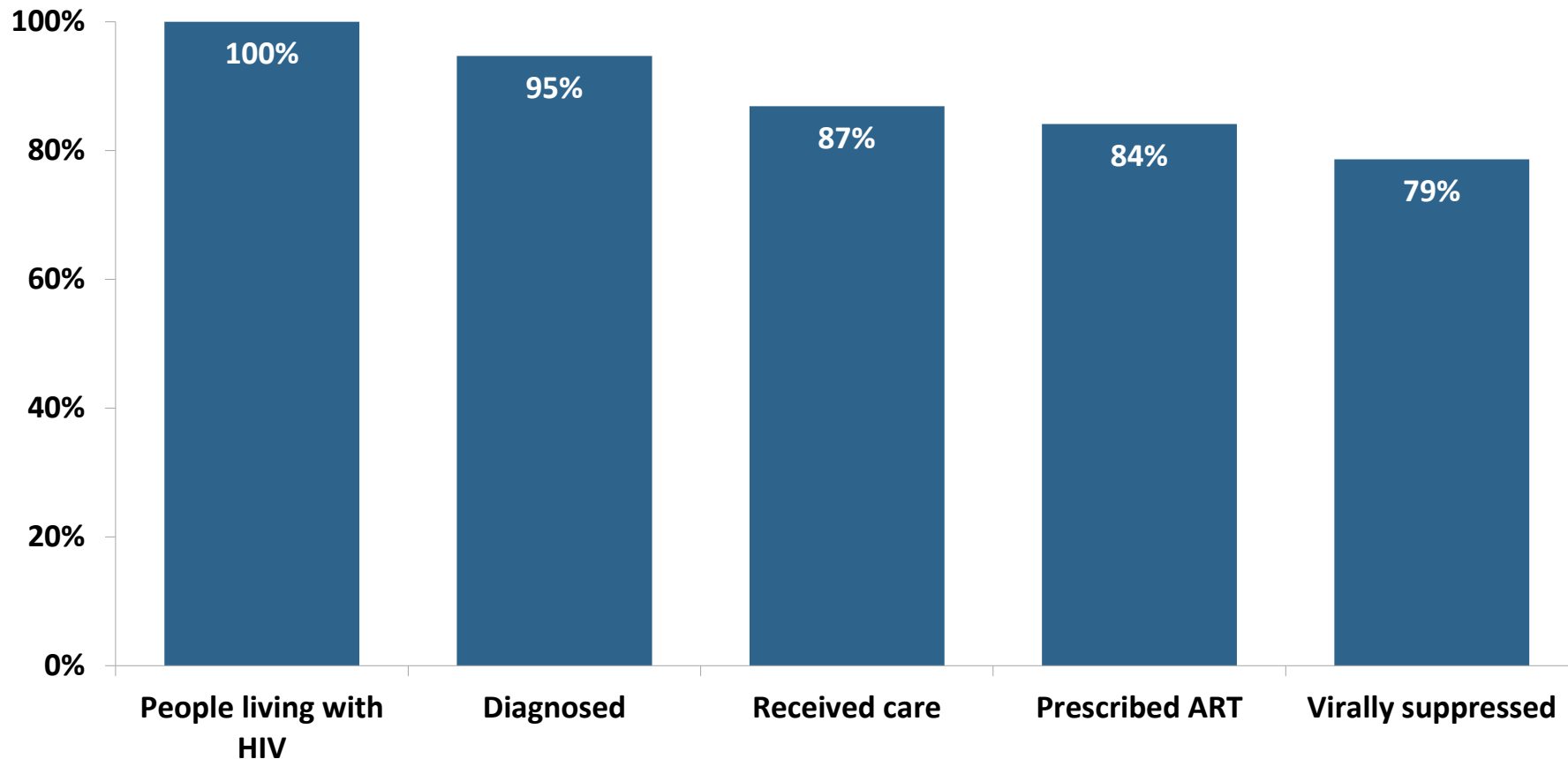
Among diagnosed people living with HIV (PLWH) in NYC, people born in the U.S. or in a U.S. Dependency had smaller proportions virally suppressed compared with people born outside the U.S.

Viral suppression is defined as viral load <200 copies/mL. People with unknown country of birth are not shown.

People from Puerto Rico and other U.S. dependencies (Virgin Islands, Guam) are not considered to be born outside of the U.S.

