HIV Among People With Perinatally Transmitted HIV – New York City, 2024

HIV Epidemiology Program
New York City Department of Health and Mental Hygiene
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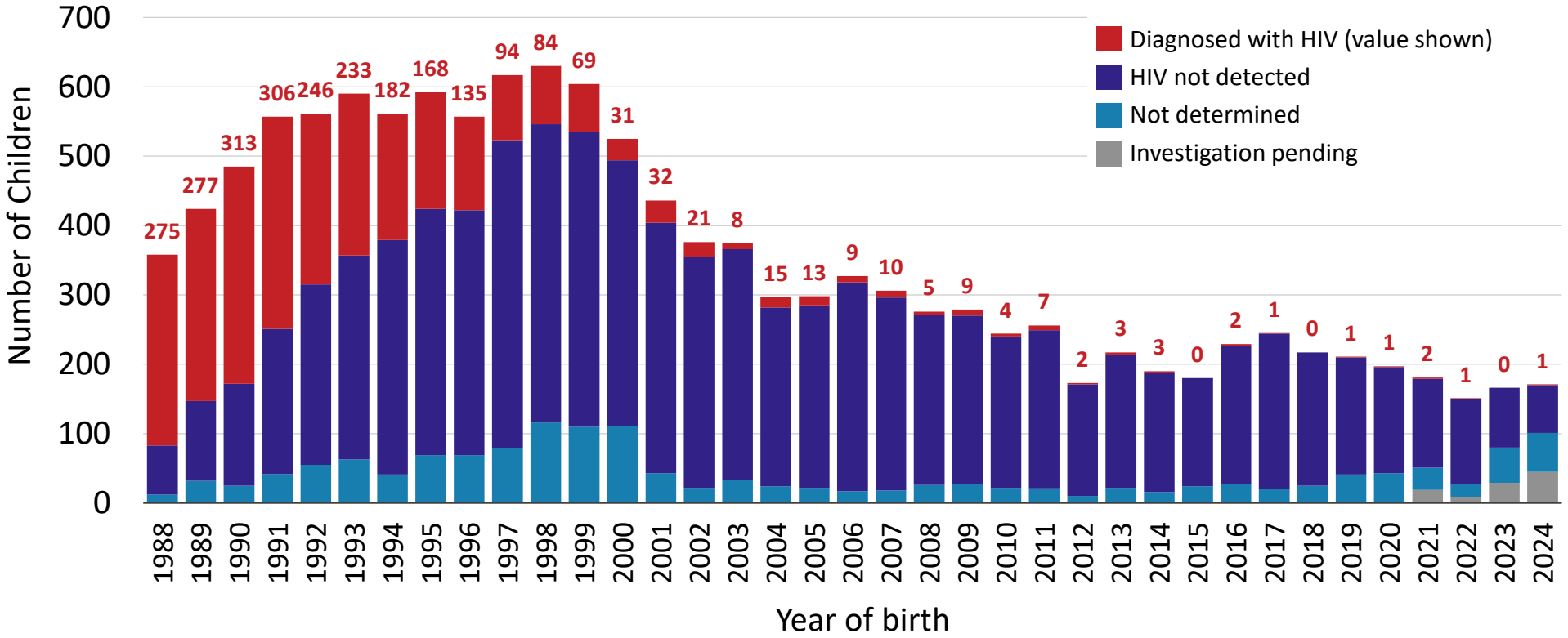

Milestones in Reduction of Perinatal HIV Transmission

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 NYS.

1999: NYS 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 among HIV-exposed births born to people[2] with HIV at select New York City medical facilities,[3] less than 1% of infants born to people with HIV (i.e., HIV exposed) were diagnosed with HIV. The small number of infants with HIV reflects the success of perinatal HIV prevention interventions.

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 "investigation pending" or "not determined" 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, 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.

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

Basic Statistics Among People With Perinatally Transmitted HIV – New York City, 2024

- **1 child newly diagnosed with perinatally transmitted HIV**
- **14 people originally diagnosed with perinatally transmitted HIV were newly diagnosed with AIDS**
- **9 deaths among people with perinatally transmitted HIV**

