HIV Surveillance Midyear Report, 2025

New York City Department of Health and Mental Hygiene

NYC Health

Introduction

The New York City Health Department's midyear HIV surveillance data from 2025 provides an overview of the HIV epidemic in NYC as of the period January 1, 2025, to June 30, 2025. Data are based on information received by the NYC Health Department as of September 30, 2025. These data represent a midyear snapshot of select statistics related to HIV in NYC. Please be cautious about extrapolating these half-year data to the full calendar year.

To view the data, visit **on.nyc.gov/hiv-midyear-2025**.

For all NYC HIV statistics and reports, visit **nyc.gov/hivreports**.

Technical Notes

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 (NYS) law. For a list of surveillance definitions and technical notes, see "Glossary" at **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 important outcomes, such as timely initiation of care and viral suppression, that are known to affect long-term prognosis among people with HIV and the trajectory of the HIV epidemic.

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 Health Department 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 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

[1] CDC. Revised surveillance case definition for HIV infection — United States, 2014. *MMWR Morb Mortal Wkly Rep*. April 11, 2014;63(RR-03):1-10. PMID:**24717910**

people with additional gender identities are likely to be underestimates.

Race and ethnicity: The NYC Health Department 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.

Neighborhood poverty: Neighborhood 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 neighborhood poverty categories in NYC were defined by an NYC Health Department work group.[2]

Transmission category: The NYC Health Department 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 an injection drug use history, heterosexual contact, transgender people and people with additional gender identities 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 or anal 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

[2] Toprani A, Hadler JL. Selecting and applying a standard area-based socioeconomic status measure for public health data: analysis for New York City. NYC Dept of Health and Mental Hygiene: Epi Research Report; May 2013. **https://www.nyc.gov/assets/doh/downloads/pdf/epi/epiresearch-SES-measure.pdf**

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 and people with additional gender identities with sexual contact category includes people identified as transgender or as having an additional gender identity at any time who reported sexual contact and no injection drug use history. Transgender people and people with additional gender identities 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 not available.

Perinatal and pediatric HIV surveillance: The NYC Health Department 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 NYS 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.

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.

HIV Provider Reporting

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 either:

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** or 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, completed 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).

For information on reporting HIV and AIDS diagnoses, see **nyc.gov/health/hivproviderreporting**.

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.

Notify 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 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: ACE Team staff link people newly diagnosed with HIV and those presumed to be out of care to HIV care and treatment and other supportive services, including case management, housing assistance, and mental health services. 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.

Additional Resources

HIV Care Status Reports: The NYC Health Department's HIV Care Status Reports assist health care providers, health facilities, and care coordinators seeking to reengage people with HIV who appear to be out of HIV care.

To request HIV Care Status Reports, providers and facilities securely submit lists of patients to the NYC Health Department electronically, including patients who appear to be out of HIV care for at least six months. The NYC Health Department matches the lists with information in the NYC HIV Surveillance Registry and other data sources, and securely sends patients' HIV Care Status Reports to providers. HIV care statuses in the reports include: established in care; possibly in care; follow-up needed; no follow-up needed — deceased; and non-case. For more detailed information on how to submit patient information for a request, please contact **csr@health.nyc.gov**. Please do not send patient names or other personal identifiers via email. Providers or facilities with urgent HIV Care Status Report requests (for example, the status of a pregnant person) should call the NYC Health Department at 212-422-3388 for assistance. For further information on HIV Care Status Reports, see **nyc.gov/HIVCareStatusReports**.

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 provider-specific information, including:

- Proportion of people newly diagnosed with HIV who:
  - Initiated care within 30 days of a diagnosis
  - Were virally suppressed (viral load value less than 200 copies per milliliter) within three months of a diagnosis
- Proportion of people in care who were virally suppressed

For more information on the HIV Care Continuum Dashboards, see **nyc.gov/HIVCareContinuum**. If you have questions about the dashboards, email **hivccd@health.nyc.gov**.

HIV in NYC: Statistics and Reports: The NYC Health Department 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 Resources

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 testing, treatment, and prevention, 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 NYC Health Department data resources:

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

Additional HIV resources:

For the NYS Ending the Epidemic (ETE) Dashboard, see **etedashboardny.org**.

For NYS HIV statistics and reports, see **health.ny.gov/diseases/aids/general/statistics**.

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