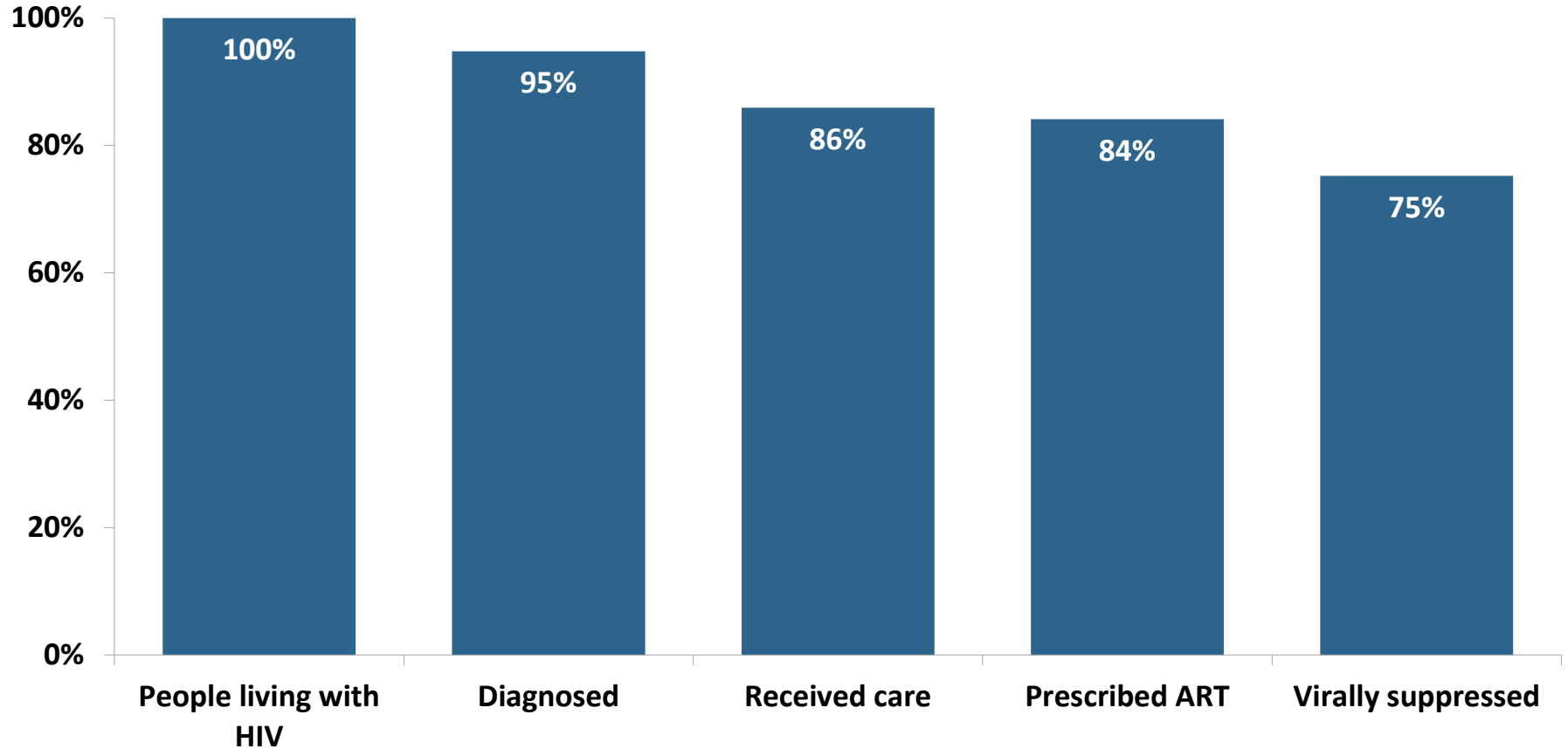
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2022.