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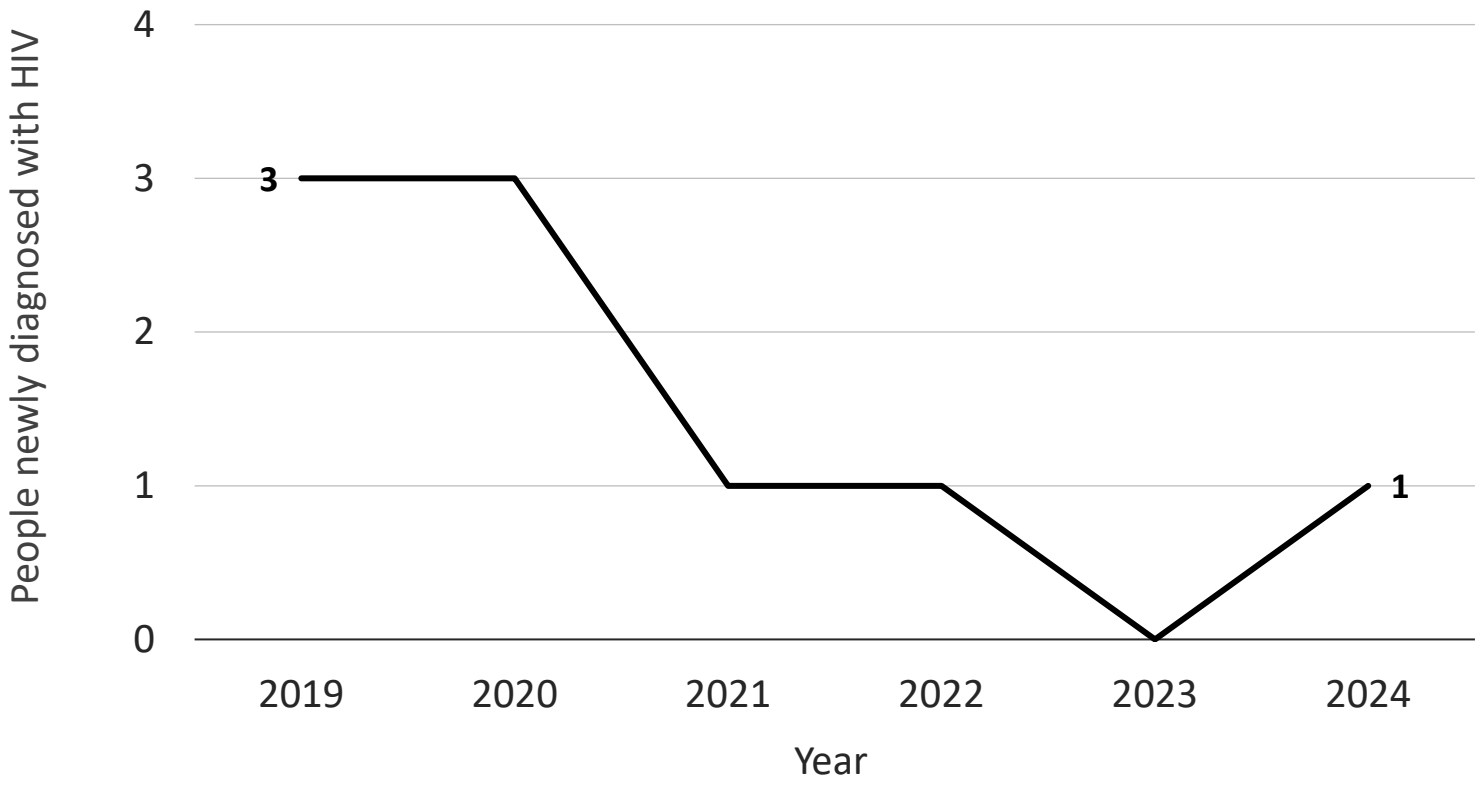
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.

Number of New HIV Diagnoses Among Children With Perinatally Transmitted HIV – New York City, 2019-2024



Children newly diagnosed with perinatally transmitted HIV

The number of new HIV diagnoses among children with perinatally transmitted HIV in New York City remained low, with one child newly diagnosed in 2024.

