HIV Surveillance Annual Report, 2024

New York City Department of Health and Mental Hygiene

NYC Health

Executive Summary

While New York City has made significant strides in HIV prevention, testing, and treatment, 1,791 people were newly diagnosed with HIV in NYC in 2024, an increase of 5.4% from 2023 (Figure 1). The 2023 to 2024 increase in new HIV diagnoses follows a similar increase (6.9%) in new HIV diagnoses from 2022 to 2023. These recent trends contrast with the yearly declines in new diagnoses in NYC prior to 2020. In 2024, an estimated 1,431 people newly acquired HIV, an increase of 17% from 2023 (Figure 7.1). Men who have sex with men, Black people, Latino people, and people living in areas of NYC with high or very high poverty continue to be disproportionately affected by HIV. Data showing increases and inequities in new diagnoses and estimated incidence underscore the need for a sustained and even accelerated HIV public health response.

Other key takeaways from the HIV Surveillance Annual Report, 2024, include:

- Among the 1,791 people newly diagnosed with HIV in NYC in 2024, sociodemographic distributions were similar to those observed over the past five years.
  - Forty-four percent (44%) were Black and 41% were Latino (Table 1).
  - Seventy-five percent (75%) were men, 20% were women, 4% were transgender women, and less than 1% were transgender men or people with additional gender identities not previously listed (Table 1).
  - Sixty-six percent (66%) were ages 20 to 39 and 16% were ages 50 and older (Table 1).
  - Forty-two percent (42%) lived in high- or very high-poverty ZIP codes at the time of diagnosis (Table 1).
  - Among all people newly diagnosed with HIV for whom data on transmission category were available, 65% were men who have sex with men (Table 1); among all men newly diagnosed with HIV with transmission category data, 91% were men who have sex with men (Table 2).
- Among people newly diagnosed with HIV who were interviewed and assessed by the Assess.Connect.Engage. (ACE) Team in 2024, 73% reported at least one supportive service need (for example, health insurance or housing) (Figure 8.1).
- In 2024, there were an estimated 85,800 people with diagnosed HIV in NYC and an estimated 5,500 people with undiagnosed HIV (Figure 11.1).

Executive Summary

- Slight improvements occurred in HIV care outcomes among people with HIV in NYC since 2019 (Figures 10.1 and 10.3). In 2024, 87% of people with HIV were receiving HIV care (Figure 11.1), and among people receiving HIV care, 90% were virally suppressed (Figure 10.3).

Data reported here assist the NYC Department of Health and Mental Hygiene (NYC Health Department) and its partners to plan and implement HIV prevention, testing, and treatment initiatives. Data are also used to evaluate progress and identify demographic disparities in HIV prevention and diagnosis, and in health outcomes among people with HIV.

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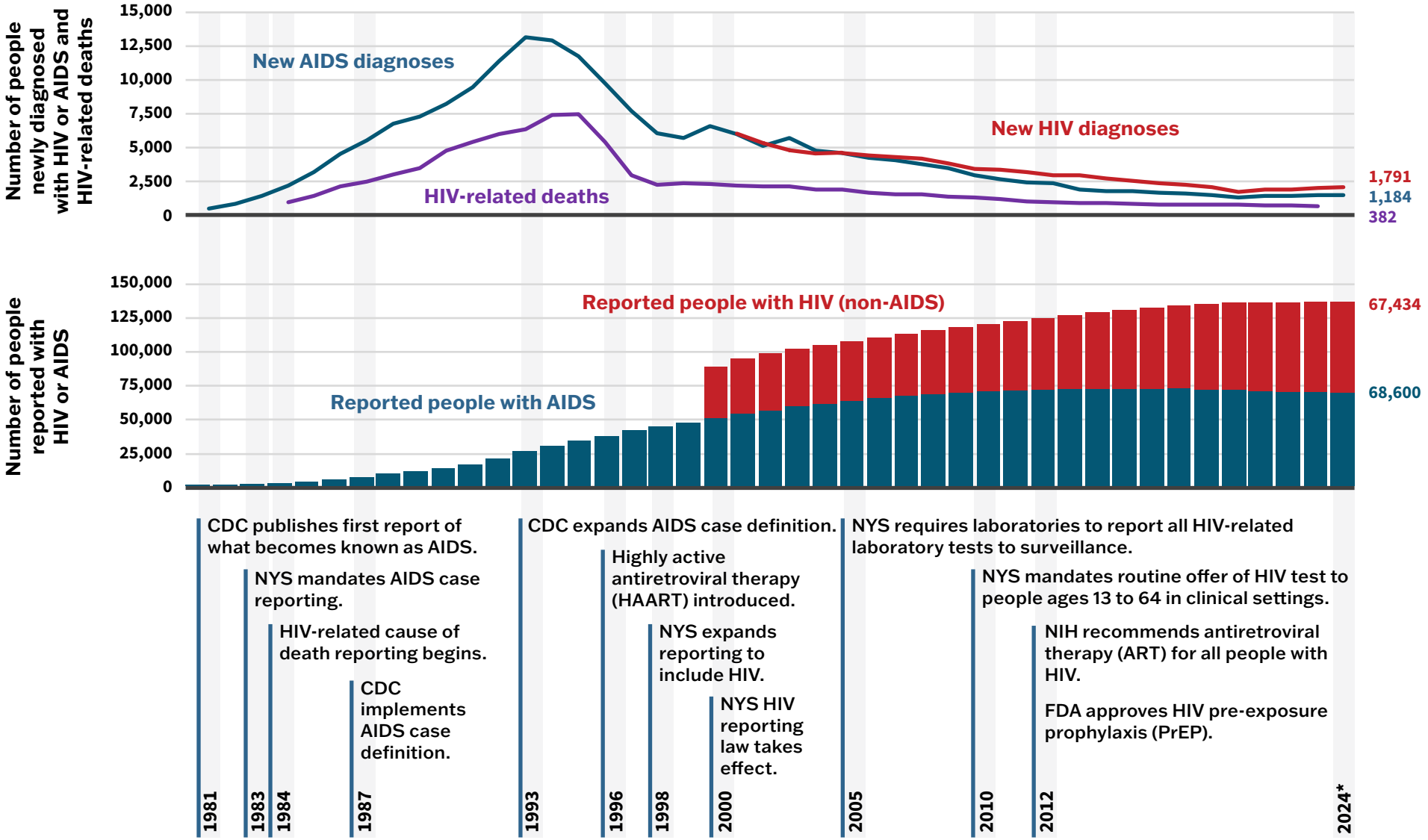
History of the HIV Epidemic in NYC

Figure 1. Annual Number of New HIV and AIDS Diagnoses and HIV-Related Deaths From 1981 to 2024; and Number of People Diagnosed With HIV or AIDS, Reported in NYC and Presumed to Be Living as of December 31 of a Given Year From 1981 to 2024



* Data on 2024 deaths are incomplete.
CDC = Centers for Disease Control and Prevention; NIH = National Institutes of Health; FDA = Food and Drug Administration; NYS = New York State

HIV Diagnoses Over Time in NYC

Figure 2. Trends in New HIV Diagnoses in NYC From 2001 to 2024

New HIV diagnoses	2001	2024	Average annual percent change[1]
Total	5,819	1,791	-5.67
Gender[2]			
Men	3,839	1,348	-4.92
Women	1,911	360	-8.72
Transgender women	68	79	-0.05
Transgender men	1	1	6.42
Additional gender identities	0	3	10.70
Race and ethnicity[3]			
Black	3,015	784	-6.71
Latino	1,765	732	-4.26
White	897	154	-6.93
Asian or Pacific Islander	120	88	-1.16
Native American	12	3	-8.91
Multiracial	8	30	1.78
Age group (years)[4]			
0-12	83	1	-18.21
13-19	214	52	-6.49
20-29	1,149	600	-3.09
30-39	2,044	576	-6.36
40-49	1,498	280	-8.60
50-59	618	161	-5.74
60+	213	121	-3.15

New HIV diagnoses	2001	2024	Average annual percent change[1]
Borough of residence[5]			
Bronx	1,260	394	-5.60
Brooklyn	1,560	501	-5.38
Manhattan	1,463	329	-7.39
Queens	708	364	-3.93
Staten Island	100	39	-4.20
Outside NYC	608	134	-6.78
Transmission category[6]			
Men who have sex with men (MSM)	1,808	790	-3.50
Injection drug use history (IDU)	882	29	-17.05
MSM-IDU	155	13	-8.45
Heterosexual contact	1,571	302	-7.69
Transgender people with sexual contact (TG-SC)	57	74	0.61
Perinatal	80	1	-18.91
Other	5	0	-8.82
Place of birth[7]			
U.S.	4,294	681	-6.82
U.S. territories	271	8	-11.60
Outside the U.S.	901	622	-3.09

The average annual percent change in the number of people newly diagnosed with HIV decreased in NYC from 2001 to 2024 overall and among most demographic groups. The largest decreases occurred among children newborn to age 12, people with perinatally transmitted HIV, and people with injection drug use history.

MSM-IDU = men who have sex with men and have a history of injection drug use

[1] The average annual change is the geometric mean over the specified time period. [2] Additional gender identities include nonbinary, genderqueer, gender-nonconforming, and any gender identity not previously listed. Gender identities are based on limited reported HIV surveillance data and are listed without any intended hierarchy or prioritization. For further information on gender identity, see Technical Notes. [3] 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 category regardless of their race classification. For further information on race and ethnicity, see Technical Notes. [4] Age at HIV diagnosis. [5] Borough of residence at HIV diagnosis. [6] For further information on transmission category, see Technical Notes. [7] U.S. territories includes Puerto Rico and other U.S. territories (such as the U.S. Virgin Islands and Guam).

HIV Among All People in NYC

Table 1. New HIV and AIDS Diagnoses and Deaths From January 1, 2024, to December 31, 2024; and People Diagnosed With HIV, Reported in NYC and Presumed to Be Living as of December 31, 2024

	HIV diagnoses[1]							New AIDS diagnoses[3]		People with HIV as of Dec. 31, 2024		Deaths[4]	
	Total		Without AIDS		Concurrent with AIDS diagnosis[2]								
	N	%	n	%	n	%	Row %	N	%	N	%	N	%
Total	1,791	100.0	1,458	100.0	333	100.0	18.6	1,184	100.0	136,864	100.0	1,511	100.0
Gender[5]													
Men	1,348	75.3	1,090	74.8	258	77.5	19.1	852	72.0	100,153	73.2	1,060	70.2
Women	360	20.1	290	19.9	70	21.0	19.4	290	24.5	33,504	24.5	414	27.4
Transgender women	79	4.4	74	5.1	5	1.5	6.3	41	3.5	3,068	2.2	35	2.3
Transgender men	1	0.1	1	0.1	0	0.0	0.0	0	0.0	64	0.0	2	0.1
Additional gender identities	3	0.2	3	0.2	0	0.0	0.0	1	0.1	75	0.1	0	0.0
Race and ethnicity[6]													
Black	784	43.8	633	43.4	151	45.3	19.3	530	44.8	57,375	41.9	771	51.0
Latino	732	40.9	599	41.1	133	39.9	18.2	477	40.3	47,440	34.7	531	35.1
White	154	8.6	132	9.1	22	6.6	14.3	114	9.6	26,777	19.6	172	11.4
Asian or Pacific Islander	88	4.9	69	4.7	19	5.7	21.6	43	3.6	3,887	2.8	21	1.4
Native American	3	0.2	2	0.1	1	0.3	33.3	2	0.2	313	0.2	4	0.3
Multiracial	30	1.7	23	1.6	7	2.1	23.3	18	1.5	777	0.6	12	0.8
Unknown	0	0.0	0	0.0	0	0.0	0.0	0	0.0	295	0.2	0	0.0

[1] Excludes people known to have been diagnosed outside NYC. [2] HIV diagnosed concurrently with AIDS (within 31 days of HIV diagnosis). Row percentage is percentage of HIV diagnoses that were concurrent with an AIDS diagnosis. [3] Includes concurrent HIV/AIDS diagnoses. [4] Includes deaths from any cause in people with HIV. Death data for 2024 are incomplete. [5] Additional gender identities include nonbinary, genderqueer, gender-nonconforming, and any gender identity not previously listed. Gender identities are based on limited reported HIV surveillance data and are listed without any intended hierarchy or prioritization. For further information on gender identity, see Technical Notes. [6] For further information on race and ethnicity, see Technical Notes.

Table 1 (continued). New HIV and AIDS Diagnoses and Deaths From January 1, 2024, to December 31, 2024; and People Diagnosed With HIV, Reported in NYC and Presumed to Be Living as of December 31, 2024

	HIV diagnoses[1]							New AIDS diagnoses[3]		People with HIV as of Dec. 31, 2024		Deaths[4]	
	Total		Without AIDS		Concurrent with AIDS diagnosis[2]								
	N	%	n	%	n	%	Row %	N	%	N	%	N	%
Age group (years)[7]													
0-12	1	0.1	1	0.1	0	0.0	0.0	2	0.2	33	0.0	0	0.0
13-19	52	2.9	49	3.4	3	0.9	5.8	9	0.8	210	0.2	1	0.1
20-29	600	33.5	522	35.8	78	23.4	13.0	184	15.5	6,387	4.7	21	1.4
30-39	576	32.2	483	33.1	93	27.9	16.1	348	29.4	23,271	17.0	117	7.7
40-49	280	15.6	200	13.7	80	24.0	28.6	253	21.4	23,875	17.4	128	8.5
50-59	161	9.0	115	7.9	46	13.8	28.6	188	15.9	32,102	23.5	335	22.2
60+	121	6.8	88	6.0	33	9.9	27.3	200	16.9	50,986	37.3	909	60.2
Borough of residence[8]													
Bronx	394	22.0	318	21.8	76	22.8	19.3	342	28.9	32,419	23.7	523	34.6
Brooklyn	501	28.0	384	26.3	117	35.1	23.4	305	25.8	32,064	23.4	386	25.5
Manhattan	329	18.4	277	19.0	52	15.6	15.8	214	18.1	33,120	24.2	308	20.4
Queens	364	20.3	305	20.9	59	17.7	16.2	175	14.8	21,028	15.4	146	9.7
Staten Island	39	2.2	30	2.1	9	2.7	23.1	25	2.1	2,608	1.9	44	2.9
Outside NYC	134	7.5	115	7.9	19	5.7	14.2	117	9.9	15,255	11.1	53	3.5
Unknown	30	1.7	29	2.0	1	0.3	3.3	6	0.5	370	0.3	51	3.4
Area-based poverty level[9]													
Low poverty	146	8.2	121	8.3	25	7.5	17.1	96	8.1	15,408	11.3	114	7.5
Medium poverty	728	40.6	583	40.0	145	43.5	19.9	424	35.8	49,877	36.4	473	31.3
High poverty	397	22.2	316	21.7	81	24.3	20.4	261	22.0	28,173	20.6	356	23.6
Very high poverty	352	19.7	290	19.9	62	18.6	17.6	278	23.5	26,580	19.4	463	30.6
Unavailable	168	9.4	148	10.2	20	6.0	11.9	125	10.6	16,826	12.3	105	6.9

[7] For HIV and AIDS diagnoses, age at diagnosis; for people with HIV, age at the end of the calendar year; for deaths, age at death. [8] For HIV and AIDS diagnoses, borough of residence at diagnosis; for people with HIV and deaths, borough of residence on most recent record available. [9] Area-based poverty level determined by proportion of residents living below federal poverty level (FPL) in NYC ZIP code of residence. 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. Low poverty = less than 10% below FPL; medium poverty = 10% to less than 20% below FPL; high poverty = 20% to less than 30% below FPL; very high poverty = greater than or equal to 30% below FPL.

Table 1 (continued). New HIV and AIDS Diagnoses and Deaths From January 1, 2024, to December 31, 2024; and People Diagnosed With HIV, Reported in NYC and Presumed to Be Living as of December 31, 2024

	HIV diagnoses[1]							New AIDS diagnoses[3]		People with HIV as of Dec. 31, 2024		Deaths[4]	
	Total		Without AIDS		Concurrent with AIDS diagnosis[2]								
	N	%	n	%	n	%	Row %	N	%	N	%	N	%
Transmission category[10]													
MSM	790	44.1	675	46.3	115	34.5	14.6	440	37.2	64,084	46.8	386	25.5
Injection drug use history	29	1.6	21	1.4	8	2.4	27.6	81	6.8	13,236	9.7	349	23.1
MSM-IDU	13	0.7	12	0.8	1	0.3	7.7	23	1.9	3,439	2.5	78	5.2
Heterosexual contact	302	16.9	240	16.5	62	18.6	20.5	241	20.4	27,495	20.1	355	23.5
TG-SC	74	4.1	69	4.7	5	1.5	6.8	35	3.0	2,870	2.1	27	1.8
Perinatal	1	0.1	1	0.1	0	0.0	0.0	14	1.2	2,509	1.8	10	0.7
Other	0	0.0	0	0.0	0	0.0	0.0	0	0.0	185	0.1	1	0.1
Unknown	582	32.5	440	30.2	142	42.6	24.4	350	29.6	23,046	16.8	305	20.2
Place of birth[11]													
U.S.	681	38.0	592	40.6	89	26.7	13.1	512	43.2	74,440	54.4	1,053	69.7
U.S. territories	8	0.4	6	0.4	2	0.6	25.0	35	3.0	4,580	3.3	159	10.5
Outside the U.S.	622	34.7	457	31.3	165	49.5	26.5	428	36.1	33,306	24.3	260	17.2
Unknown	480	26.8	403	27.6	77	23.1	16.0	209	17.7	24,538	17.9	39	2.6

MSM = men who have sex with men; MSM-IDU = men who have sex with men and have a history of injection drug use; TG-SC = transgender people with sexual contact
[10] For further information on transmission category, see Technical Notes. [11] U.S. territories includes Puerto Rico and other U.S. territories (such as the U.S. Virgin Islands and Guam).