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



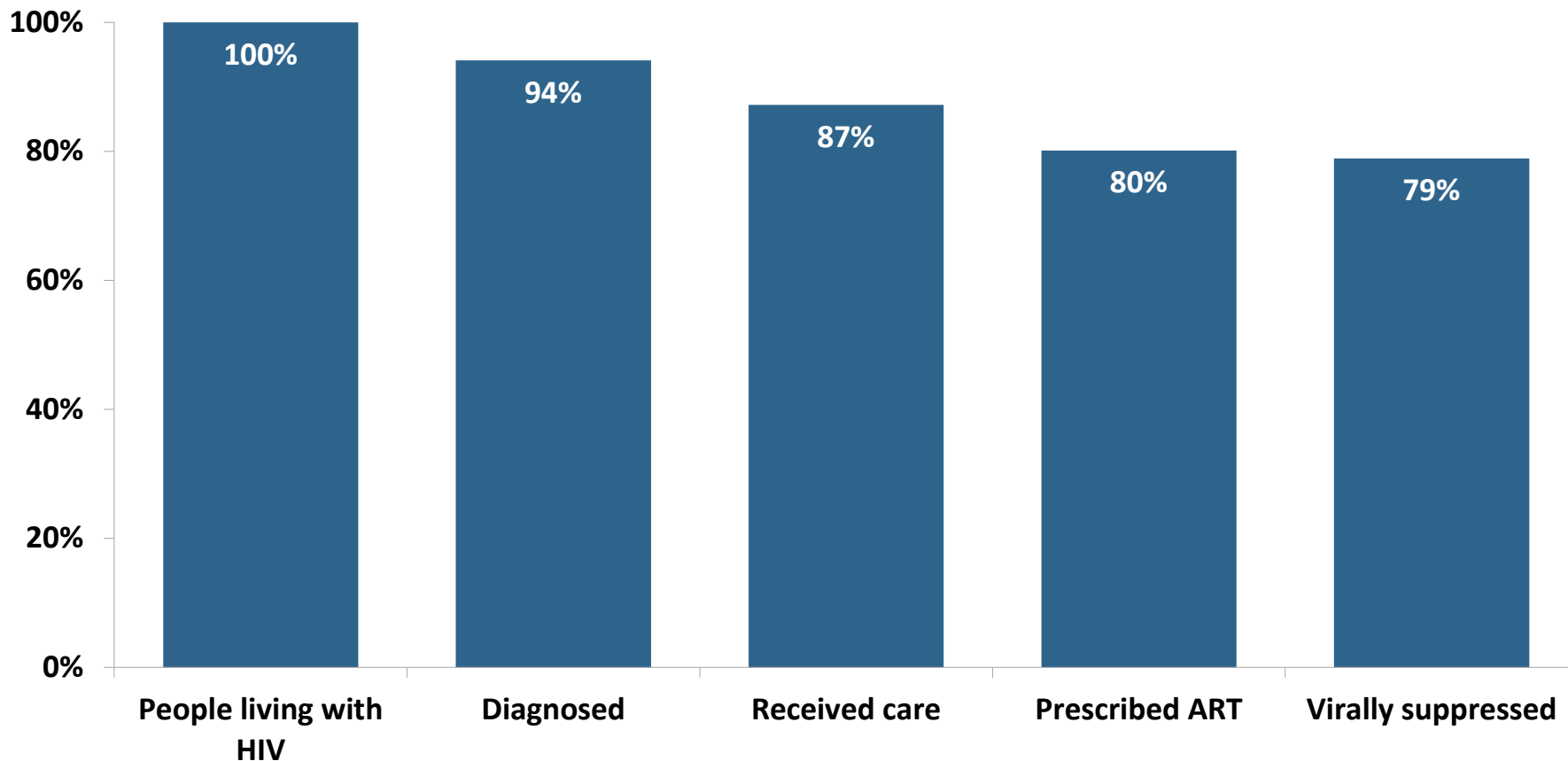
Of approximately 87,500 people living with HIV (PLWH) in NYC in 2021, 79% had a suppressed viral load.

PROPORTION OF BLACK PLWH IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2021