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

Care Outcomes Among People With Perinatally Transmitted HIV

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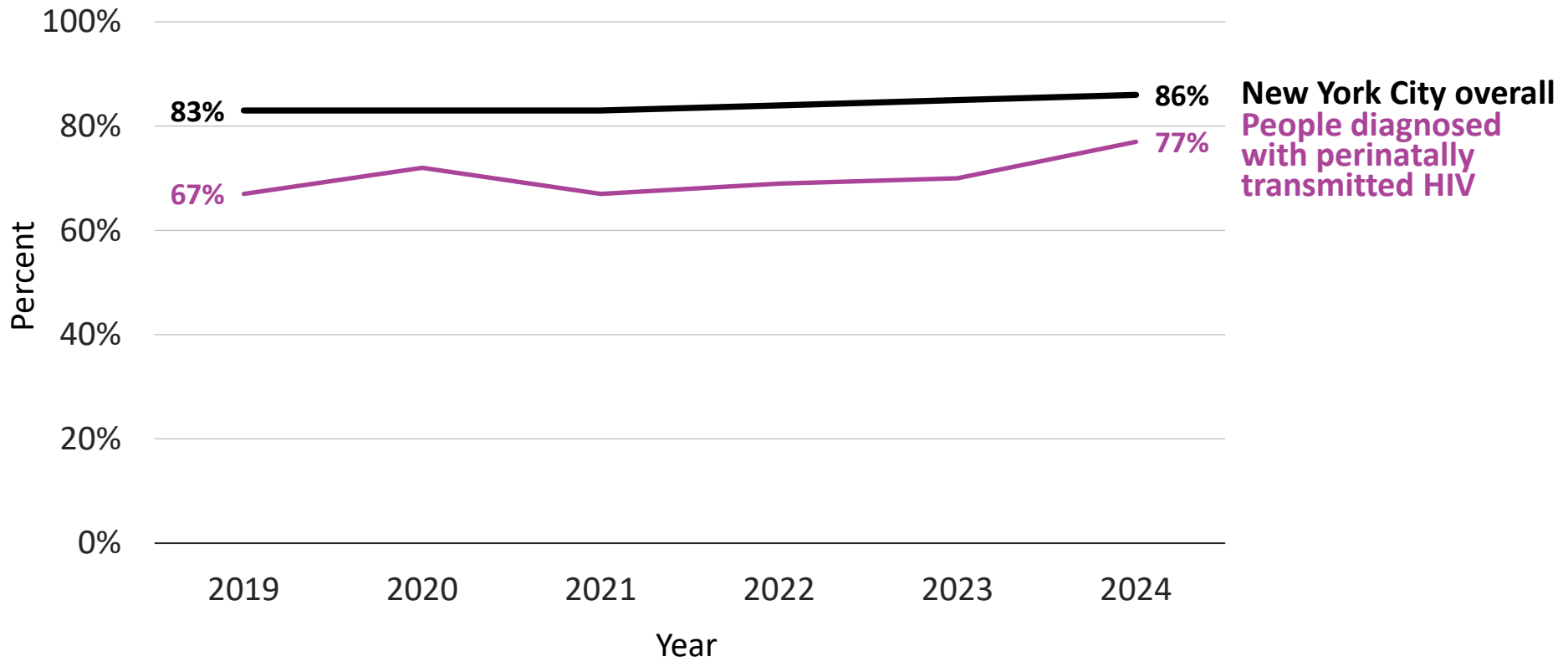
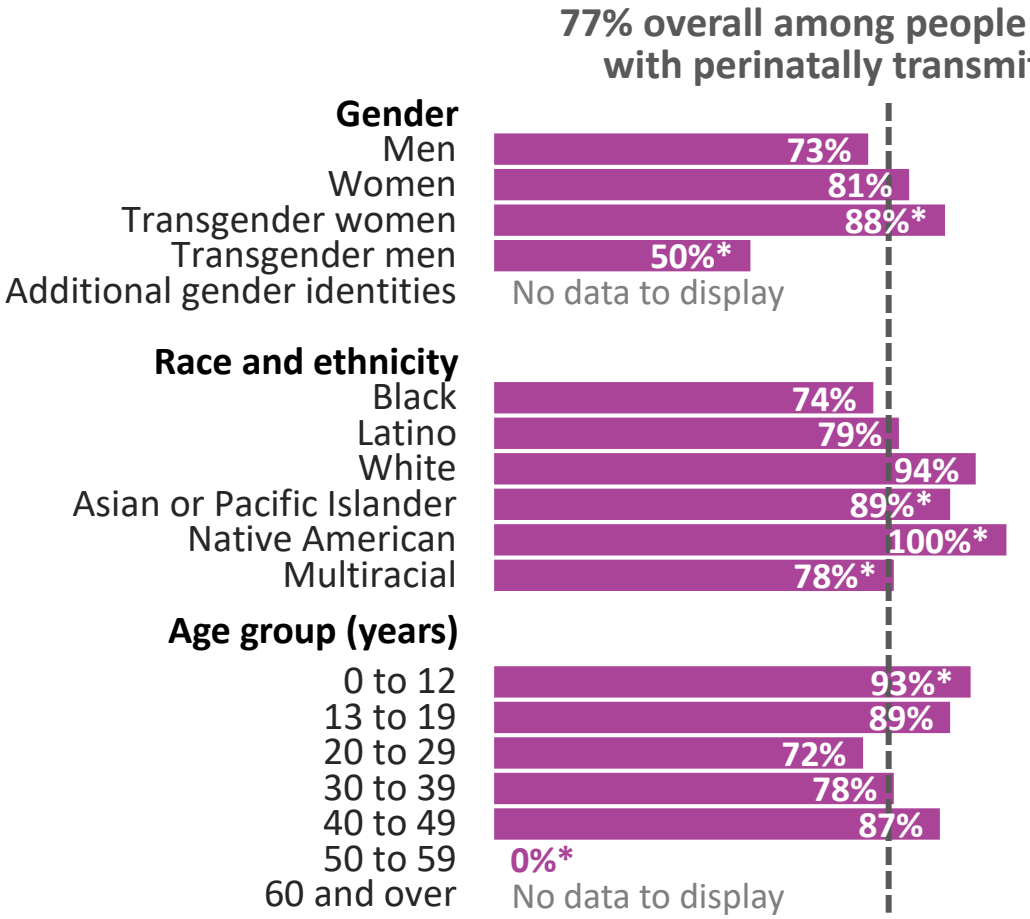
Viral Suppression[1] Among People Diagnosed With Perinatally Transmitted HIV[2] and Overall – New York City, 2019-2024