HIV Among Men in NYC

Table 2. New HIV and AIDS Diagnoses and Deaths Among Men[1,2] From January 1, 2024, to December 31, 2024; and Men Diagnosed With HIV, Reported in NYC and Presumed to Be Living as of December 31, 2024

	HIV diagnoses[3]							New AIDS diagnoses[5]		People with HIV as of Dec. 31, 2024		Deaths[6]	
	Total		Without AIDS		Concurrent with AIDS diagnosis[4]								
	N	%	n	%	n	%	Row %	N	%	N	%	N	%
Total	1,352	100.0	1,094	100.0	258	100.0	19.1	853	100.0	100,292	100.0	1,062	100.0
Race and ethnicity[7]													
Black	554	41.0	444	40.6	110	42.6	19.9	355	41.6	36,689	36.6	511	48.1
Latino	564	41.7	461	42.1	103	39.9	18.3	349	40.9	35,108	35.0	374	35.2
White	132	9.8	113	10.3	19	7.4	14.4	92	10.8	24,134	24.1	145	13.7
Asian or Pacific Islander	75	5.5	57	5.2	18	7.0	24.0	40	4.7	3,281	3.3	18	1.7
Native American	2	0.1	1	0.1	1	0.4	50.0	2	0.2	240	0.2	4	0.4
Multiracial	25	1.8	18	1.6	7	2.7	28.0	15	1.8	612	0.6	10	0.9
Unknown	0	0.0	0	0.0	0	0.0	0.0	0	0.0	228	0.2	0	0.0
Age group (years)[8]													
0-12	1	0.1	1	0.1	0	0.0	0.0	1	0.1	16	0.0	0	0.0
13-19	40	3.0	37	3.4	3	1.2	7.5	6	0.7	128	0.1	0	0.0
20-29	477	35.3	418	38.2	59	22.9	12.4	136	15.9	4,916	4.9	18	1.7
30-39	456	33.7	381	34.8	75	29.1	16.4	266	31.2	18,719	18.7	92	8.7
40-49	202	14.9	137	12.5	65	25.2	32.2	186	21.8	17,763	17.7	88	8.3
50-59	104	7.7	71	6.5	33	12.8	31.7	125	14.7	22,557	22.5	236	22.2
60+	72	5.3	49	4.5	23	8.9	31.9	133	15.6	36,193	36.1	628	59.1

[1] For further information on gender identity, see Technical Notes. [2] Includes transgender men and people assigned male sex at birth whose gender is categorized under additional gender identities. For detailed breakdown of HIV among transgender people and people with additional gender identities, see Table 4. [3] Excludes people known to have been diagnosed outside NYC. [4] HIV diagnosed concurrently with AIDS (within 31 days of HIV diagnosis). Row percentage is percentage of HIV diagnoses that were concurrent with an AIDS diagnosis. [5] Includes concurrent HIV/AIDS diagnoses. [6] Includes deaths from any cause in people with HIV. Death data for 2024 are incomplete. [7] For further information on race and ethnicity, see Technical Notes. [8] For HIV and AIDS diagnoses, age at diagnosis; for people with HIV, age at the end of the calendar year; for deaths, age at death.

Table 2 (continued). New HIV and AIDS Diagnoses and Deaths Among Men[1,2] From January 1, 2024, to December 31, 2024; and Men Diagnosed With HIV, Reported in NYC and Presumed to Be Living as of December 31, 2024

	HIV diagnoses[3]							New AIDS diagnoses[5]		People with HIV as of Dec. 31, 2024		Deaths[6]	
	Total		Without AIDS		Concurrent with AIDS diagnosis[4]								
	N	%	n	%	n	%	Row %	N	%	N	%	N	%
Borough of residence[9]													
Bronx	288	21.3	230	21.0	58	22.5	20.1	233	27.3	20,620	20.6	351	33.1
Brooklyn	366	27.1	280	25.6	86	33.3	23.5	213	25.0	21,783	21.7	260	24.5
Manhattan	258	19.1	217	19.8	41	15.9	15.9	163	19.1	28,053	28.0	242	22.8
Queens	283	20.9	230	21.0	53	20.5	18.7	136	15.9	15,678	15.6	95	8.9
Staten Island	27	2.0	20	1.8	7	2.7	25.9	19	2.2	1,680	1.7	33	3.1
Outside NYC	111	8.2	98	9.0	13	5.0	11.7	85	10.0	12,181	12.1	37	3.5
Unknown	19	1.4	19	1.7	0	0.0	0.0	4	0.5	297	0.3	44	4.1
Area-based poverty level[10]													
Low poverty	111	8.2	92	8.4	19	7.4	17.1	72	8.4	12,743	12.7	97	9.1
Medium poverty	561	41.5	442	40.4	119	46.1	21.2	319	37.4	37,421	37.3	331	31.2
High poverty	302	22.3	238	21.8	64	24.8	21.2	186	21.8	19,487	19.4	231	21.8
Very high poverty	245	18.1	202	18.5	43	16.7	17.6	185	21.7	17,229	17.2	322	30.3
Unavailable	133	9.8	120	11.0	13	5.0	9.8	91	10.7	13,412	13.4	81	7.6

[9] For HIV and AIDS diagnoses, borough of residence at diagnosis; for people with HIV and deaths, borough of residence on most recent record available. [10] Area-based poverty level determined by proportion of residents living below federal poverty level (FPL) in NYC ZIP code of residence. 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. Low poverty = less than 10% below FPL; medium poverty = 10% to less than 20% below FPL; high poverty = 20% to less than 30% below FPL; very high poverty = greater than or equal to 30% below FPL.

Table 2 (continued). New HIV and AIDS Diagnoses and Deaths Among Men[1,2] From January 1, 2024, to December 31, 2024; and Men Diagnosed With HIV, Reported in NYC and Presumed to Be Living as of December 31, 2024

	HIV diagnoses[3]							New AIDS diagnoses[5]		People with HIV as of Dec. 31, 2024		Deaths[6]	
	Total		Without AIDS		Concurrent with AIDS diagnosis[4]								
	N	%	n	%	n	%	Row %	N	%	N	%	N	%
Transmission category[11]													
MSM	790	58.4	675	61.7	115	44.6	14.6	440	51.6	64,084	63.9	386	36.3
Injection drug use history	21	1.6	14	1.3	7	2.7	33.3	53	6.2	8,442	8.4	231	21.8
MSM-IDU	13	1.0	12	1.1	1	0.4	7.7	23	2.7	3,439	3.4	78	7.3
Heterosexual contact	42	3.1	31	2.8	11	4.3	26.2	50	5.9	6,887	6.9	127	12.0
TG-SC	4	0.3	4	0.4	0	0.0	0.0	1	0.1	111	0.1	0	0.0
Perinatal	1	0.1	1	0.1	0	0.0	0.0	8	0.9	1,201	1.2	6	0.6
Other	0	0.0	0	0.0	0	0.0	0.0	0	0.0	104	0.1	1	0.1
Unknown	481	35.6	357	32.6	124	48.1	25.8	278	32.6	16,024	16.0	233	21.9
Place of birth[12]													
U.S.	532	39.3	456	41.7	76	29.5	14.3	367	43.0	55,279	55.1	719	67.7
U.S. territories	5	0.4	4	0.4	1	0.4	20.0	28	3.3	3,186	3.2	116	10.9
Outside the U.S.	447	33.1	323	29.5	124	48.1	27.7	298	34.9	23,676	23.6	192	18.1
Unknown	368	27.2	311	28.4	57	22.1	15.5	160	18.8	18,151	18.1	35	3.3

MSM = men who have sex with men; MSM-IDU = men who have sex with men and have a history of injection drug use; TG-SC = transgender people with sexual contact
[11] For further information on transmission category, see Technical Notes. [12] U.S. territories includes Puerto Rico and other U.S. territories (such as the U.S. Virgin Islands and Guam).

Table 3. New HIV and AIDS Diagnoses and Deaths Among Women[1,2] From January 1, 2024, to December 31, 2024; and Women Diagnosed With HIV, Reported in NYC and Presumed to Be Living as of December 31, 2024

	HIV diagnoses[3]							New AIDS diagnoses[5]		People with HIV as of Dec. 31, 2024		Deaths[6]	
	Total		Without AIDS		Concurrent with AIDS diagnosis[4]								
	N	%	n	%	n	%	Row %	N	%	N	%	N	%
Total	439	100.0	364	100.0	75	100.0	17.1	331	100.0	36,572	100.0	449	100.0
Race and ethnicity[7]													
Black	230	52.4	189	51.9	41	54.7	17.8	175	52.9	20,686	56.6	260	57.9
Latino	168	38.3	138	37.9	30	40.0	17.9	128	38.7	12,332	33.7	157	35.0
White	22	5.0	19	5.2	3	4.0	13.6	22	6.6	2,643	7.2	27	6.0
Asian or Pacific Islander	13	3.0	12	3.3	1	1.3	7.7	3	0.9	606	1.7	3	0.7
Native American	1	0.2	1	0.3	0	0.0	0.0	0	0.0	73	0.2	0	0.0
Multiracial	5	1.1	5	1.4	0	0.0	0.0	3	0.9	165	0.5	2	0.4
Unknown	0	0.0	0	0.0	0	0.0	0.0	0	0.0	67	0.2	0	0.0
Age group (years)[8]													
0-12	0	0.0	0	0.0	0	0.0	0.0	1	0.3	17	0.0	0	0.0
13-19	12	2.7	12	3.3	0	0.0	0.0	3	0.9	82	0.2	1	0.2
20-29	123	28.0	104	28.6	19	25.3	15.4	48	14.5	1,471	4.0	3	0.7
30-39	120	27.3	102	28.0	18	24.0	15.0	82	24.8	4,552	12.4	25	5.6
40-49	78	17.8	63	17.3	15	20.0	19.2	67	20.2	6,112	16.7	40	8.9
50-59	57	13.0	44	12.1	13	17.3	22.8	63	19.0	9,545	26.1	99	22.0
60+	49	11.2	39	10.7	10	13.3	20.4	67	20.2	14,793	40.4	281	62.6

[1] For further information on gender identity, see Technical Notes. [2] Includes transgender women and people assigned female sex at birth whose gender is categorized under additional gender identities. For detailed breakdown of HIV among transgender people and people with additional gender identities, see Table 4. [3] Excludes people known to have been diagnosed outside NYC. [4] HIV diagnosed concurrently with AIDS (within 31 days of HIV diagnosis). Row percentage is percentage of HIV diagnoses that were concurrent with an AIDS diagnosis. [5] Includes concurrent HIV/AIDS diagnoses. [6] Includes deaths from any cause in people with HIV. Death data for 2024 are incomplete. [7] For further information on race and ethnicity, see Technical Notes. [8] For HIV and AIDS diagnoses, age at diagnosis; for people with HIV, age at the end of the calendar year; for deaths, age at death.

Table 3 (continued). New HIV and AIDS Diagnoses and Deaths Among Women[1,2] From January 1, 2024, to December 31, 2024; and Women Diagnosed With HIV, Reported in NYC and Presumed to Be Living as of December 31, 2024

	HIV diagnoses[3]							New AIDS diagnoses[5]		People with HIV as of Dec. 31, 2024		Deaths[6]	
	Total		Without AIDS		Concurrent with AIDS diagnosis[4]								
	N	%	n	%	n	%	Row %	N	%	N	%	N	%
Borough of residence[9]													
Bronx	106	24.1	88	24.2	18	24.0	17.0	109	32.9	11,799	32.3	172	38.3
Brooklyn	135	30.8	104	28.6	31	41.3	23.0	92	27.8	10,281	28.1	126	28.1
Manhattan	71	16.2	60	16.5	11	14.7	15.5	51	15.4	5,067	13.9	66	14.7
Queens	81	18.5	75	20.6	6	8.0	7.4	39	11.8	5,350	14.6	51	11.4
Staten Island	12	2.7	10	2.7	2	2.7	16.7	6	1.8	928	2.5	11	2.4
Outside NYC	23	5.2	17	4.7	6	8.0	26.1	32	9.7	3,074	8.4	16	3.6
Unknown	11	2.5	10	2.7	1	1.3	9.1	2	0.6	73	0.2	7	1.6
Area-based poverty level[10]													
Low poverty	35	8.0	29	8.0	6	8.0	17.1	24	7.3	2,665	7.3	17	3.8
Medium poverty	167	38.0	141	38.7	26	34.7	15.6	105	31.7	12,456	34.1	142	31.6
High poverty	95	21.6	78	21.4	17	22.7	17.9	75	22.7	8,686	23.8	125	27.8
Very high poverty	107	24.4	88	24.2	19	25.3	17.8	93	28.1	9,351	25.6	141	31.4
Unavailable	35	8.0	28	7.7	7	9.3	20.0	34	10.3	3,414	9.3	24	5.3

[9] For HIV and AIDS diagnoses, borough of residence at diagnosis; for people with HIV and deaths, borough of residence on most recent record available. [10] Area-based poverty level determined by proportion of residents living below federal poverty level (FPL) in NYC ZIP code of residence. 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. Low poverty = less than 10% below FPL; medium poverty = 10% to less than 20% below FPL; high poverty = 20% to less than 30% below FPL; very high poverty = greater than or equal to 30% below FPL.

Table 3 (continued). New HIV and AIDS Diagnoses and Deaths Among Women[1,2] From January 1, 2024, to December 31, 2024; and Women Diagnosed With HIV, Reported in NYC and Presumed to Be Living as of December 31, 2024

	HIV diagnoses[3]							New AIDS diagnoses[5]		People with HIV as of Dec. 31, 2024		Deaths[6]	
	Total		Without AIDS		Concurrent with AIDS diagnosis[4]								
	N	%	n	%	n	%	Row %	N	%	N	%	N	%
Transmission category[11]													
Injection drug use history	8	1.8	7	1.9	1	1.3	12.5	28	8.5	4,794	13.1	118	26.3
Heterosexual contact	260	59.2	209	57.4	51	68.0	20.0	191	57.7	20,608	56.3	228	50.8
TG-SC	70	15.9	65	17.9	5	6.7	7.1	34	10.3	2,759	7.5	27	6.0
Perinatal	0	0.0	0	0.0	0	0.0	0.0	6	1.8	1,308	3.6	4	0.9
Other	0	0.0	0	0.0	0	0.0	0.0	0	0.0	81	0.2	0	0.0
Unknown	101	23.0	83	22.8	18	24.0	17.8	72	21.8	7,022	19.2	72	16.0
Place of birth[12]													
U.S.	149	33.9	136	37.4	13	17.3	8.7	145	43.8	19,161	52.4	334	74.4
U.S. territories	3	0.7	2	0.5	1	1.3	33.3	7	2.1	1,394	3.8	43	9.6
Outside the U.S.	175	39.9	134	36.8	41	54.7	23.4	130	39.3	9,630	26.3	68	15.1
Unknown	112	25.5	92	25.3	20	26.7	17.9	49	14.8	6,387	17.5	4	0.9

TG-SC = transgender people with sexual contact

[11] For further information on transmission category, see Technical Notes. [12] U.S. territories includes Puerto Rico and other U.S. territories (such as the U.S. Virgin Islands and Guam).

HIV Among Transgender People and People With Additional Gender Identities in NYC

Table 4. New HIV and AIDS Diagnoses and Deaths Among Transgender People and People With Additional Gender Identities[1] From January 1, 2024, to December 31, 2024; and Transgender People and People With Additional Gender Identities Diagnosed With HIV, Reported in NYC and Presumed to Be Living as of December 31, 2024

	HIV diagnoses[2]							New AIDS diagnoses[4]		People with HIV as of Dec. 31, 2024		Deaths[5]	
	Total		Without AIDS		Concurrent with AIDS diagnosis[3]								
	N	%	n	%	n	%	Row %	N	%	N	%	N	%
Total	83	100.0	78	100.0	5	100.0	6.0	42	100.0	3,207	100.0	37	100.0
Gender													
Transgender women	79	95.2	74	94.9	5	100.0	6.3	41	97.6	3,068	95.7	35	94.6
Transgender men	1	1.2	1	1.3	0	0.0	0.0	0	0.0	64	2.0	2	5.4
Additional gender identities	3	3.6	3	3.8	0	0.0	0.0	1	2.4	75	2.3	0	0.0
Race and ethnicity[6]													
Black	33	39.8	32	41.0	1	20.0	3.0	18	42.9	1,459	45.5	20	54.1
Latino	40	48.2	37	47.4	3	60.0	7.5	23	54.8	1,402	43.7	14	37.8
White	4	4.8	4	5.1	0	0.0	0.0	0	0.0	208	6.5	2	5.4
Asian or Pacific Islander	4	4.8	3	3.8	1	20.0	25.0	1	2.4	67	2.1	0	0.0
Native American	0	0.0	0	0.0	0	0.0	0.0	0	0.0	10	0.3	0	0.0
Multiracial	2	2.4	2	2.6	0	0.0	0.0	0	0.0	61	1.9	1	2.7
Unknown	0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0	0.0
Age group (years)[7]													
0-12	0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0	0.0
13-19	2	2.4	2	2.6	0	0.0	0.0	0	0.0	3	0.1	0	0.0
20-29	39	47.0	37	47.4	2	40.0	5.1	5	11.9	475	14.8	2	5.4
30-39	26	31.3	25	32.1	1	20.0	3.8	24	57.1	1,299	40.5	12	32.4
40-49	12	14.5	11	14.1	1	20.0	8.3	9	21.4	773	24.1	6	16.2
50-59	4	4.8	3	3.8	1	20.0	25.0	4	9.5	437	13.6	6	16.2
60+	0	0.0	0	0.0	0	0.0	0.0	0	0.0	220	6.9	11	29.7

[1] Additional gender identities include nonbinary, genderqueer, gender-nonconforming, and any gender identity not previously listed. Gender identities are based on limited reported HIV surveillance data and are listed without any intended hierarchy or prioritization. For further information on gender identity, see Technical Notes. [2] Excludes people known to have been diagnosed outside NYC. [3] HIV diagnosed concurrently with AIDS (within 31 days of HIV diagnosis). Row percentage is percentage of HIV diagnoses that were concurrent with an AIDS diagnosis. [4] Includes concurrent HIV/AIDS diagnoses. [5] Includes deaths from any cause in people with HIV. Death data for 2024 are incomplete. [6] For further information on race and ethnicity, see Technical Notes. [7] For HIV and AIDS diagnoses, age at diagnosis; for people with HIV, age at the end of the calendar year; for deaths, age at death.