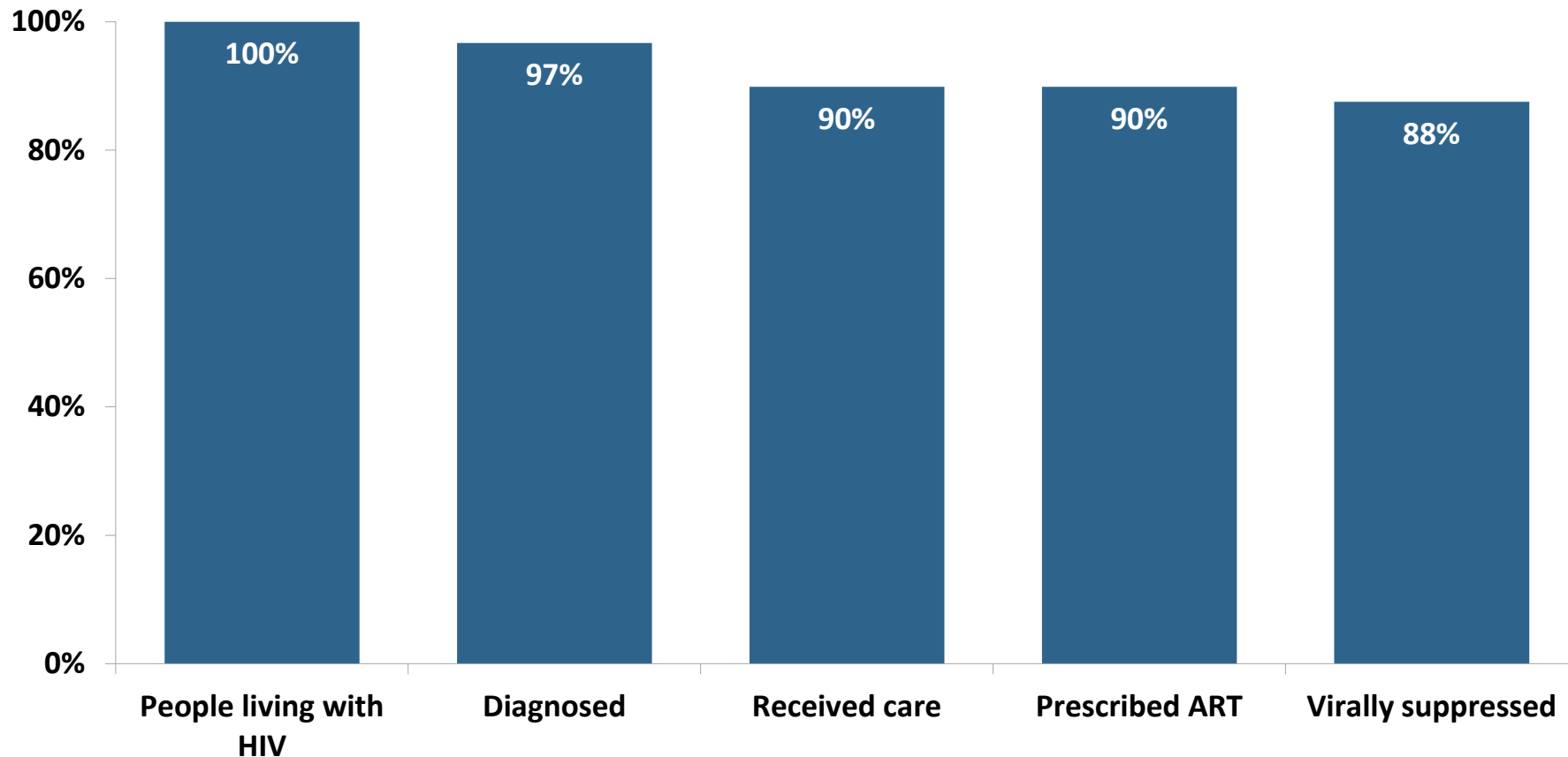
Of approximately 39,500 Black people living with HIV (PLWH) in NYC in 2021, 75% had a suppressed viral load.

PROPORTION OF LATINO/HISPANIC PLWH IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2021