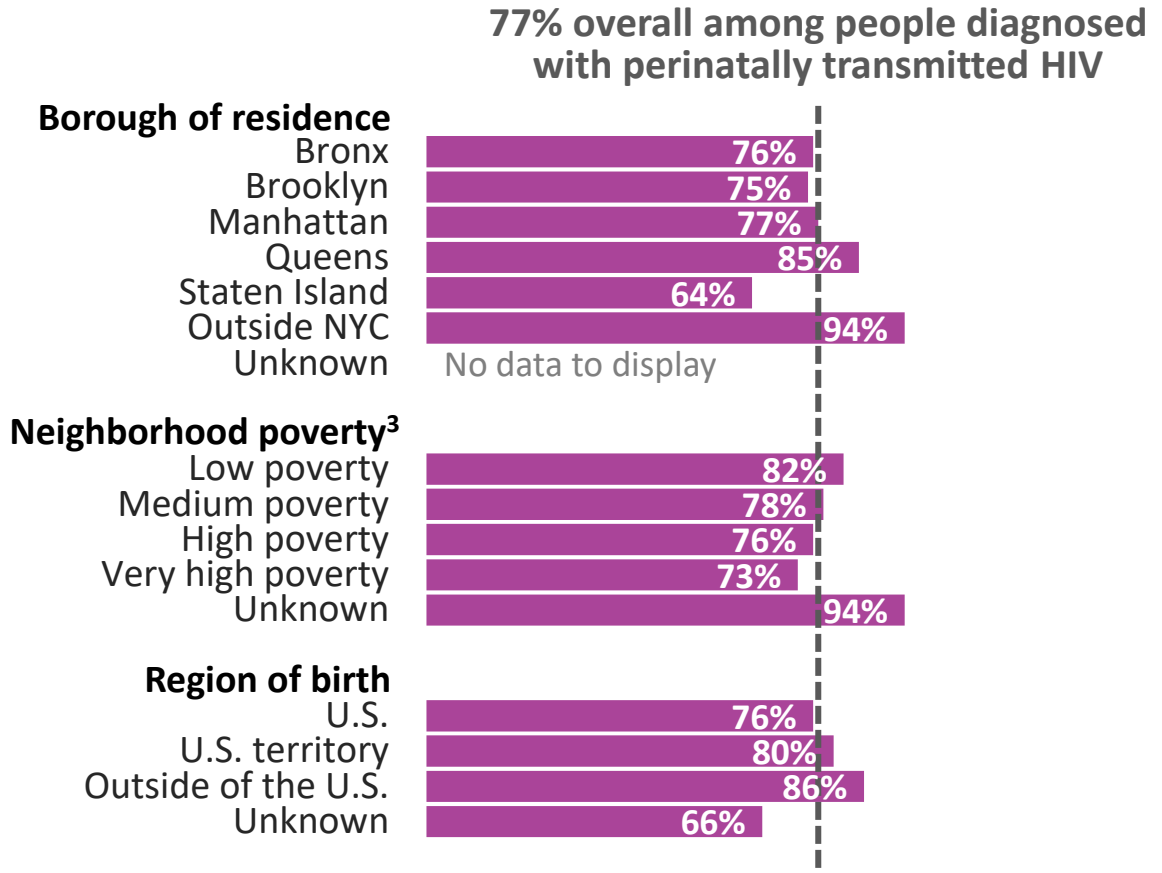


From 2019 to 2024, viral suppression increased by ten percentage points among people diagnosed with perinatally transmitted HIV and was lower than New York City overall.