Table 4 (continued). New HIV and AIDS Diagnoses and Deaths Among Transgender People and People With Additional Gender Identities[1] From January 1, 2024, to December 31, 2024; and Transgender People and People With Additional Gender Identities Diagnosed With HIV, Reported in NYC and Presumed to Be Living as of December 31, 2024

	HIV diagnoses[2]							New AIDS diagnoses[4]		People with HIV as of Dec. 31, 2024		Deaths[5]	
	Total		Without AIDS		Concurrent with AIDS diagnosis[3]								
	N	%	n	%	n	%	Row %	N	%	N	%	N	%
Borough of residence[8]													
Bronx	14	16.9	13	16.7	1	20.0	7.1	11	26.2	1,093	34.1	12	32.4
Brooklyn	13	15.7	13	16.7	0	0.0	0.0	11	26.2	750	23.4	2	5.4
Manhattan	24	28.9	21	26.9	3	60.0	12.5	11	26.2	629	19.6	11	29.7
Queens	20	24.1	20	25.6	0	0.0	0.0	4	9.5	470	14.7	8	21.6
Staten Island	1	1.2	1	1.3	0	0.0	0.0	0	0.0	71	2.2	0	0.0
Outside NYC	7	8.4	6	7.7	1	20.0	14.3	4	9.5	184	5.7	2	5.4
Unknown	4	4.8	4	5.1	0	0.0	0.0	1	2.4	10	0.3	2	5.4
Area-based poverty level[9]													
Low poverty	7	8.4	6	7.7	1	20.0	14.3	3	7.1	207	6.5	2	5.4
Medium poverty	32	38.6	31	39.7	1	20.0	3.1	14	33.3	1,147	35.8	14	37.8
High poverty	17	20.5	15	19.2	2	40.0	11.8	13	31.0	773	24.1	7	18.9
Very high poverty	16	19.3	16	20.5	0	0.0	0.0	7	16.7	877	27.3	10	27.0
Unavailable	11	13.3	10	12.8	1	20.0	9.1	5	11.9	203	6.3	4	10.8

[8] For HIV and AIDS diagnoses, borough of residence at diagnosis; for people with HIV and deaths, borough of residence on most recent record available. [9] Area-based poverty level determined by proportion of residents living below federal poverty level (FPL) in NYC ZIP code of residence. 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. Low poverty = less than 10% below FPL; medium poverty = 10% to less than 20% below FPL; high poverty = 20% to less than 30% below FPL; very high poverty = greater than or equal to 30% below FPL.

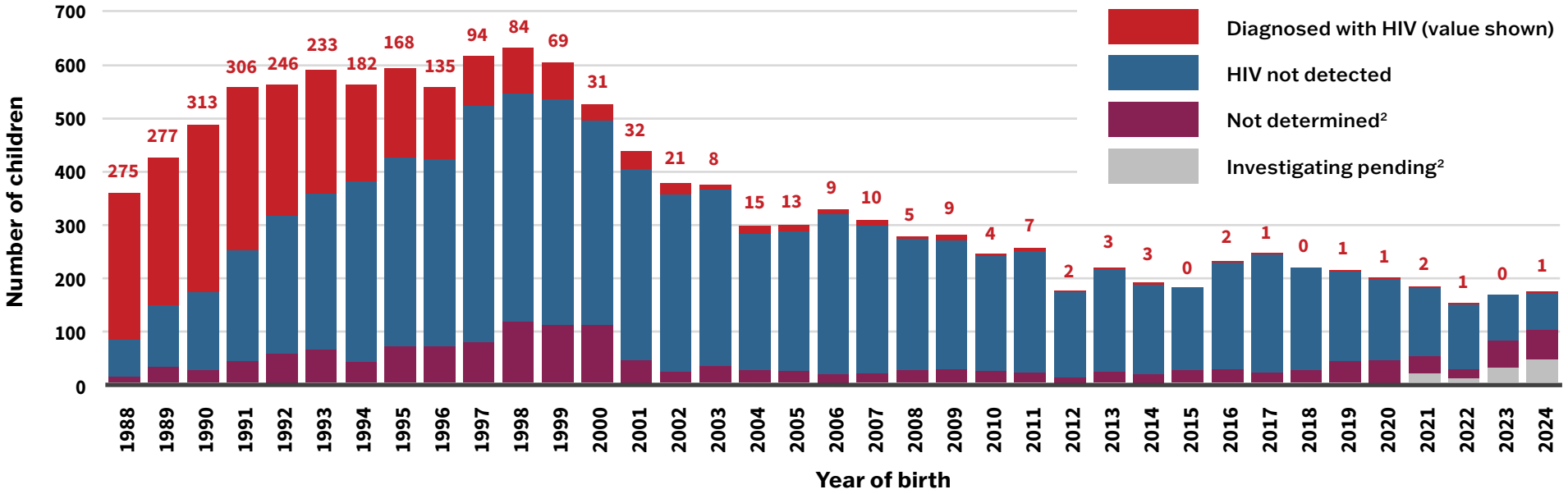
Table 4 (continued). New HIV and AIDS Diagnoses and Deaths Among Transgender People and People With Additional Gender Identities[1] From January 1, 2024, to December 31, 2024; and Transgender People and People With Additional Gender Identities Diagnosed With HIV, Reported in NYC and Presumed to Be Living as of December 31, 2024

	HIV diagnoses[2]							New AIDS diagnoses[4]		People with HIV as of Dec. 31, 2024		Deaths[5]	
	Total		Without AIDS		Concurrent with AIDS diagnosis[3]								
	N	%	n	%	n	%	Row %	N	%	N	%	N	%
Transmission category[10]													
Injection drug use history	2	2.4	2	2.6	0	0.0	0.0	4	9.5	226	7.0	9	24.3
Sexual contact	74	89.2	69	88.5	5	100.0	6.8	35	83.3	2,870	89.5	27	73.0
Perinatal	0	0.0	0	0.0	0	0.0	0.0	0	0.0	15	0.5	0	0.0
Unknown	7	8.4	7	9.0	0	0.0	0.0	3	7.1	96	3.0	1	2.7
Place of birth[11]													
U.S.	41	49.4	40	51.3	1	20.0	2.4	19	45.2	1,990	62.1	26	70.3
U.S. territories	0	0.0	0	0.0	0	0.0	0.0	0	0.0	90	2.8	3	8.1
Outside the U.S.	25	30.1	23	29.5	2	40.0	8.0	17	40.5	806	25.1	7	18.9
Unknown	17	20.5	15	19.2	2	40.0	11.8	6	14.3	321	10.0	1	2.7

[10] For further information on transmission category, see Technical Notes. [11] U.S. territories includes Puerto Rico and other U.S. territories (such as the U.S. Virgin Islands and Guam).

HIV Among Children With Perinatal Exposure to HIV in NYC

Figure 3. All HIV-Exposed Births in NYC and Current HIV Status[1,2] of Children Born to People[3] With HIV at Select NYC Medical Facilities[4] by Year of Birth in NYC From 1988 to 2024[5]



1985: CDC recommends that people with HIV avoid breastfeeding.[6]
1994: ACTG 076 study shows that AZT, the first antiretroviral medicine to treat HIV, reduces perinatal transmission.
1997: Routine newborn screening begins in New York State.
1999: New York State implements expedited testing in obstetric settings.
2015, 2018, and 2023: No perinatal transmissions reported in children born in NYC.
2024: NIH updates its perinatal HIV clinical guidelines to support breastfeeding by people with HIV who are on antiretroviral therapy and have a sustained undetectable viral load.[6,7]

From 2019 to 2024, less than 1% of infants born to people with HIV in NYC were diagnosed with HIV. This reflects the success of interventions to prevent perinatal transmission.

CDC = Centers for Disease Control and Prevention; ACTG = AIDS Clinical Trials Group Protocol; NIH = National Institutes of Health [1] Children born to people with HIV at select NYC medical facilities are followed for two years after birth to determine HIV status. HIV status is labeled as "not determined" if the child is lost to follow-up. [2] Children in NYC classified as "not determined" or "investigation pending" are presumed to not have acquired HIV, as any confirmed case would be reported and subsequently investigated by the NYC Health Department. [3] On this page, "people" refers to the person who birthed the child. [4] Includes data collected at high-volume NYC medical facilities that care for the majority of HIV-exposed children and children with HIV. Since 2017, the NYC Health Department's perinatal surveillance program has conducted exposure investigations at 21 NYC medical facilities. Children born outside NYC were excluded. [5] Includes people diagnosed as of December 31, 2024. [6] Breastfeeding includes chestfeeding and all other types of nursing. [7] For complete NIH guidelines, see **clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/perinatal-hiv/guidelines-perinatal.pdf**.

Geographic Distribution of HIV in NYC

Figure 4.1. Area-Based Poverty Levels[1] in NYC by United Hospital Fund Neighborhood[2] From 2019 to 2023

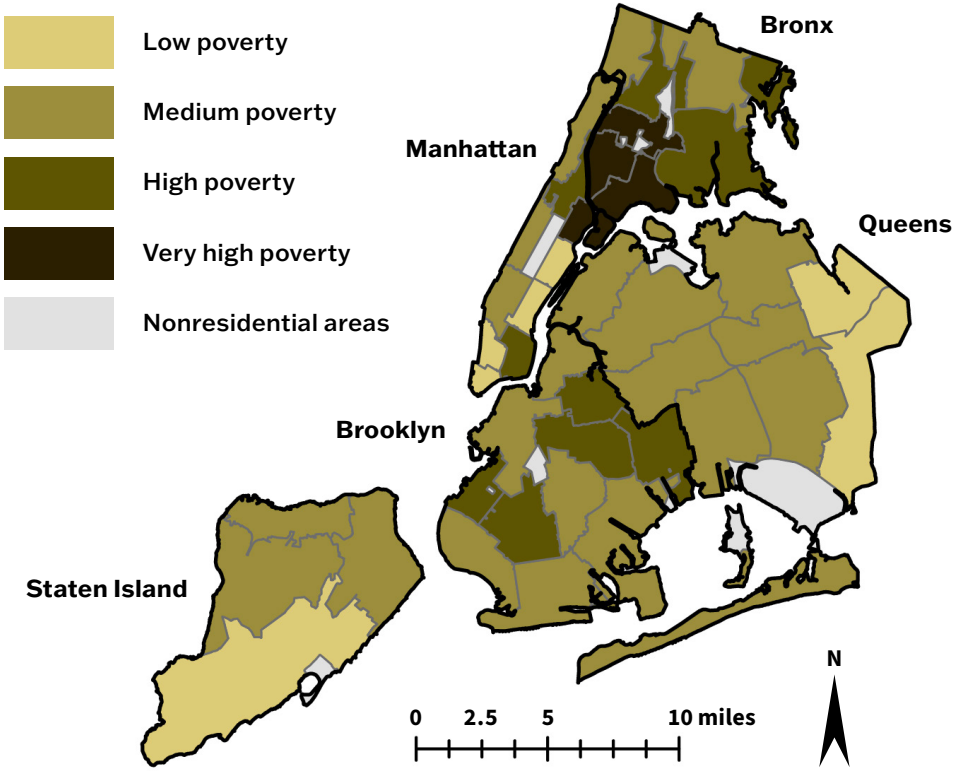
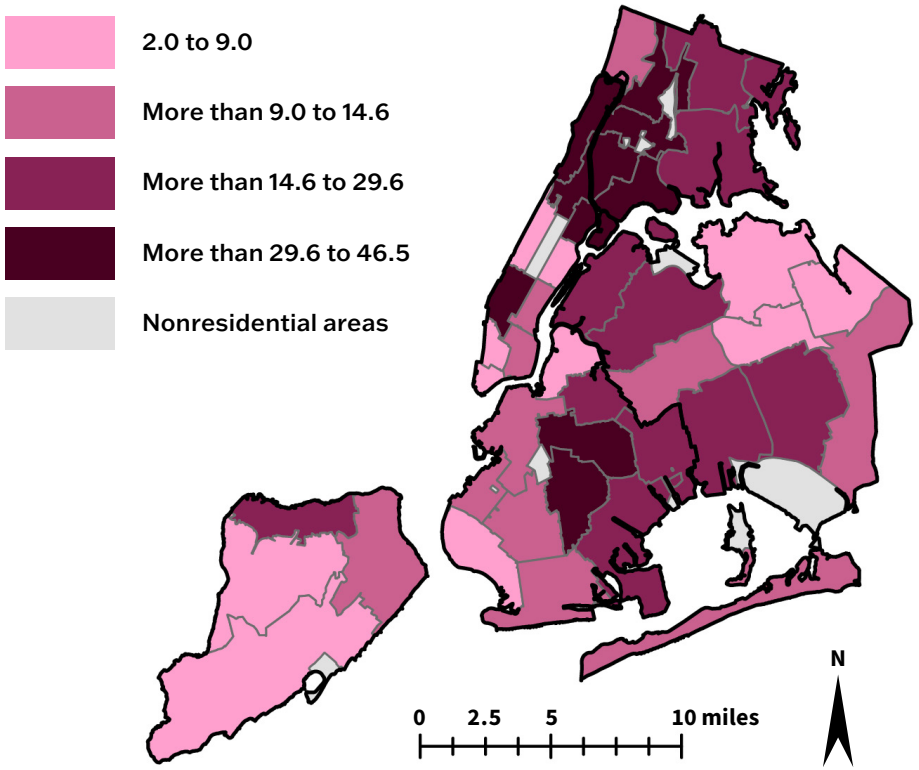


Figure 4.2. Rates of New HIV Diagnoses[3] per 100,000 People in NYC by United Hospital Fund Neighborhood[2] in 2024



Many neighborhoods with the highest poverty rates in NYC (Figure 4.1) were also among those with high rates of new HIV diagnoses in 2024 (Figure 4.2), including those in East Harlem, Highbridge–Morrisania, Hunts Point–Mott Haven, and Crotona–Tremont. East Harlem, Highbridge–Morrisania, and Hunts Point–Mott Haven had the highest rates of new HIV diagnoses in NYC in 2024 (Figure 4.2).

[1] Area-based poverty level determined by proportion of residents living below federal poverty level (FPL) in the United Hospital Fund neighborhood of most recent residence. Low poverty = less than 10% below FPL; medium poverty = 10% to less than 20% below FPL; high poverty = 20% to less than 30% below FPL; very high poverty = greater than or equal to 30% below FPL. [2] For a map of NYC's United Hospital Fund neighborhoods, see **a816-dohbesp.nyc.gov/IndicatorPublic/data-stories/geographies**. [3] Calculated using NYC Health Department 2023 population estimates, modified from U.S. Census Bureau intercensal population estimates, updated September 2024.

Geographic Distribution of HIV in NYC

Figure 4.3. People With HIV as a Proportion of the Population[1] in NYC by United Hospital Fund Neighborhood[2] in 2024

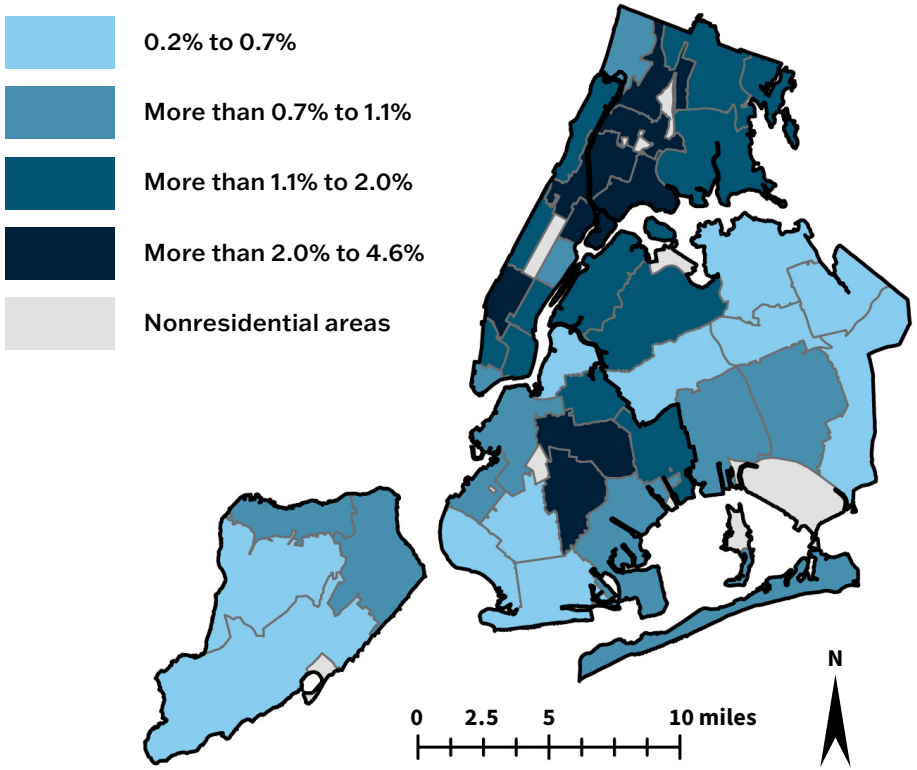
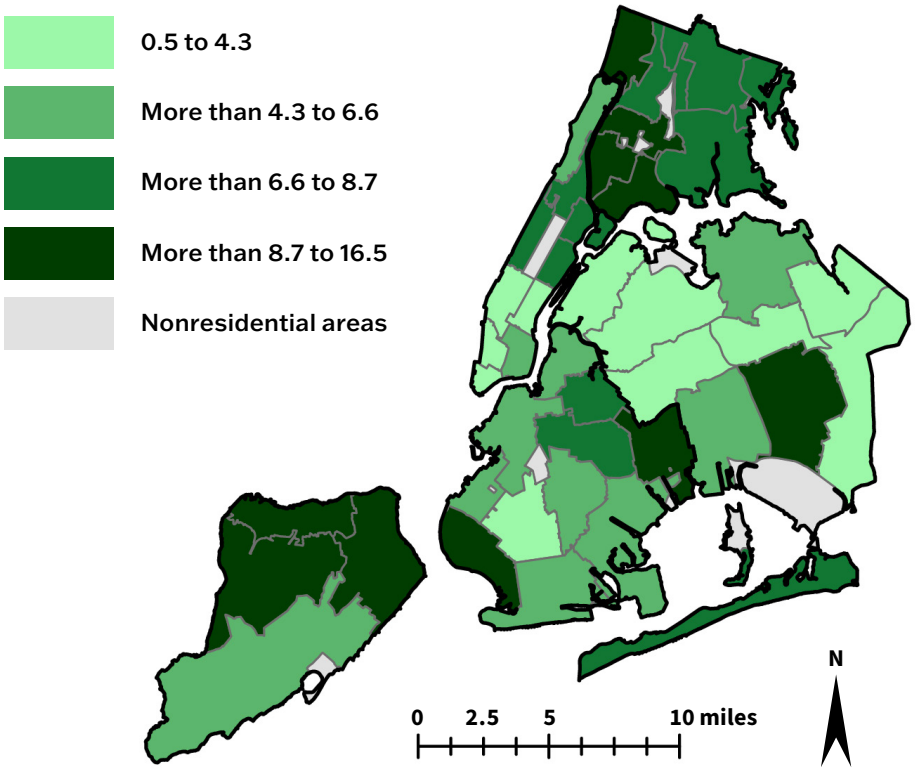