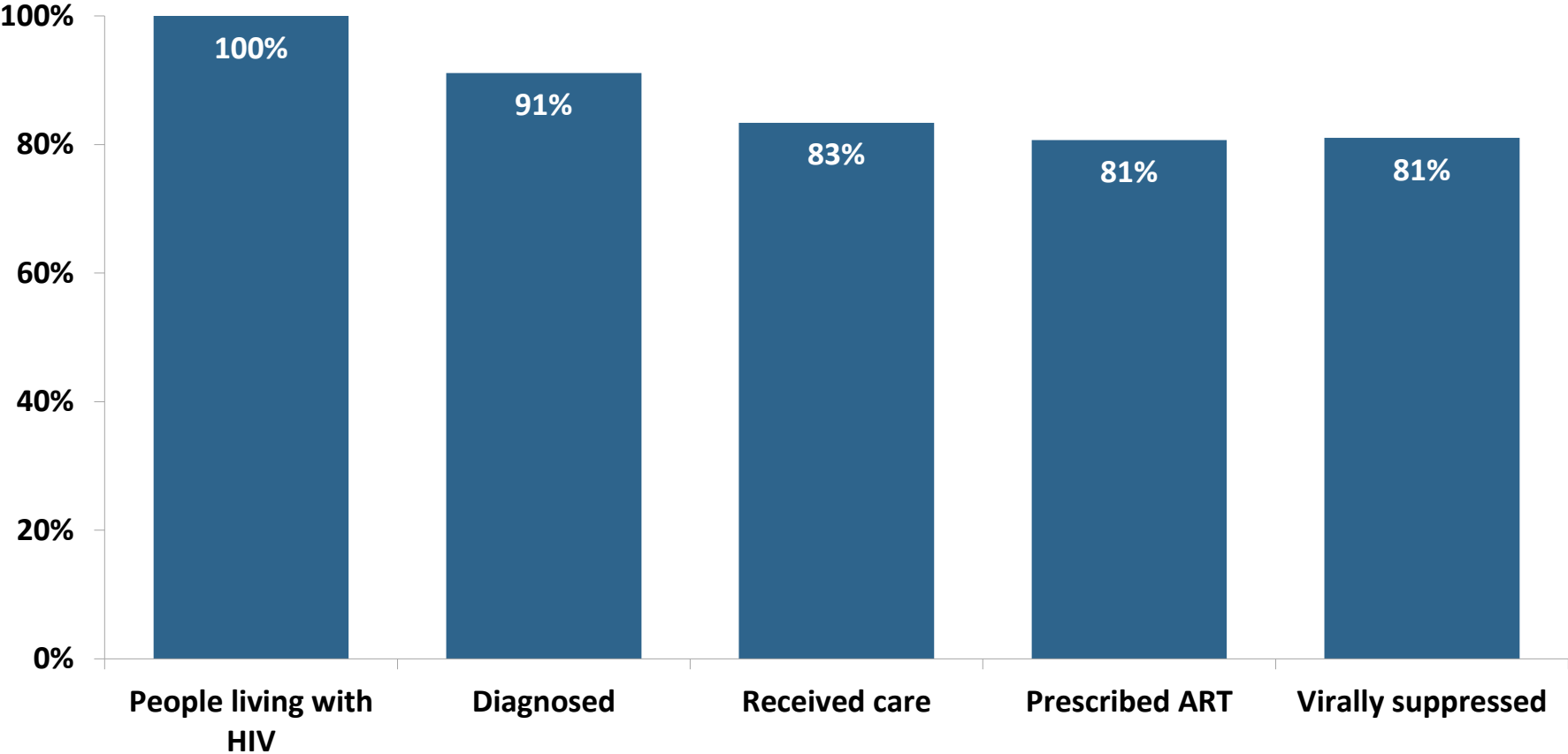
Of approximately 30,500 Latino/Hispanic people living with HIV (PLWH) in NYC in 2021, 79% had a suppressed viral load.

PROPORTION OF WHITE PLWH IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2021



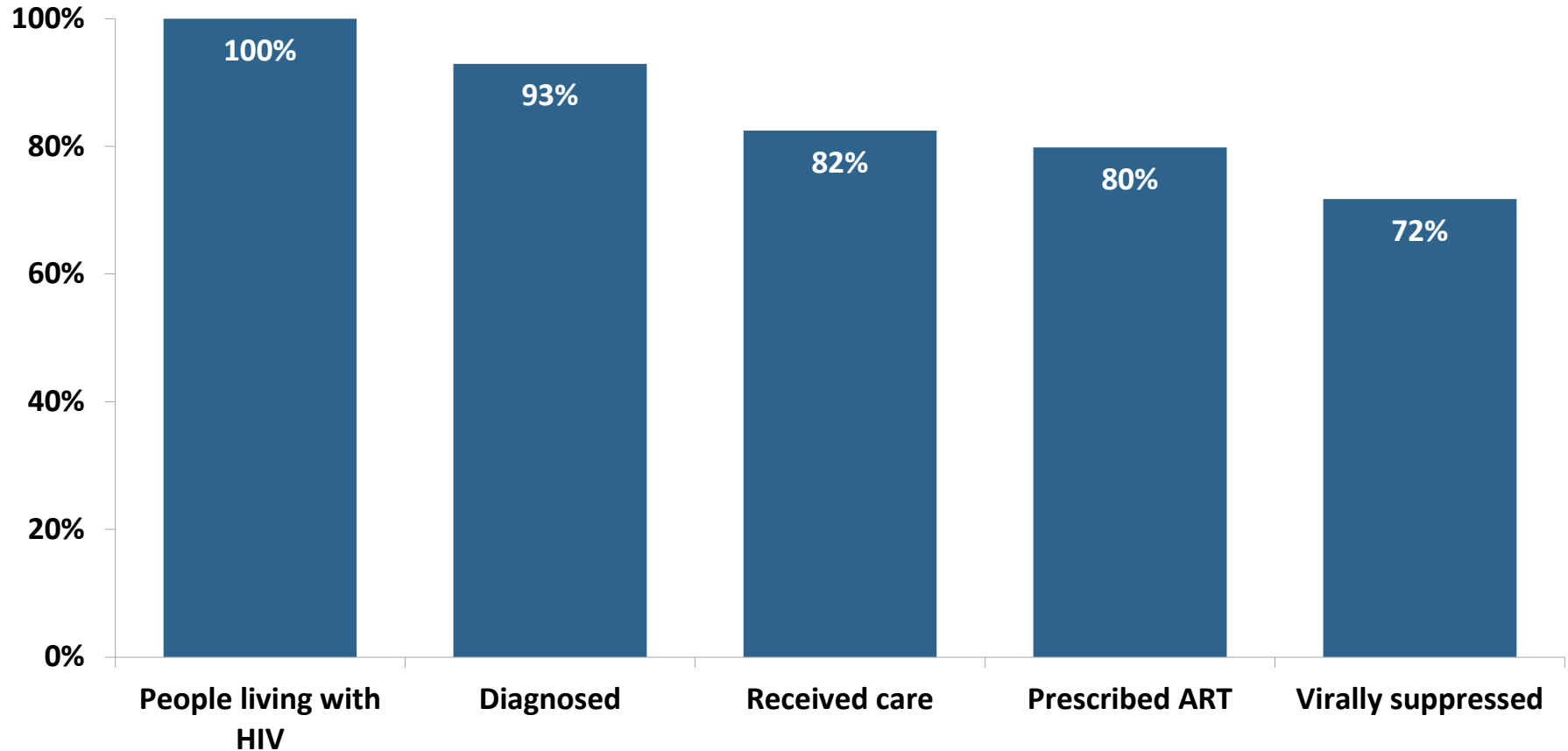
Of approximately 14,200 White people living with HIV (PLWH) in NYC in 2021, 88% had a suppressed viral load.

PROPORTION OF ASIAN/PACIFIC ISLANDER PLWH IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2021



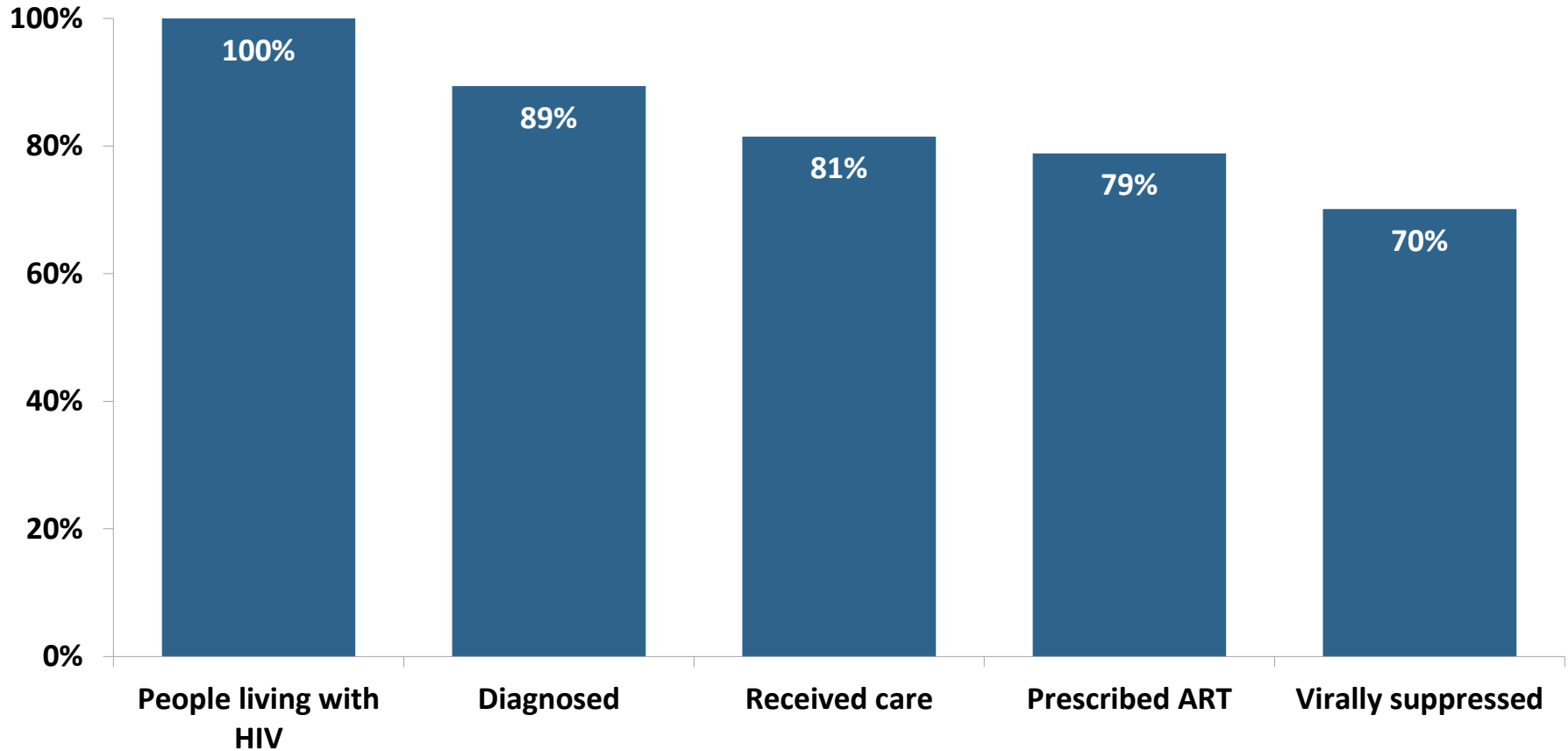
Of approximately 2,600 Asian/Pacific Islander people living with HIV (PLWH) in NYC in 2021, 81% had a suppressed viral load.