Figure 4.4. Age-Adjusted Death Rates[1,3] per 1,000 People With HIV in NYC by United Hospital Fund Neighborhood[2] in 2024

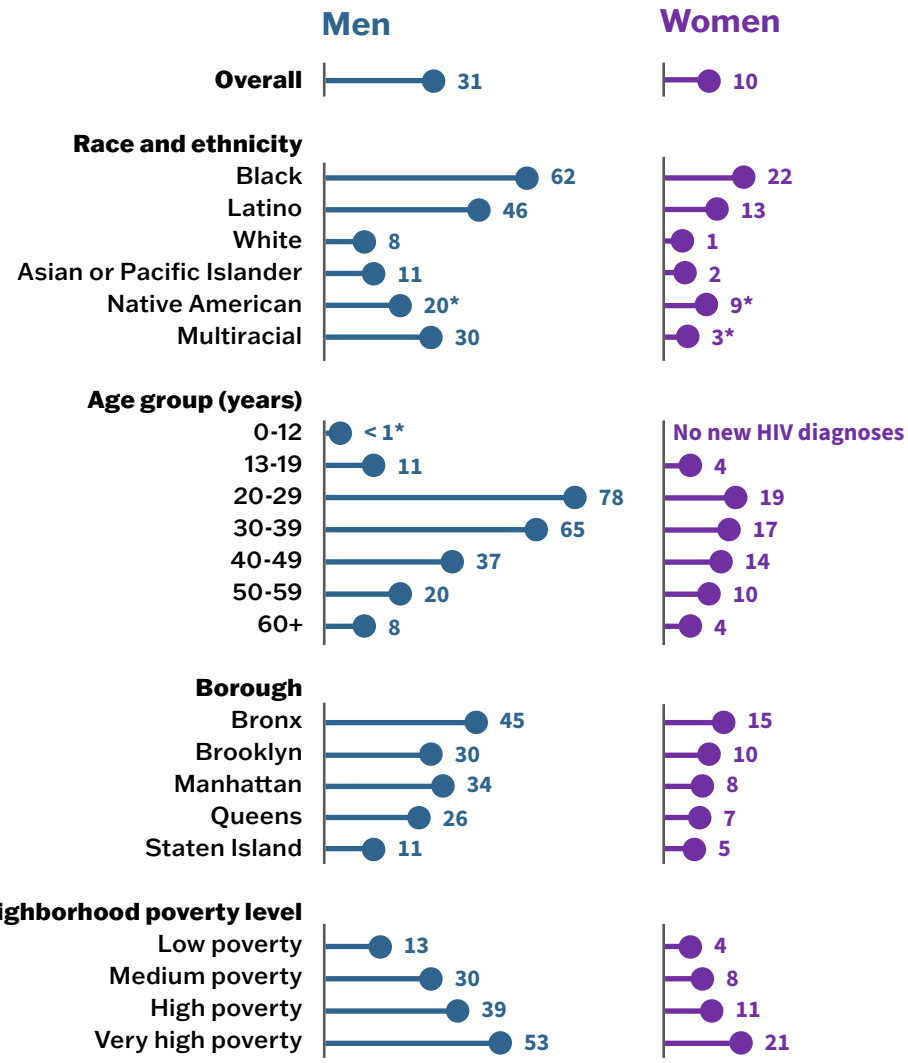


Chelsea–Clinton, Crotona–Tremont, and Highbridge–Morrisania had the highest HIV prevalence in NYC in 2024 (Figure 4.3). Stapleton–St. George, Port Richmond, and Jamaica had the highest mortality rates among people with HIV (Figure 4.4). Chelsea–Clinton had a high new HIV diagnosis rate but relatively low poverty and mortality rates, making it an exception to the usual alignment of these outcomes in NYC.

[1] Calculated using NYC Health Department 2023 population estimates, modified from U.S. Census Bureau intercensal population estimates, updated September 2024. [2] For a map of NYC's United Hospital Fund neighborhoods, see **a816-dohbesp.nyc.gov/IndicatorPublic/data-stories/geographies**. [3] Age-adjusted to the 2000 U.S. standard population. People newly diagnosed with HIV at death were excluded from the numerator. Mortality data for 2024 are incomplete.

HIV Diagnosis Rates in NYC

Figure 5.1. Rates of New HIV Diagnoses[1,2] per 100,000 NYC Residents by Gender[3] and Demographic Group in 2024



Among all men newly diagnosed with HIV in NYC in 2024, Black men experienced the highest new HIV diagnosis rate. The rate for Black men ranged from 1.3 times higher than that experienced by Latino men to more than 7.8 times higher than that experienced by white men. Men ages 20 to 39 experienced higher new HIV diagnosis rates than younger and older groups.

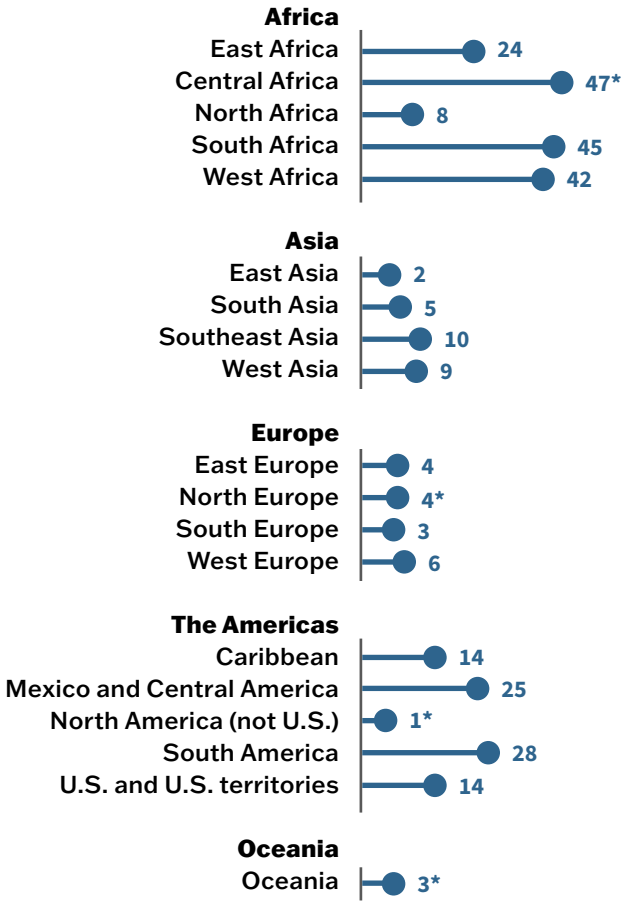
Among all women newly diagnosed with HIV in NYC in 2024, Black women experienced the highest new HIV diagnosis rate. The rate for Black women ranged from 1.7 times higher than that experienced by Latina women to 22.0 times higher than that experienced by white women. Women ages 20 to 39 experienced higher new HIV diagnosis rates than younger and older groups.

Among men and women newly diagnosed with HIV in NYC in 2024, people residing in neighborhoods with higher levels of poverty and those residing in the Bronx experienced higher new HIV diagnosis rates. Men residing in very high-poverty neighborhoods experienced a diagnosis rate 4.1 times higher than that experienced by men residing in low-poverty neighborhoods. Women residing in very high-poverty neighborhoods experienced a diagnosis rate 5.3 times higher than that experienced by women residing in low-poverty neighborhoods.

* Rate should be interpreted with caution due to small population size. [1] Includes diagnoses of HIV without AIDS and HIV concurrent with AIDS. [2] Rates calculated using NYC Health Department 2023 population estimates, modified from U.S. Census Bureau intercensal population estimates. Rates exclude people newly diagnosed with HIV in NYC who were residing outside NYC at the time of diagnosis. [3] Men includes transgender men and people assigned male sex at birth whose gender is categorized under additional gender identities; women includes transgender women and people assigned female sex at birth whose gender is categorized under additional gender identities.

HIV Diagnosis Rates in NYC

Figure 5.2. Average Annual Rates of New HIV Diagnoses[1,2] per 100,000 NYC Residents by Subregion of Birth[3,4] From 2020 to 2024

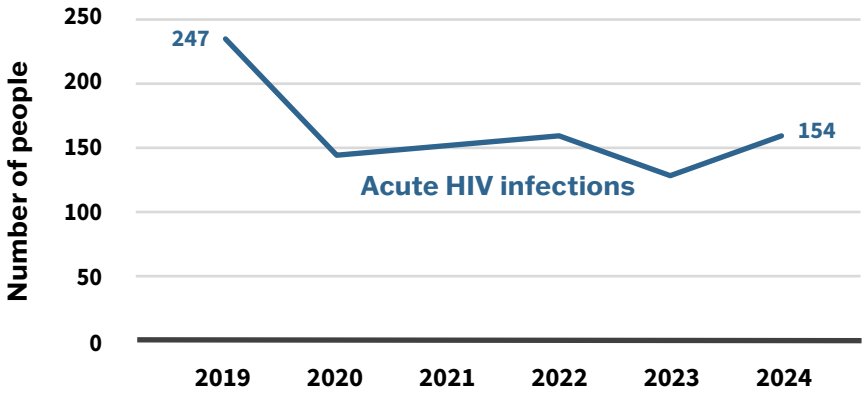


From 2020 to 2024, New Yorkers born in Mexico and Central America; South America; or East, Central, South, or West Africa experienced higher rates of new HIV diagnoses compared with the average annual new HIV diagnosis rate among people born in the U.S. and U.S. territories. New Yorkers born in the Caribbean experienced the same rate as those born in the U.S. and U.S. territories.

* Rate should be interpreted with caution due to small population size. [1] Includes diagnoses of HIV without AIDS and HIV concurrent with AIDS. [2] Rates calculated using NYC Health Department 2023 population estimates, modified from U.S. Census Bureau intercensal population estimates. Rates exclude people newly diagnosed with HIV in NYC who were residing outside NYC at the time of diagnosis. [3] Excludes people newly diagnosed with HIV in NYC with an unknown subregion of birth (n = 1,939, 24% of people newly diagnosed). [4] For further information on subregion of birth groups, see the "Place of Birth, Migration, and Place of Work" tab in the Code Lists Excel file available at **census.gov/programs-surveys/acs/technical-documentation/code-lists.2022.html**.

Acute HIV Infection in NYC

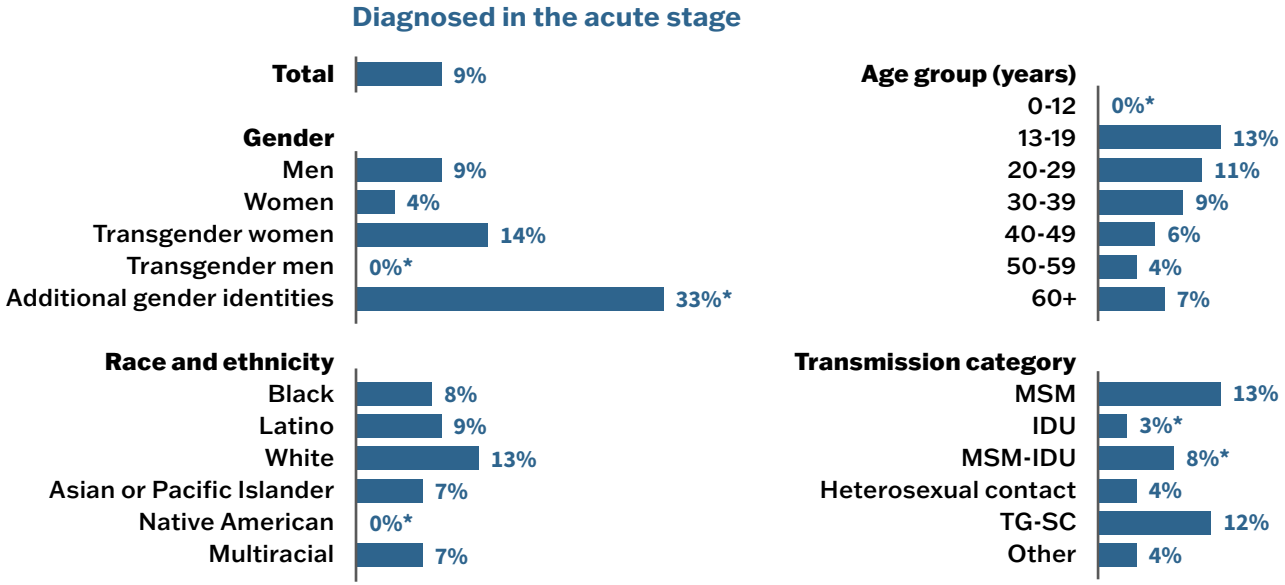
Figure 6.1. Annual Number of People Newly Diagnosed With HIV During the Acute Stage in NYC From 2019 to 2024



Diagnosis of HIV in the acute stage, a very early period that occurs shortly after HIV infection, enables timely treatment, which decreases onward transmission to exposed partners and reduces viral reservoirs and morbidity.

Among all people newly diagnosed with HIV in NYC in 2024, 154 (9%) were diagnosed during the acute stage. Since 2020, the proportion of diagnoses in the acute stage has remained relatively stable, with slight fluctuations over the five-year period.

Figure 6.2. Proportion of People Newly Diagnosed With HIV During the Acute Stage in NYC in 2024



People diagnosed during the acute stage comprised a larger proportion of new HIV diagnoses among transgender women, white people, people ages 13 to 29, and men who have sex with men in NYC in 2024. Groups with higher proportions of people diagnosed in the acute stage may reflect higher testing frequencies compared with other groups.

* Proportion should be interpreted with caution due to small population size. MSM = men who have sex with men; IDU = injection drug use history; MSM-IDU = men who have sex with men and have a history of injection drug use; TG-SC = transgender people with sexual contact; other = perinatal, other, and unknown transmission categories

Estimated HIV Incidence in NYC

Figure 7.1. Annual Number of People Estimated to Have Incident HIV Infections[1] and Number of People Newly Diagnosed With HIV in NYC From 2019 to 2024[2]

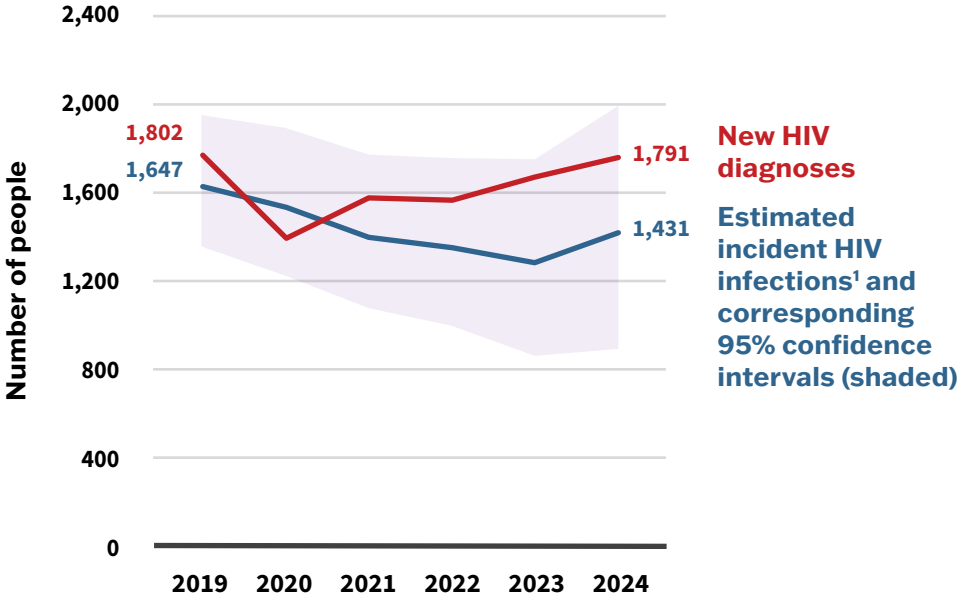
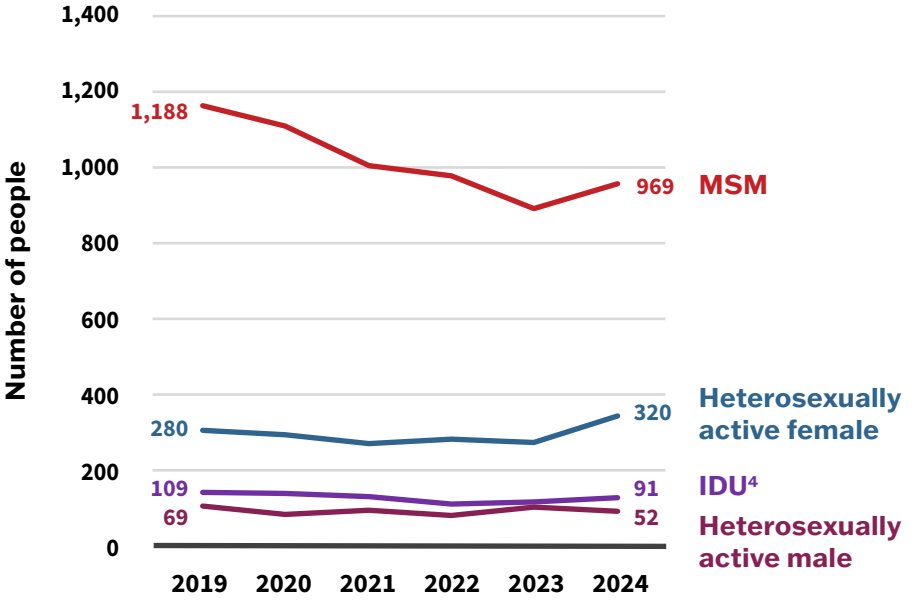


Figure 7.2. Annual Number of People Estimated to Have Incident HIV Infections[1] by Sex Assigned at Birth[3] and Transmission Category in NYC From 2019 to 2024[2]