PROPORTION OF NATIVE AMERICAN PLWH IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2021



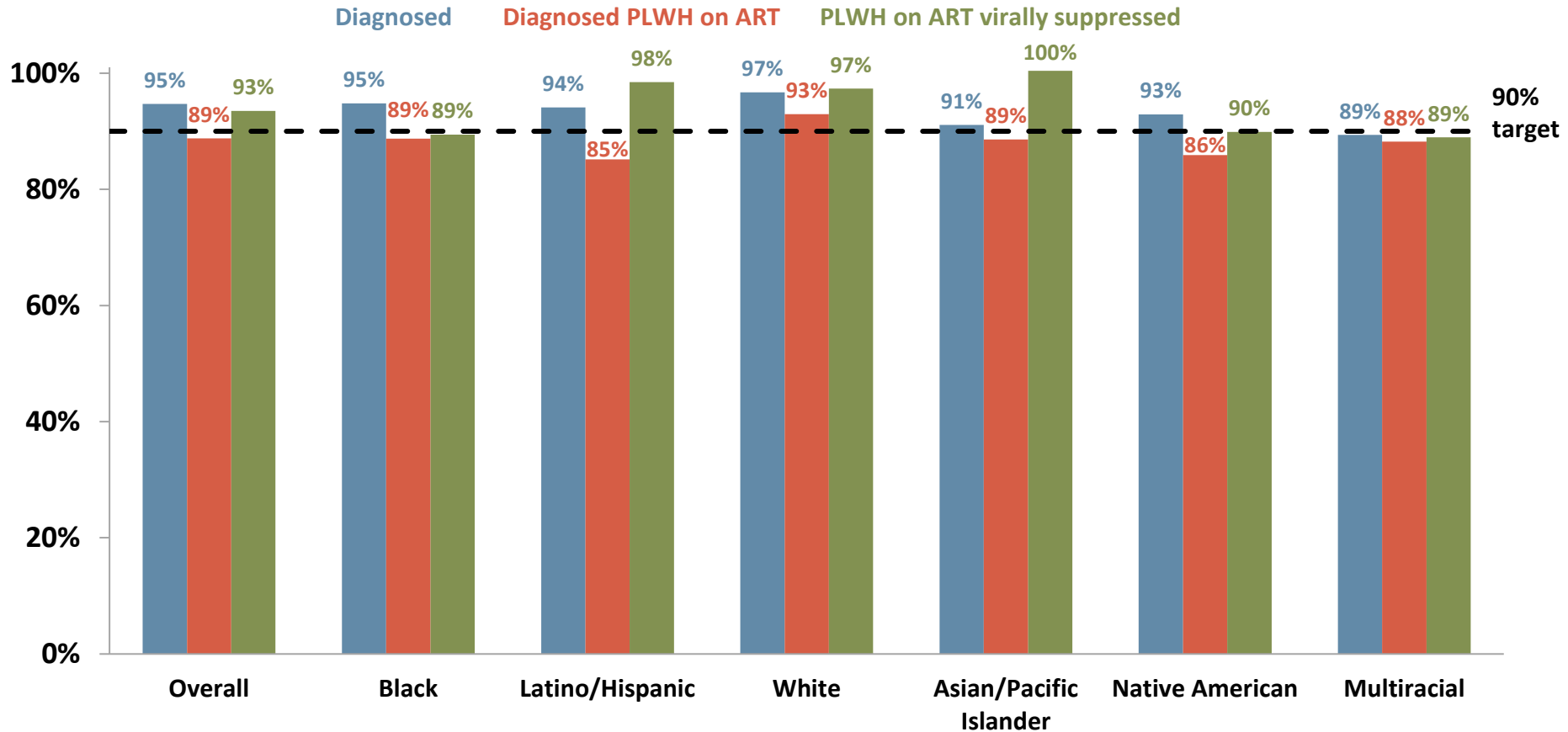
Of approximately 220 Native American people living with HIV (PLWH) in NYC in 2021, 72% had a suppressed viral load.