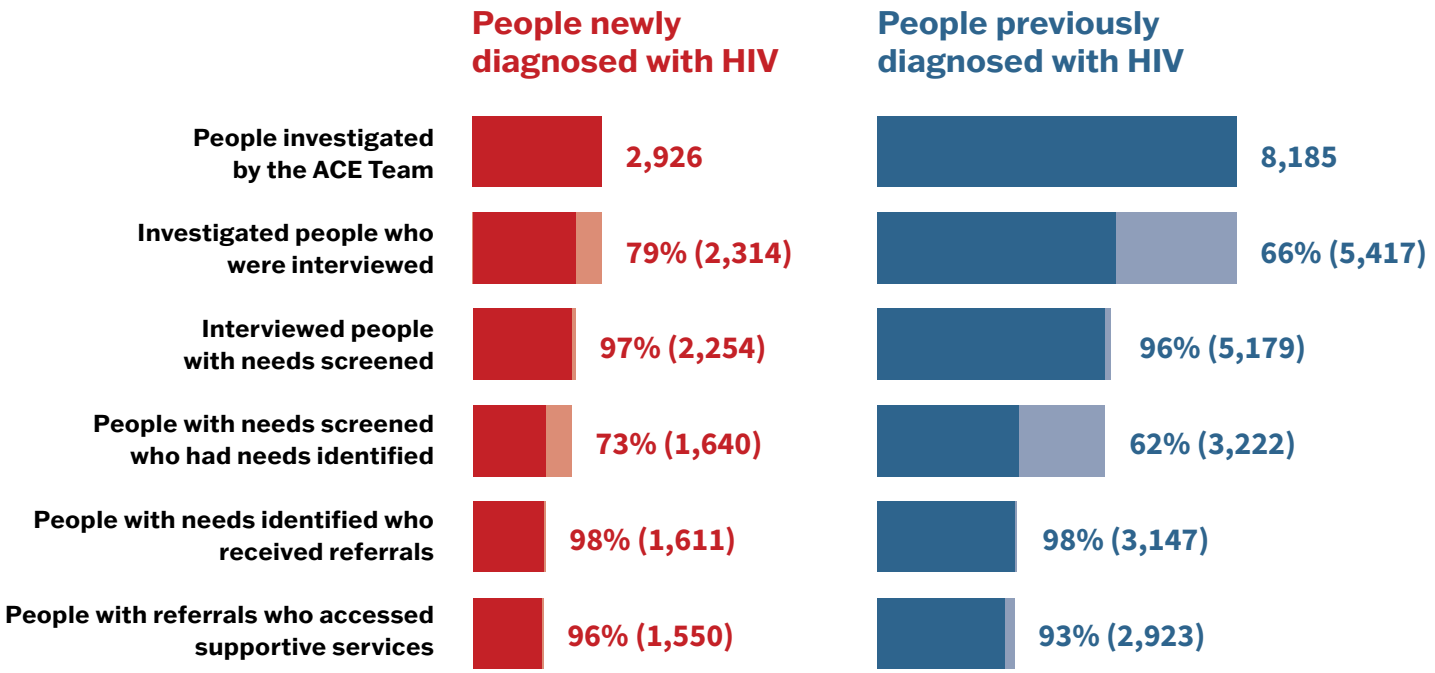
The method used nationally and locally to estimate incidence — or the number of people who newly acquired HIV within the calendar year — is based on the distribution of CD4 count at HIV diagnosis. An estimated 1,431 (95% confidence interval: 864 to 1,998) people newly acquired HIV in 2024 (Figure 7.1). The estimated HIV incidence overall and by most transmission categories (Figure 7.2) declined in NYC between 2019 and 2024. Estimated incidence among heterosexually active females increased between 2019 and 2024. There was a notable one-year increase between 2023 and 2024 overall, as well as among men who have sex with men and heterosexually active females. Estimated incidences and their associated increases should be interpreted with caution as data are preliminary and may change as more information is received.

MSM = men who have sex with men; IDU = injection drug use history

[1] Using the method in: 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] 2024 incidence estimates are preliminary. [3] Centers for Disease Control and Prevention estimation methodology produces results by sex assigned at birth and not gender identity. [4] IDU includes males and females with injection drug use history, including men who have sex with men and have an injection drug use history.

Assess.Connect.Engage. (ACE) Team Activities in NYC

Figure 8.1. Assessment of Needs and Referrals to Supportive Services Among People Newly Diagnosed With HIV and People Previously Diagnosed with HIV in NYC From 2023 to 2024[1]

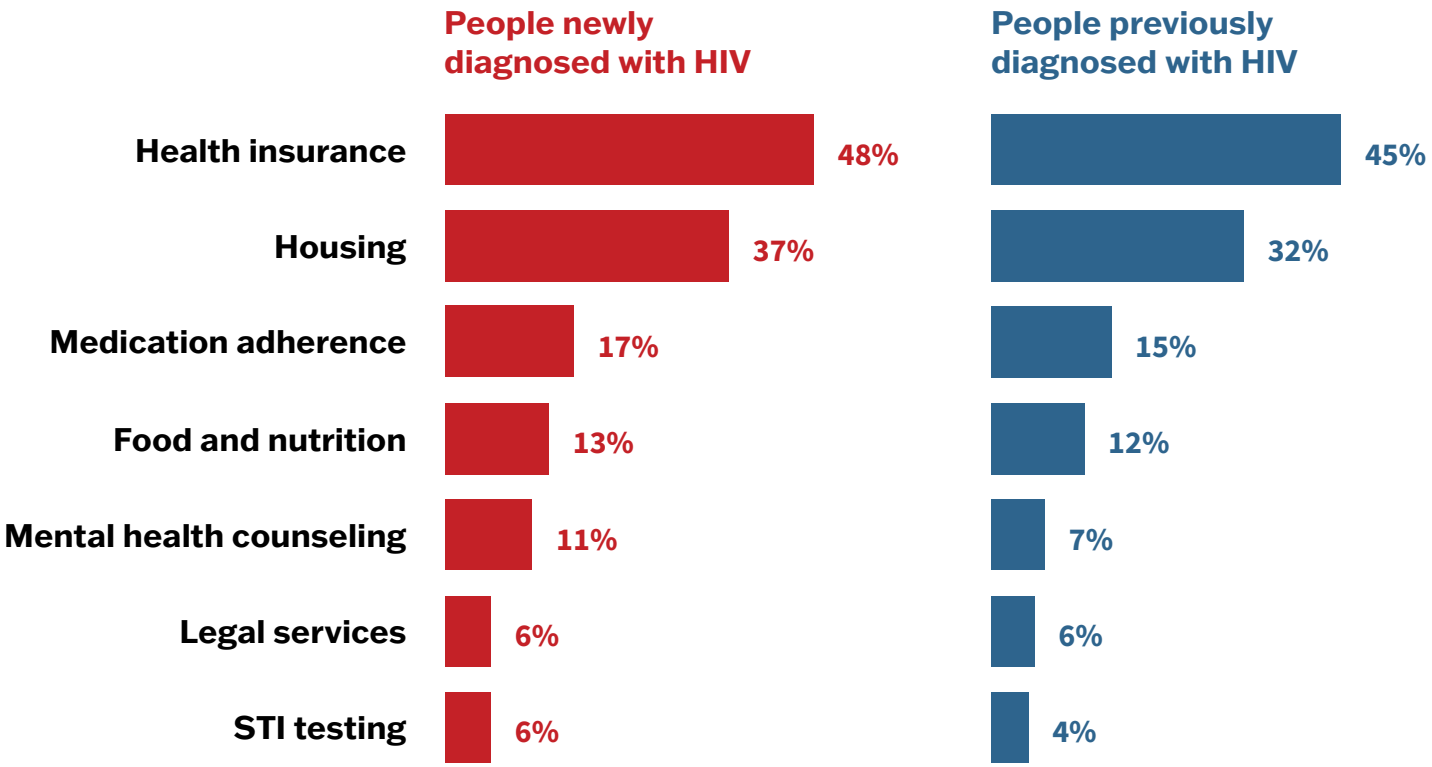


The NYC Health Department regularly assesses the supportive services needs of people newly diagnosed with HIV in NYC who are interviewed by the Assess.Connect.Engage. (ACE) Team. The ACE Team assists people reported with HIV with linkage to care and partner notification. Clients needing supportive services are provided with referrals to service providers or assisted directly by the ACE Team's social worker and public health advisors. Among the 2,314 people newly diagnosed with HIV interviewed by the ACE Team in 2024, 97% had their needs assessed, 73% of those assessed reported at least one need, and referrals were made for 98% of clients needing services (Figure 8.1). Among the 5,417 people previously diagnosed with HIV interviewed by the ACE Team in 2024, 96% had their needs assessed, 62% of those assessed reported at least one need, and referrals were made for 98% of clients with needs.

[1] Each successive percentage was calculated based on each bar above.

Assess.Connect.Engage. (ACE) Team Activities in NYC

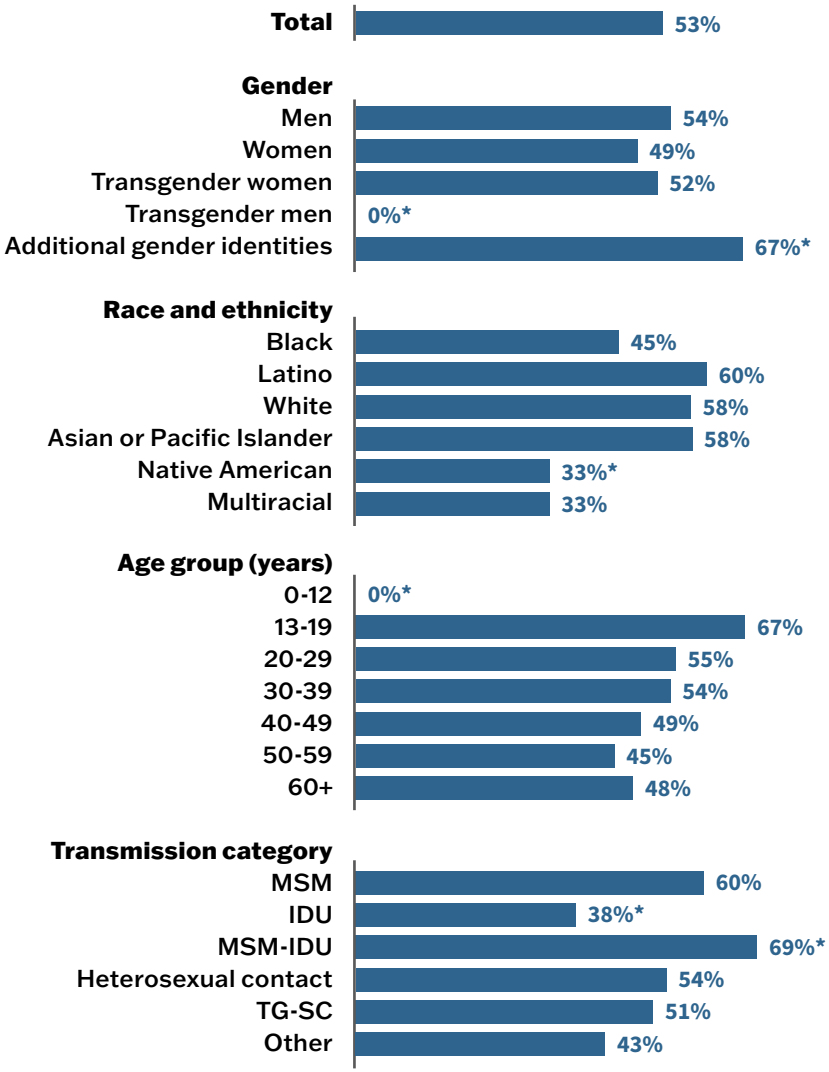
Figure 8.2. Most Frequently Identified Needs Among People Newly Diagnosed With HIV and People Previously Diagnosed with HIV Assessed by the ACE Team in NYC From 2023 to 2024



The top needs identified among people screened by the ACE Team were health insurance, housing, and medication adherence.

Molecular HIV Surveillance in NYC

Figure 9.1. Proportion of People Genotyped Within Three Months of HIV Diagnosis in NYC in 2024

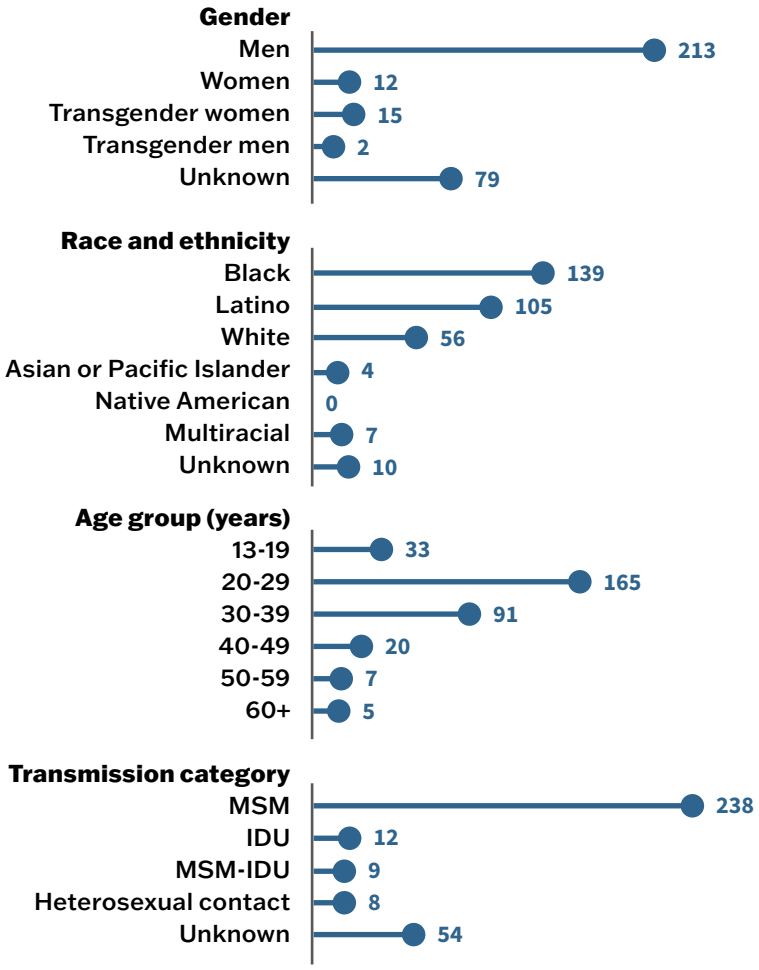


Federal guidelines for the care and treatment of people with HIV recommend genotypic resistance testing at initiation of HIV care, to both establish a baseline and guide treatment.[1] In 2024, 53% of people newly diagnosed with HIV in NYC received a genotype within three months of diagnosis, compared with 47% in 2023. Differences in the proportion of people receiving genotype testing within three months of diagnosis exist across demographic groups among people newly diagnosed with HIV in NYC.

* Proportion should be interpreted with caution due to small population size.
MSM = men who have sex with men; IDU = injection drug use history; MSM-IDU = men who have sex with men and have a history of injection drug use; TG-SC = transgender people with sexual contact.
[1] For guidelines on genotypic resistance testing, see **clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/adult-adolescent-arv/guidelines-adult-adolescent-arv.pdf**.

Molecular HIV Surveillance in NYC

Figure 9.2. Number of People in HIV Clusters Detected in NYC From September 2018 to May 2025

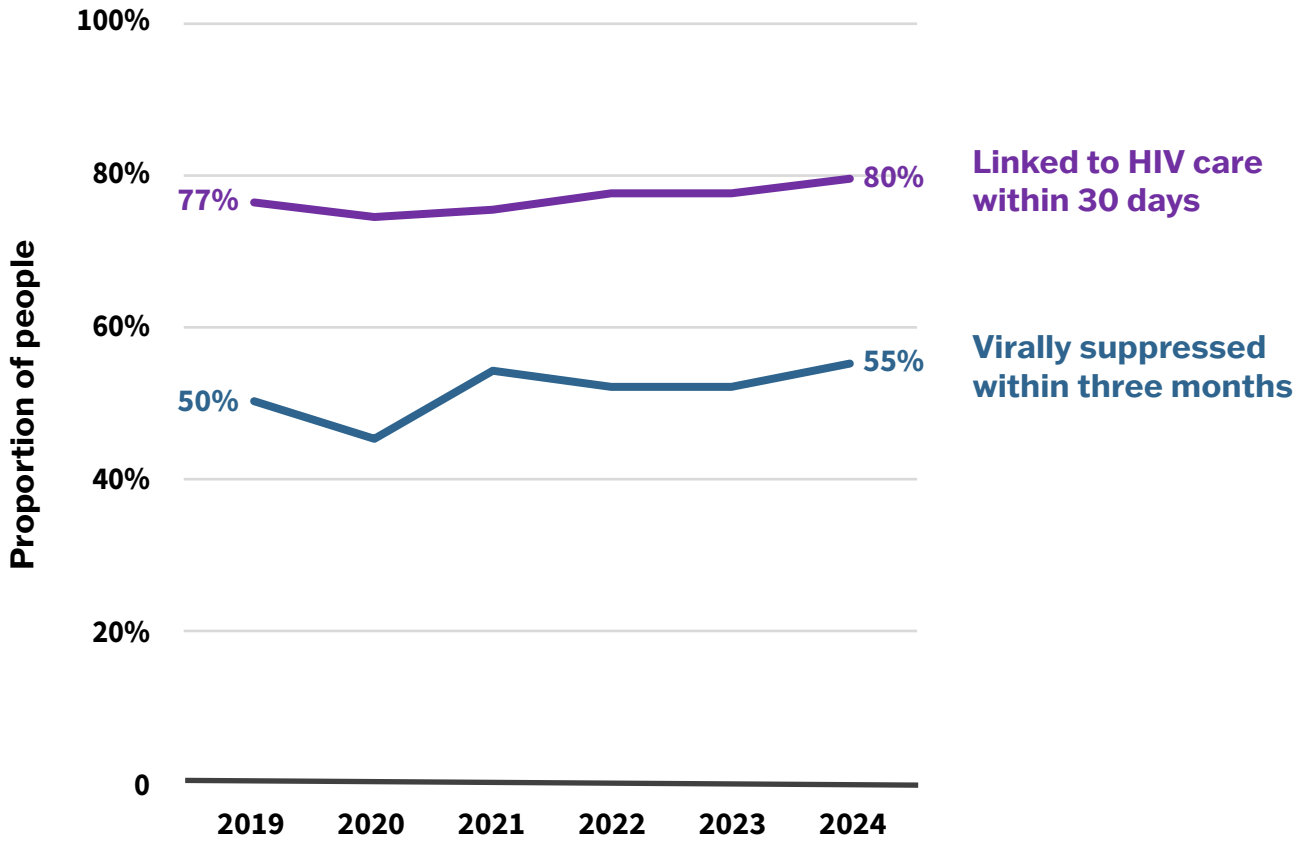


HIV clusters are identified by the detection of similar HIV sequences in a group of people. Detection of HIV clusters allows for targeted responses, including outreach for HIV testing and supportive services. HIV clusters detected in NYC mostly include men, Black and Latino people, people ages 20 to 39, and men who have sex with men. The ACE Team reached out to cluster members who were out of care or viremic to provide linkage to care and supportive services.