PROPORTION OF MULTIRACIAL PLWH IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2021



Of approximately 420 multiracial people living with HIV (PLWH) in NYC in 2021, 70% had a suppressed viral load.

UNAIDS 90-90-90 TARGETS FOR PLWH IN NYC, OVERALL AND BY RACE/ETHNICITY, 2021



In 2021, NYC reached the UNAIDS 90-90-90 targets among White people living with HIV (PLWH). No other race/ethnicity group met all three targets.

HOW TO FIND OUR DATA

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

APPENDIX 1:

DEFINITIONS AND STATISTICAL NOTES

- “HIV diagnoses” include diagnoses of HIV (non-AIDS) *and* HIV concurrent with AIDS (AIDS diagnosed within 31 days of HIV), unless otherwise specified.
- “Death rates” refer to deaths from all causes, unless otherwise specified. Death rates are calculated as deaths per mid-year PLWH.
- Data presented by “Transmission” categories include only individuals with a known or identified transmission category, except when an “unknown” category is presented. The “Other” transmission category includes people who received treatment for hemophilia, people who received a transfusion or transplant, people with other healthcare-associated transmission, and children with non-perinatal transmission category.
- “PWH” refers to people with HIV during the reporting period (note: includes people with HIV who remained alive or died during the reporting period); “PLWH” refers to people living with HIV during the reporting period and alive at the end of the reporting period.
- “Women” includes transgender women and “Men” includes transgender men. For more information on transgender surveillance in NYC, please see the “HIV among People identified as Transgender” slide set.
- Surveillance collects information about individuals’ current gender identity, when available. These slides display the following gender categories: men, women, transgender (if applicable). People whose current gender identity differs from their sex assigned at birth are considered transgender. Classifying transgender people in surveillance requires accurate collection of both sex assigned at birth and current gender identity. Sex and gender information are collected from people’s self-report, their diagnosing provider, or medical chart review. This information may or may not reflect the individual’s self-identification. Transgender status has been collected routinely since 2005 for newly reported cases. Reported numbers of new transgender HIV diagnoses and transgender PLWH are likely to be underestimates. For more information, see the “HIV among Transgender people in New York City” surveillance slide set available at: www1.nyc.gov/assets/doh/downloads/pdf/dires/hiv-in-transgender-persons.pdf. Surveillance collects information on other gender identity categories, including “Non-binary/Gender non-conforming.” In these slides, data for these individuals are displayed by sex at birth.
- Area-based poverty is based on NYC ZIP code of residence and is defined as the percent of the population in a ZIP code with a household income that is below the Federal Poverty Level. This measure is not available for people missing a ZIP code or living outside NYC. Income data used in this report are from the 2015-2019 American Community Survey (ACS) for events (e.g., diagnoses, deaths, care indicators) occurring in 2017, and ACS 2016-2020 for events occurring in between 2018 and 2021. Cut-points for categories of area-based poverty in NYC were defined by a NYC DOHMH workgroup.

APPENDIX 2:

TECHNICAL NOTES: NYC HIV CARE CONTINUUM

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