MSM = men who have sex with men; IDU = injection drug use history; MSM-IDU = men who have sex with men and have a history of injection drug use

Linkage to Care and Viral Suppression in NYC

Figure 10.1. Proportion of People Newly Diagnosed With HIV[1] Linked to HIV Care Within 30 Days[2] and Virally Suppressed Within Three Months[3] of Diagnosis in NYC From 2019 to 2024

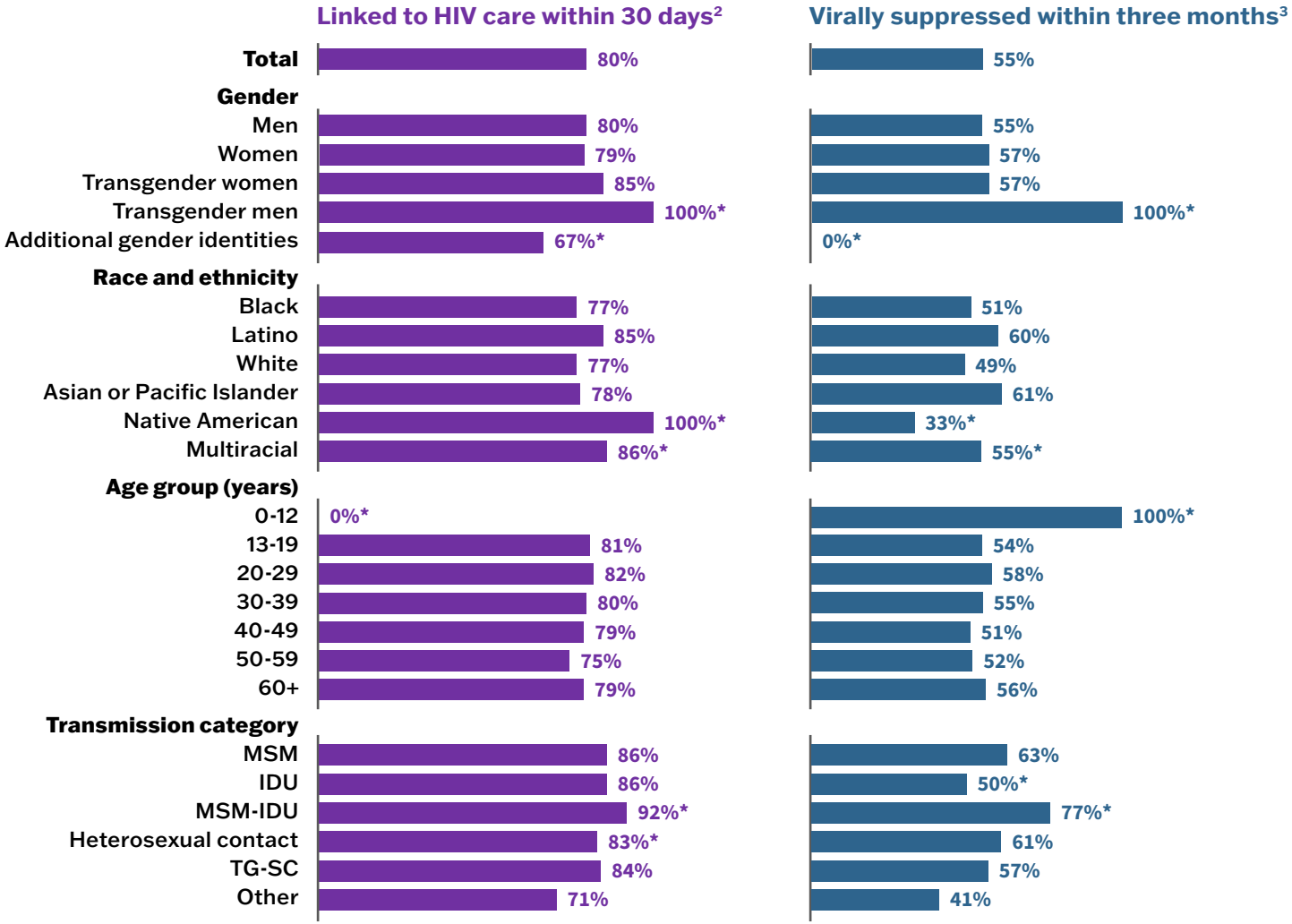


Linkage to HIV care within 30 days of diagnosis reflects whether people attend their first medical appointment promptly, which allows them to receive timely baseline laboratory testing and start HIV treatment. Among people newly diagnosed with HIV in NYC, linkage to HIV care and viral suppression within three months increased from 2019 to 2024.

[1] People newly diagnosed with HIV at death were excluded. [2] HIV viral load, CD4, or genotype test drawn within one month (30 days) of HIV diagnosis. [3] At least one HIV viral load within three months (91 days) of HIV diagnosis was less than 200 copies per milliliter.

Linkage to Care and Viral Suppression in NYC

Figure 10.2. Proportion of People Newly Diagnosed With HIV[1] Linked to HIV Care Within 30 Days[2] and Virally Suppressed Within Three Months[3] of Diagnosis in NYC in 2024

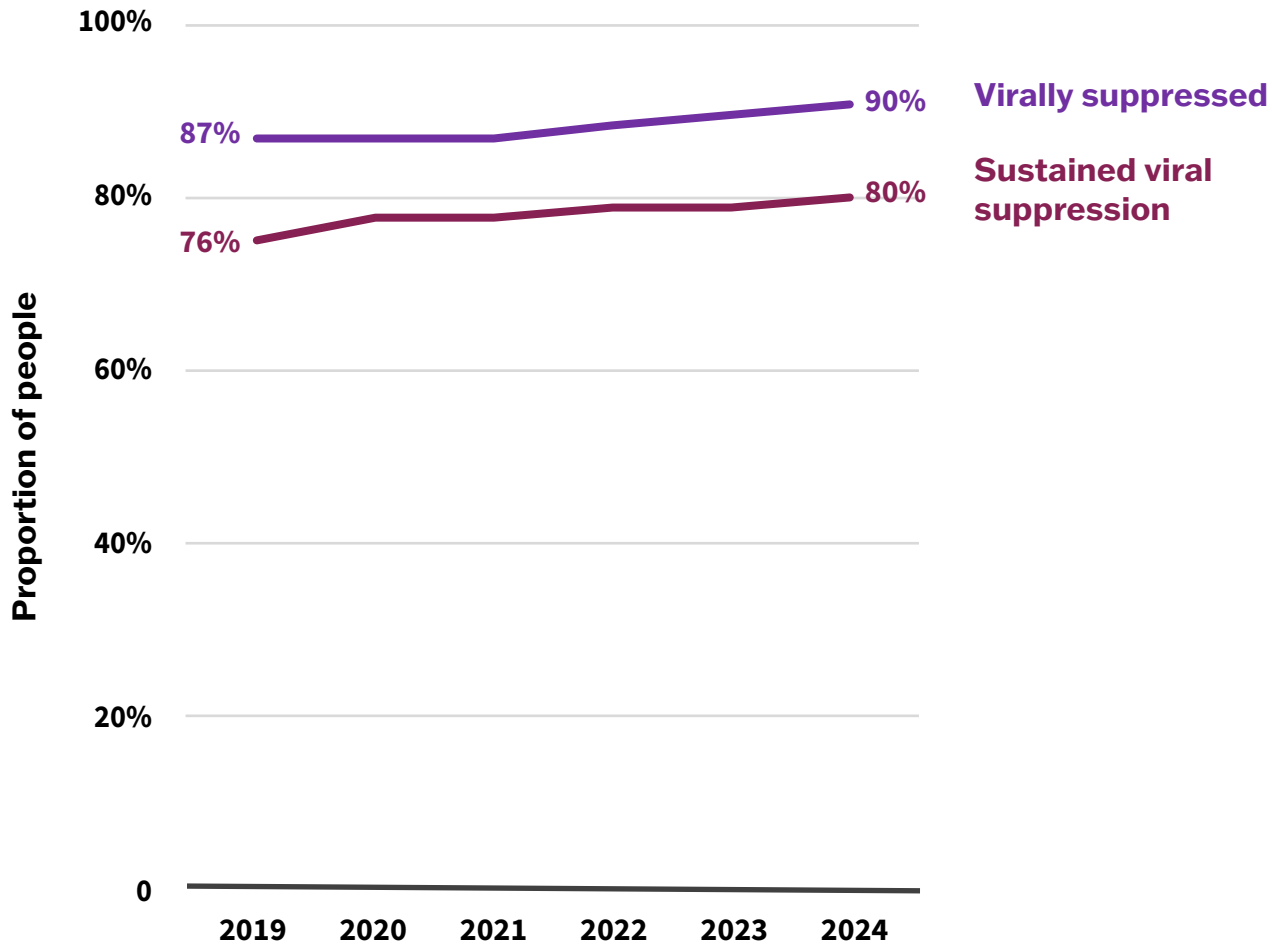


Differences in linkage to care within 30 days and viral suppression within three months exist across demographic groups.

* Proportion should be interpreted with caution due to small population size.
MSM = men who have sex with men; IDU = injection drug use history; MSM-IDU = men who have sex with men and have a history of injection drug use; TG-SC = transgender people with sexual contact; other = perinatal, other, and unknown transmission categories
[1] People newly diagnosed with HIV at death were excluded. [2] HIV viral load, CD4, or genotype test drawn within one month (30 days) of HIV diagnosis. [3] At least one HIV viral load within three months (91 days) of HIV diagnosis was less than 200 copies per milliliter.

Linkage to Care and Viral Suppression in NYC

Figure 10.3. Proportion of People in HIV Medical Care[1] Who Were Virally Suppressed[2] at Their Last Viral Load Test and Those Who Have Sustained Viral Suppression[3] in NYC From 2019 to 2024

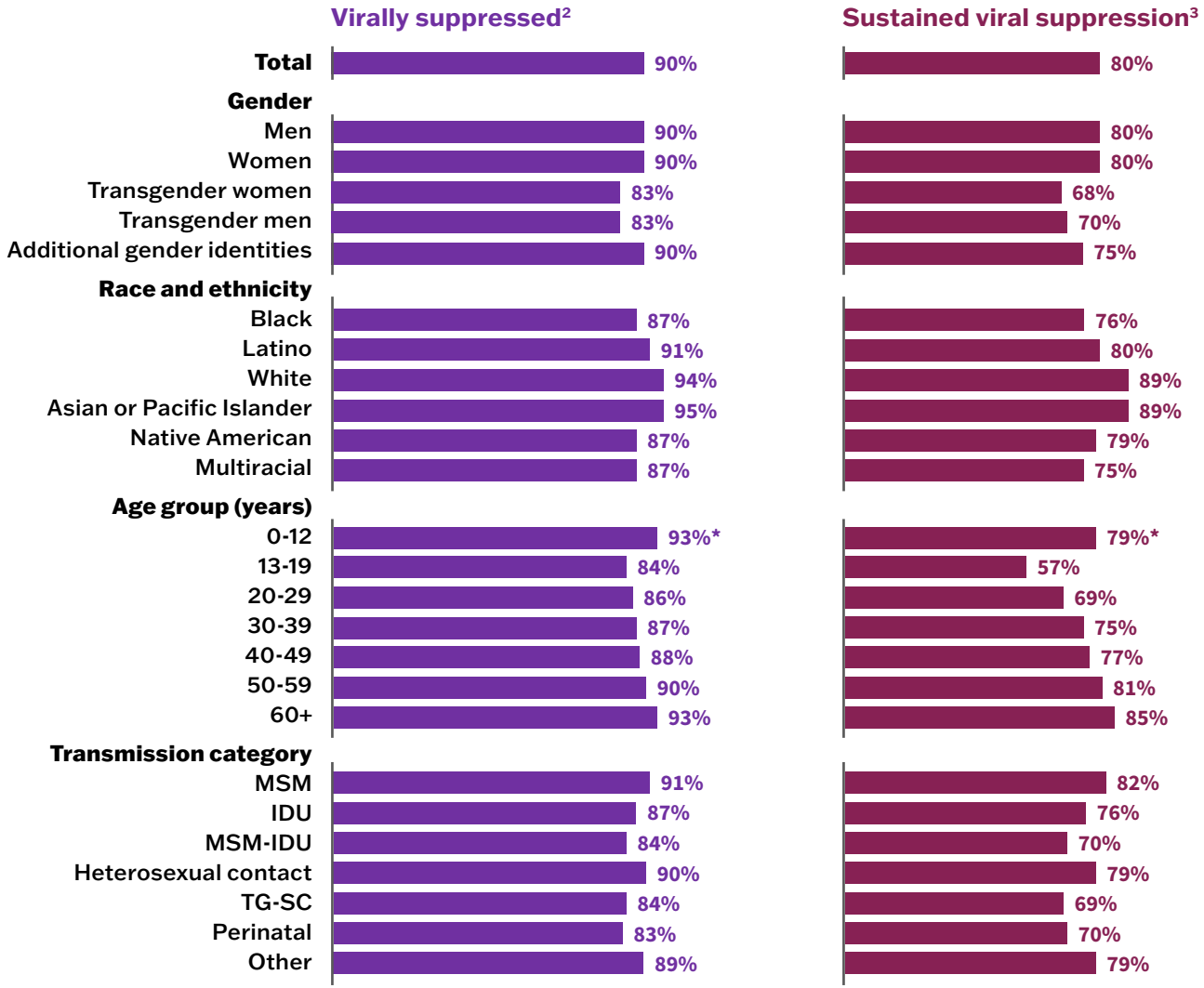


Among people in HIV medical care in NYC, viral suppression and sustained viral suppression increased from 2019 to 2024.

[1] At least one HIV viral load, CD4, or genotype test in the calendar year. [2] Last HIV viral load value in the calendar year was less than 200 copies per milliliter. [3] All viral load values were less than 200 copies per milliliter in the calendar year.

Linkage to Care and Viral Suppression in NYC

Figure 10.4. Proportion of People in HIV Medical Care[1] Who Were Virally Suppressed[2] at Their Last Viral Load Test and Those Who Have Sustained Viral Suppression[3] in NYC in 2024



Differences in viral suppression and sustained viral suppression exist across demographic groups.

* Proportion should be interpreted with caution due to small population size.
MSM = men who have sex with men; IDU = injection drug use history; MSM-IDU = men who have sex with men and have a history of injection drug use; TG-SC = transgender people with sexual contact; other = other and unknown transmission categories
[1] At least one HIV viral load, CD4, or genotype test in the calendar year. [2] Last HIV viral load value in the calendar year was less than 200 copies per milliliter. [3] All viral load values were less than 200 copies per milliliter in the calendar year.

HIV Care Continuum Among All People With HIV in NYC

Figure 11.1. Proportion of People With HIV Engaged in Select Stages of the HIV Care Continuum[1] in NYC in 2024

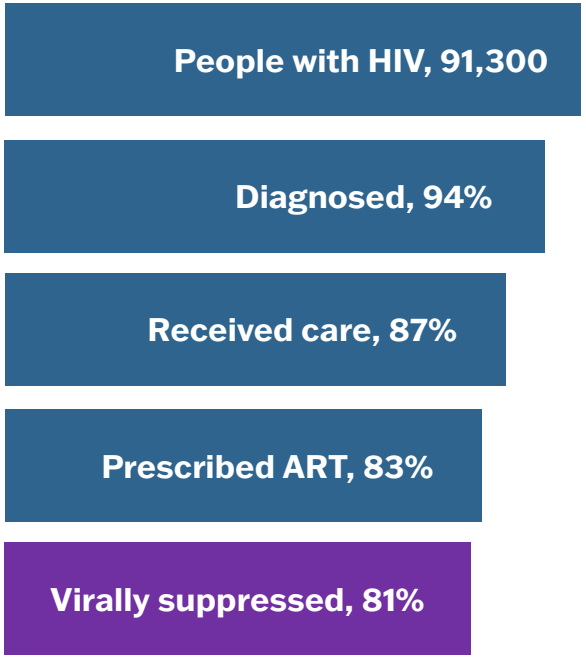
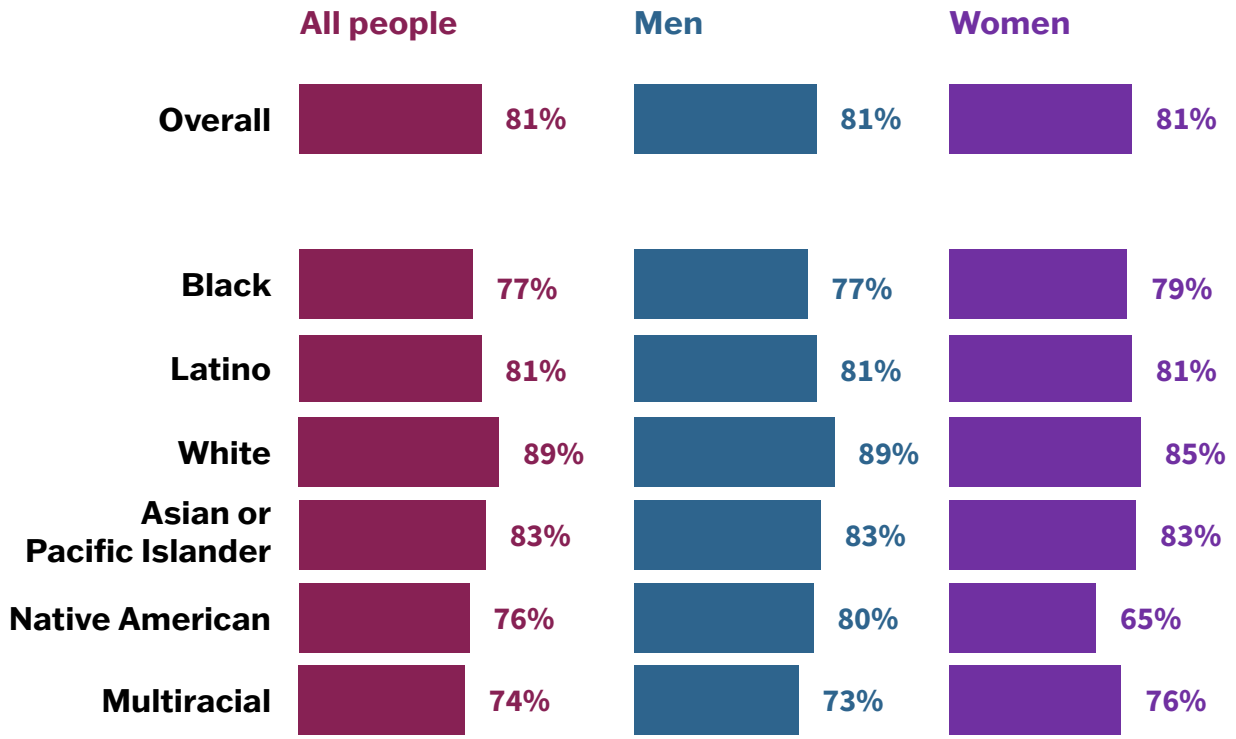


Figure 11.2. Proportion of People With HIV in the HIV Care Continuum[1] Who Were Virally Suppressed in NYC by Gender[2] and Race and Ethnicity in 2024

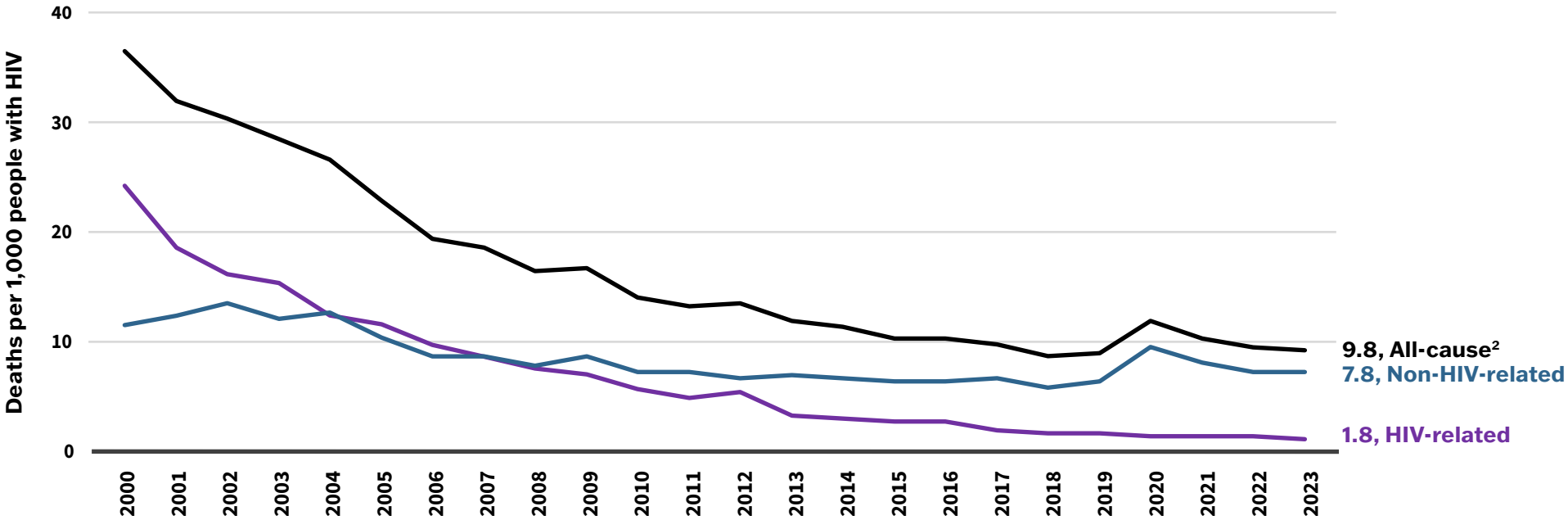


Of approximately 91,300 people with HIV in NYC in 2024, 81% had a suppressed viral load (Figure 11.1). Differences exist in the proportion of people with HIV who are in the virally suppressed stage of the HIV care continuum by race and ethnicity and across genders within race and ethnicity groups (Figure 11.2).

[1] For definitions of the stages of the HIV care continuum and how it differs from Figures 10.3 and 10.4, see Technical Notes.[2] Men includes transgender men and people assigned male sex at birth whose gender is categorized under additional gender identities, and women includes transgender women and people assigned female sex at birth whose gender is categorized under additional gender identities.

Mortality Among People With HIV in NYC

Figure 12.1. Annual Age-Adjusted Death Rate[1] per 1,000 People With HIV by HIV-Related and Non-HIV-Related Causes of Death in NYC From 2000 to 2023

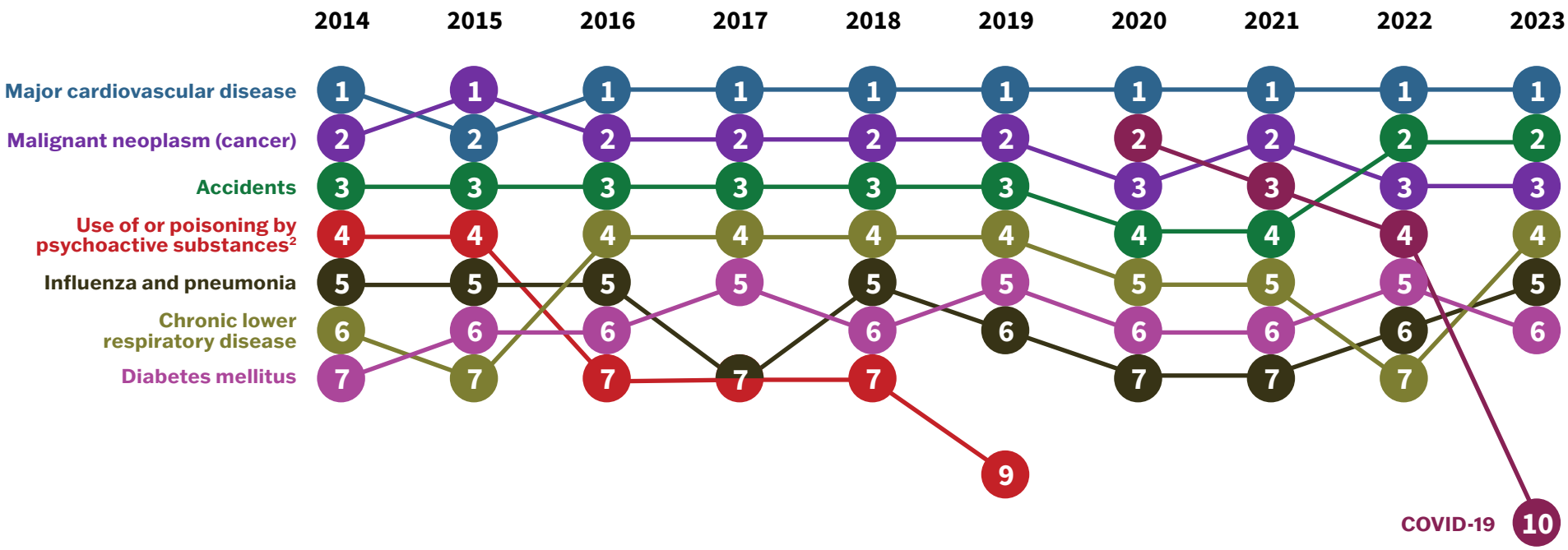


The all-cause death rate (9.8 per 1,000 in 2023) among people with HIV in NYC decreased by 73% from 2000 to 2023 but remained higher than the death rate for the overall NYC population (5.8 in 2022[3]). Although the rates of both HIV-related and non-HIV-related causes of death decreased during this time, the decrease in the all-cause death rate was driven by relatively larger decreases among non-HIV-related deaths. All-cause and non-HIV-related death rates increased in 2020, the first year of the COVID-19 pandemic, and have since declined. Among all people with HIV who died in NYC in 2023, 22 (1%) died due to COVID-19, a large decrease from 2020 when 441 (18%) deaths were due to COVID-19.

[1] Age-adjusted to the 2000 U.S. standard population. People newly diagnosed with HIV at death were excluded from the numerator. [2] People with unknown causes of death were included (3% of all deaths). [3] Li W, Castro A, Gurung S, et al. Summary of vital statistics, 2022. Bureau of Vital Statistics, NYC Dept of Health and Mental Hygiene. **https://www.nyc.gov/assets/doh/downloads/pdf/vs/2022sum.pdf**

Mortality Among People With HIV in NYC

Figure 12.2. Ranked Leading Non-HIV-Related Causes of Death[1] Among People With HIV in NYC From 2014 to 2023



In 2023, 1,640 (80%) of 2,047 total deaths among people with HIV were attributed to a non-HIV-related cause. Since 2014, major cardiovascular disease, malignant neoplasm (cancer), and accidents have been among the top non-HIV-related causes of death for people with HIV in NYC. COVID-19 has remained a top cause of death among people with HIV in NYC but has decreased in rank each year from 2020 to 2023.

[1] Non-HIV-related causes of death that appear in the top five were included for all years until they fell out of the top 10 leading causes of death. [2] Excludes use of tobacco or alcohol.

Mortality Among People With HIV in NYC

Figure 12.3. Age-Adjusted HIV-Related Death Rate[1] per 1,000 People With HIV in NYC by Race and Ethnicity[2] Among Men[3] From 2019 to 2023

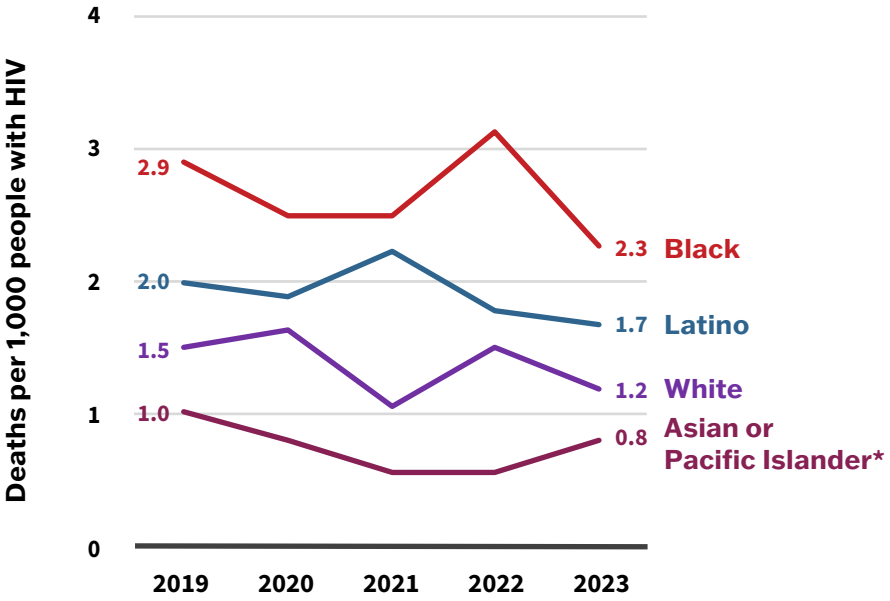
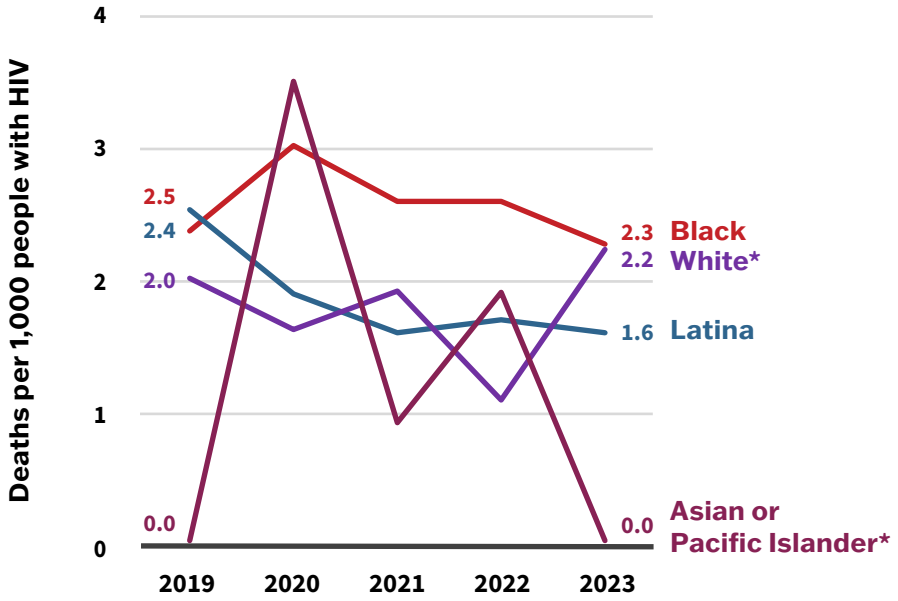


Figure 12.4. Age-Adjusted HIV-Related Death Rate[1] per 1,000 People With HIV in NYC by Race and Ethnicity[2] Among Women[3] From 2019 to 2023

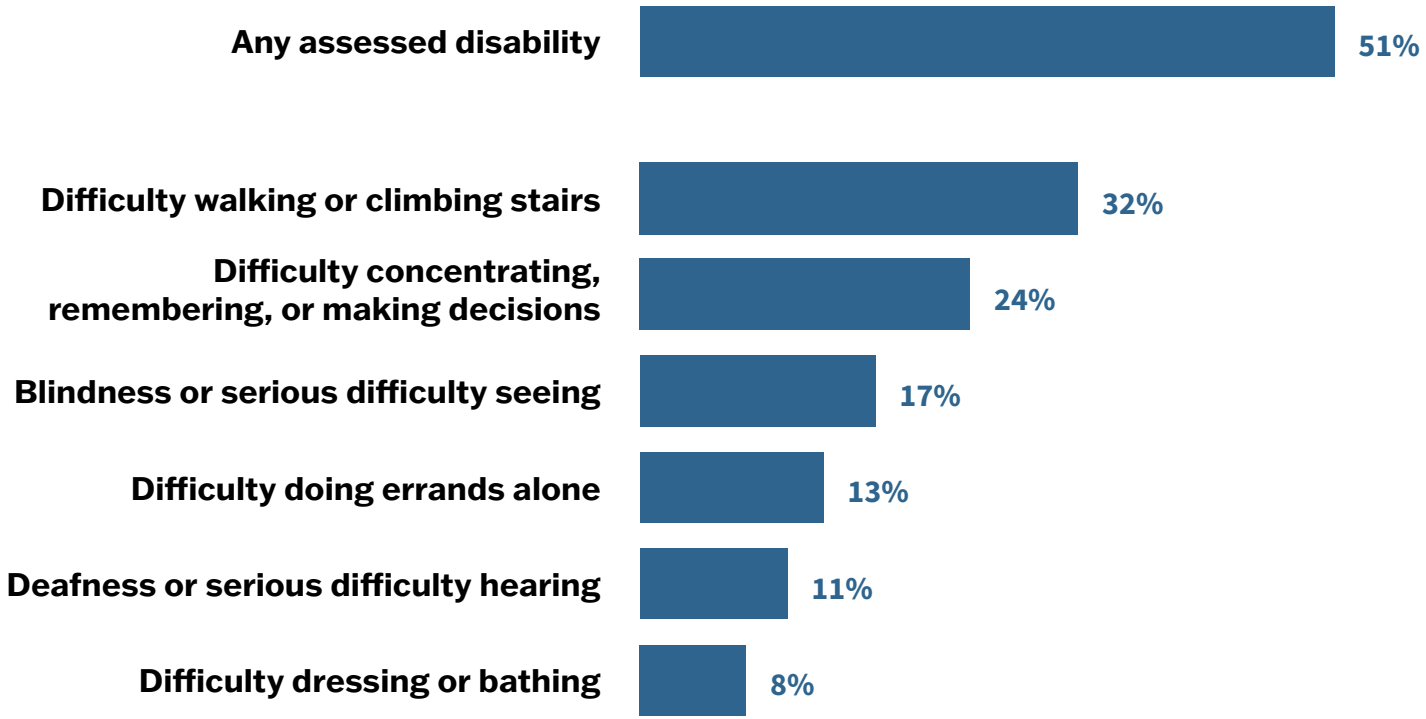


Black and Latino men experienced higher age-adjusted HIV-related death rates than white and Asian or Pacific Islander men from 2019 to 2023 (Figure 12.3). Black women consistently had one of the highest age-adjusted HIV-related death rates (Figure 12.4). HIV-related death rates decreased or remained relatively stable across all race and ethnicity groups from 2019 to 2023, excluding Asian or Pacific Islander women, who experienced highly varied rates across years. Data for Asian or Pacific Islander women, white women, and Asian or Pacific Islander men should be interpreted with caution due to small population sizes.

*Data should be interpreted with caution due to small population size. [1]Age-adjusted to the 2000 U.S. standard population. People newly diagnosed with HIV at death were excluded from the analysis. [2]Native American and multiracial people were excluded due to unstable rates. [3]Men includes transgender men and people assigned male sex at birth whose gender is categorized under additional gender identities; women includes transgender women and people assigned female sex at birth whose gender is categorized under additional gender identities.

Medical Monitoring Project in NYC

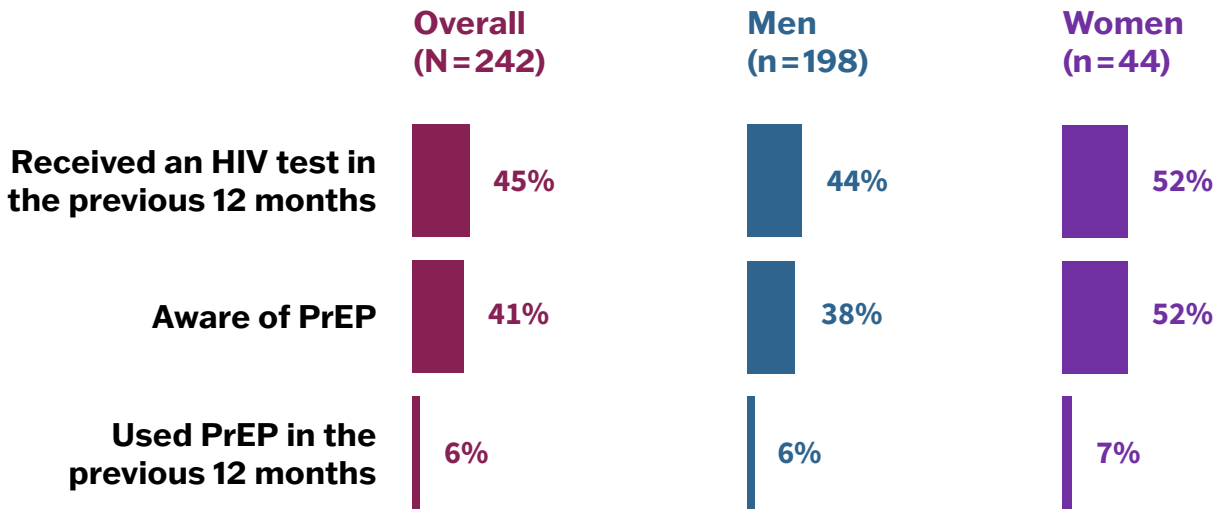
Figure 13. Proportion of People With HIV Interviewed by the Medical Monitoring Project Reporting Select Disabilities in NYC From 2015 to 2022



The Medical Monitoring Project (MMP) is a national surveillance activity that interviews and collects clinical information on people with HIV. The project is conducted in conjunction with the Centers for Disease Control and Prevention. A total of 2,501 New Yorkers with HIV participated in annual MMP cycles from 2015 to 2022. Over 99% of participants responded to interview questions about disabilities. Overall, 51% of participants reported any disability. The median age of people who reported a disability was 55, while the median for those who did not was 49.

National HIV Behavioral Surveillance in NYC

Figure 14. Proportion of People Who Injected Drugs in the Previous Year With a Negative or Unknown HIV Status Interviewed by National HIV Behavioral Surveillance[1] in NYC Reporting HIV Testing, PrEP Awareness, or PrEP Utilization in 2024

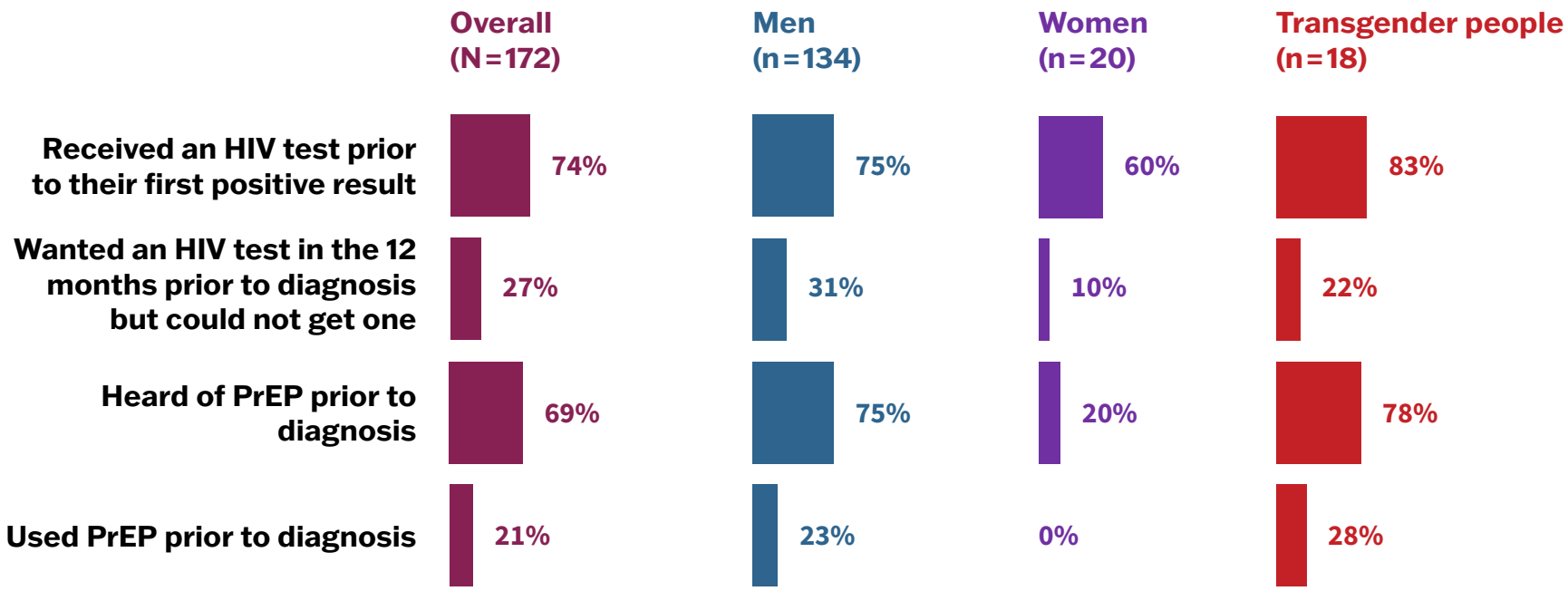


The National HIV Behavioral Surveillance (NHBS) project is an ongoing national study focusing on people at increased risk for HIV. The 2024 cycle included 242 participants who inject drugs. More than half of these participants self-reported that they received an HIV test in the previous 12 months. Forty-one percent of participants self-reported awareness of PrEP, with awareness higher among women than men. Only 6% reported PrEP use in the past 12 months, with reported use among women slightly higher than men.

[1] Eligible participants were ages 18 and older, lived in the NYC metropolitan statistical area, and reported injecting drugs without a prescription in the previous 12 months. Analyses were limited to those who self-reported a negative or unknown HIV status. Participants were recruited via respondent-driven sampling and estimates are weighted to account for participant network size. Transgender people were excluded due to small sample size (n = 3).

Project EXPAND in NYC

Figure 15. Proportion of People Newly Diagnosed With HIV Interviewed by Project EXPAND[1] in NYC Reporting Select HIV Prevention Activities, Knowledge, or Obstacles in 2024



Project EXPAND is an ongoing project that aims to collect data on social determinants of health and missed opportunities for HIV prevention among priority populations newly diagnosed with HIV. Priority populations include Black and Latino men who have sex with men, Black and Latina women, transgender people, people ages 18 to 29, people who inject drugs, women who exchange sex, people with an incarceration history, and people diagnosed with HIV in the acute stage. In 2024, 180 people participated in Project EXPAND interviews. Findings show missed HIV prevention opportunities among people newly diagnosed with HIV from priority populations, specifically in HIV testing access and PrEP awareness.

[1] Project EXPAND participants who self-identified as nonbinary or genderqueer were excluded from this report due to small sample size.

Technical Notes

About this report: This report provides an overview of the HIV epidemic in NYC from January 1, 2024, to December 31, 2024, using HIV surveillance data. All data are based on information received by the NYC Health Department as of March 31, 2025.

HIV surveillance: The HIV Epidemiology Program in the NYC Health Department's Bureau of Hepatitis, HIV, and Sexually Transmitted Infections manages the NYC HIV Surveillance Registry, a population-based registry of all people diagnosed with AIDS (since 1981) or HIV (since 2000) and reported to the NYC Health Department according to standard Centers for Disease Control and Prevention (CDC) case definitions.[1] The registry contains demographic, HIV transmission category, and clinical information on people diagnosed with HIV, as well as all diagnostic tests, viral load tests, CD4 counts, and HIV genotypes reportable under New York State law. For a list of surveillance definitions and technical notes, see **nyc.gov/hivreports**. While surveillance data show the differential distribution of HIV by gender, race and ethnicity, and age group, they do not assist us in explaining the social and structural factors underlying the differences in the distribution of HIV and how those differences affect important outcomes, such as timely initiation of care and viral suppression, that are known to affect long-term prognosis and epidemic trajectory.

Inclusion criteria: In this report, people characterized as newly diagnosed with HIV were newly diagnosed with HIV by a health care provider located in NYC, regardless of their place of residence. People with an indication of previous HIV diagnosis through health record review, interview, or national deduplication efforts (for example, Routine Interstate Duplicate Review [RIDR]) are not included as newly diagnosed with HIV in this report.

Gender: Since 2005, the NYC HIV Epidemiology Program has routinely collected information on gender for people newly diagnosed with HIV. 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 as nonbinary, genderqueer, gender-nonconforming, or any gender identity not previously listed are classified under the additional gender identities category. Gender identities are based on limited reported HIV surveillance data and are listed without any intended hierarchy or prioritization. Gender categories are mutually exclusive, with people classified under only one gender category. Classifying gender in surveillance requires accurate collection of sex assigned at birth and gender identity data. Data on people's sex assigned at birth and gender identity are

[1] CDC. Revised surveillance case definition for HIV infection — United States, 2014. *MMWR Morb Mortal Wkly Rep*. 2014;63(RR-03):1-10. PMID:**24717910**

collected from their self-reports, their health care providers, or medical chart reviews. This information may or may not be complete or accurately reflect how a person self-identifies. Reported numbers in this report among transgender people and people with additional gender identities are likely to be underestimates.

Race and ethnicity: The NYC HIV Epidemiology Program collects information on race and ethnicity for people newly diagnosed with HIV through medical chart reviews, provider reporting, vital statistics records, and people's self-reports. Black, white, Asian or Pacific Islander, Native American, and multiracial race categories exclude Latino ethnicity. People with Latino ethnicity are classified under the Latino race and ethnicity category in this report, regardless of their race classification. People not identified as Latino who identify with more than one race are classified under multiracial.

Transmission category: The NYC HIV Epidemiology Program collects information 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 history, men who have sex with men and have a history of injection drug use, heterosexual contact, transgender people with sexual contact, perinatal transmission, and other. The men who have sex with men category 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. The injection drug use history category includes people with a history of taking nonprescribed drugs by injection, intravenously, intramuscularly, or subcutaneously, excluding men also reporting a history of sex with men. The men who have sex with men and have an injection drug use history category includes people meeting the definition of both the men who have sex with men category and the injection drug use history category as described above. The heterosexual contact category includes people who had heterosexual sex with a person they know to have HIV, a person they know to have an injection drug use history, or a person they know to have received blood products; for women only, it also includes people with a 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 their medical chart, or sex with a man and no injection drug use history. The transgender people with sexual contact category includes people identified as transgender at any time who reported sexual contact and no injection drug use history. Transgender people with injection drug use history are categorized under the injection drug use history category. The perinatal category includes people who were exposed to HIV during gestation, during birth, or postpartum through breastfeeding. The other category includes people who received

treatment for hemophilia, people who received a transfusion or transplant, people with other health care-associated transmission, and children with nonperinatal transmission. The unknown category includes people for whom the data needed to classify them under one of the above transmission categories were unavailable.

Perinatal and pediatric HIV surveillance: The NYC HIV Epidemiology Program collects data on infants exposed to or diagnosed with HIV and children diagnosed with HIV before 13 years of age through routine HIV and AIDS case surveillance, longitudinal case follow-up, the New York State Department of Health Newborn Screening Program, and CDC-funded special projects related to pediatric HIV. Data are used to monitor perinatal HIV transmission, measure perinatal HIV transmission rates, and describe morbidity and mortality among children with HIV.

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 below the federal poverty level. In this report, ZIP code of residence at diagnosis was used for HIV and AIDS diagnoses; for people with HIV and deaths, ZIP code of residence on most recent record available was used. 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 an NYC Health Department work group.[1]

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.[2] This differs from HIV diagnoses, which is the number of people who were newly diagnosed with HIV in a population in a given period regardless of when they may actually have acquired HIV, which may have been many years prior to their diagnosis.

Acute HIV surveillance: Since 2008, the NYC HIV Epidemiology Program has collected data on people diagnosed in the

[1] 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. **https://www.nyc.gov/assets/doh/downloads/pdf/epi/epiresearch-SES-measure.pdf** [2] 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**

acute stage of HIV. For NYC's acute HIV infection case definition, see **nyc.gov/assets/doh/downloads/pdf/ah/definition-acute-hiv-infection.pdf**.

Death data: Deaths among people with HIV occurring in NYC are included in this report 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. Deaths among people with HIV occurring outside NYC are included in this report through matches with the U.S. Social Security Administration's Death Master File and the 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]

Medical Monitoring Project: The Medical Monitoring Project (MMP) is a national, ongoing supplemental surveillance activity sponsored by the CDC and designed to collect data to better understand the health behaviors, outcomes, and needs of people with HIV. NYC is one of 23 MMP sites. A two-stage sampling design is used to obtain a probability sample of in-care and out-of-care adults with HIV known to the NYC HIV Surveillance Registry. The project is cross-sectional and conducted yearly. For more information on MMP, see **cdc.gov/hiv-data/mmp**.

National HIV Behavioral Surveillance: National HIV Behavioral Surveillance (NHBS) is a national, ongoing surveillance activity sponsored by the CDC and designed to collect data to better understand behaviors related to HIV risk, HIV testing, and the receipt or use of HIV prevention services and strategies. NYC is one of 19 NHBS sites. Surveillance is conducted in

[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**

Technical Notes

rotating annual cycles in three different populations: gay and bisexual men and other men who have sex with men; people who inject drugs; and heterosexual people at increased risk of HIV. For more information on NHBS, see **cdc.gov/hiv-data/nhbs**.

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.
- **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.[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] Viral suppression estimates in the care continuum are among all people with HIV in NYC. These differ from Figures 10.3 and 10.4, which show viral suppression among people in HIV medical care in the calendar year.

[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.

HIV Provider Reporting

New York State (NYS) Public Health Law requires health care providers and laboratories to report HIV and AIDS diagnoses.

Health care providers: NYS law requires providers to report within seven days of diagnosis or receipt of laboratory results:

- New HIV diagnoses
- New AIDS diagnoses (if the patient has less 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:

1. 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 **hivguidelines.org/collection**; for further assistance, call the NYS Department of Health at 518-474-4284)
2. 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 completed forms to the NYC Health Department at 347-396-8816. To protect patient confidentiality, forms must not be mailed to the NYC Health Department.

Laboratories: NYS law requires laboratories to report:

- Preliminary positive HIV test results, confirmatory HIV diagnoses, and HIV-1/2 differentiation assays
- All results of RNA or DNA HIV nucleic acid testing (including qualitative, quantitative, and undetectable results)
- CD4 counts and percentages
- HIV nucleotide sequences generated by genotype testing

Laboratories must submit the above information electronically using the NYS Electronic Clinical Laboratory Reporting System (ECLRS).

HIV Provider Reporting

Providers should notify their patient diagnosed with HIV that they may be contacted by NYC Health Department staff who can assist them to confidentially notify their partners and get linked to care.

Notifying partners: People diagnosed with HIV may inform their sexual and needle-sharing partners that they may have been exposed to HIV. Alternatively, they may share their partners' names and contact information with their health care provider, who must submit this information using the Provider HIV/AIDS and Partner/Contact Report Form (DOH-4189) or by calling the NYC Health Department's Assess.Connect.Engage. (ACE) Team at 347-396-7601.

Public health advisors from the NYC Health Department's Assess.Connect.Engage. (ACE) Team will reach out to named partners to link them to HIV prevention, testing, treatment, and supportive services, as needed.

Linkage to care and support: Assess.Connect.Engage. (ACE) Team staff link people newly diagnosed with HIV to HIV care and treatment and other supportive services, including case management, housing assistance, and mental health services.

Additional Resources

HIV Care Status Report System: The HIV Care Status Report (CSR) system is available to all NYC providers who give HIV care to people with HIV in NYC. NYC providers can submit information on patients who have been out of care at their facility for six months or more to the NYC HIV Epidemiology Program to be queried against the HIV surveillance registry for care status report, which can help guide providers on next steps. Queries are returned with care status outcomes, including: follow-up needed; possibly in care; established in care; no follow-up needed — deceased; and non-case. The outcomes are based on HIV-related laboratory test data (CD4 counts and viral load tests) reported to the NYC HIV surveillance system and information on vital status. For more information on how to submit patient information for a CSR request, please contact us at **csr@health.nyc.gov**. For further information on the CSR, see **nyc.gov/site/doh/health/health-topics/aids-hiv-care-status-reports-system.page**.

HIV Care Continuum Dashboards: The HIV Care Continuum Dashboards use NYC HIV surveillance data to show the performance of providers who give HIV care to people with HIV in NYC. The goal of these dashboards is to improve HIV care and accelerate efforts to end the HIV epidemic in NYC. The dashboards contain information on how quickly people newly diagnosed with HIV are linked to care and how well their viral loads are controlled. At the time of this report's publication, data are available for 61 NYC HIV care providers. For further information on the HIV Care Continuum Dashboards, see **nyc.gov/site/doh/health/health-topics/care-continuum-dashboard.page**.

HIV in NYC: Statistics and Reports: The NYC HIV Epidemiology Program uses NYC HIV surveillance data to produce routine reports that describe HIV epidemiology in NYC. These reports include information on people newly diagnosed with HIV, care outcomes among people newly diagnosed with HIV, care outcomes among people diagnosed with HIV, and deaths among people with HIV. For more information and access to these reports, see **nyc.gov/hivreports**.

Additional NYC Health Department resources on HIV and sexual health in NYC:
For information on the NYC Health Department, see **nyc.gov/health**.
For information on HIV, including HIV prevention, testing, and treatment, see **nyc.gov/health/hiv**.
For information on sexual health, see **nyc.gov/sexualhealth**.
For information on NYC Sexual Health Clinics, see **nyc.gov/sexualhealthclinics**.

Additional Resources

Additional NYC Health Department data resources:

For NYC Health Department datasets, see **nyc.gov/site/doh/data/data-sets/data-sets-and-tables.page**.

Additional HIV resources:

For national HIV surveillance information and data, see **cdc.gov/hiv-data**.

For New York State's Ending the Epidemic (ETE) Dashboard, see **etedashboardny.org**.

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