[1]Viral suppression is defined as the last HIV viral load in the calendar year <200 copies/mL.
[2]People diagnosed with HIV and viral suppression were calculated using the statistical weighting method. For more details and references, see Technical Notes.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.

Viral Suppression[1] Among People Diagnosed With Perinatally Transmitted HIV[2] by Demographic Group – New York City, 2024

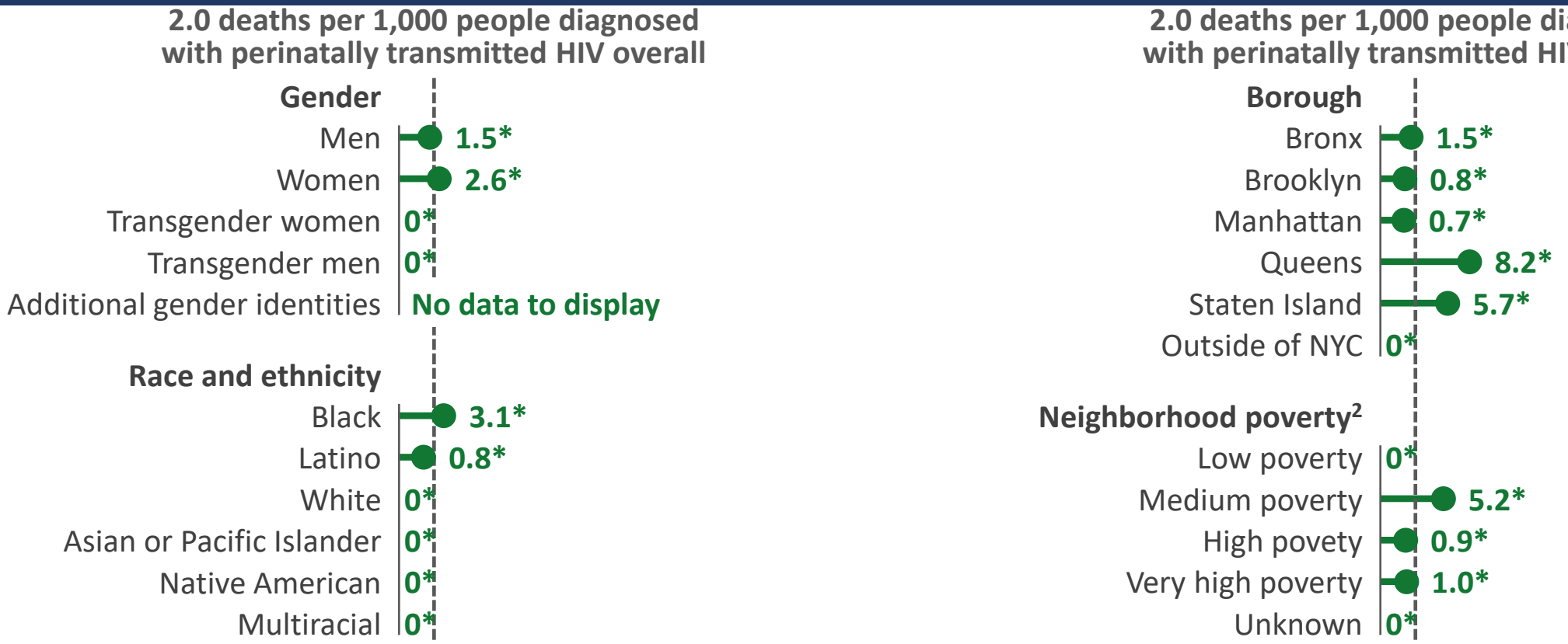




Differences in viral suppression exist across demographic groups among people diagnosed with perinatally transmitted HIV.

[1]Viral suppression is defined as the last HIV viral load in the calendar year <200 copies/mL. People diagnosed at death have been excluded.
[2]People diagnosed with HIV and viral suppression were calculated using the statistical weighting method. For more details and references, see Technical Notes.
[3]Neighborhood poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis. Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty=≥30% below FPL.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.

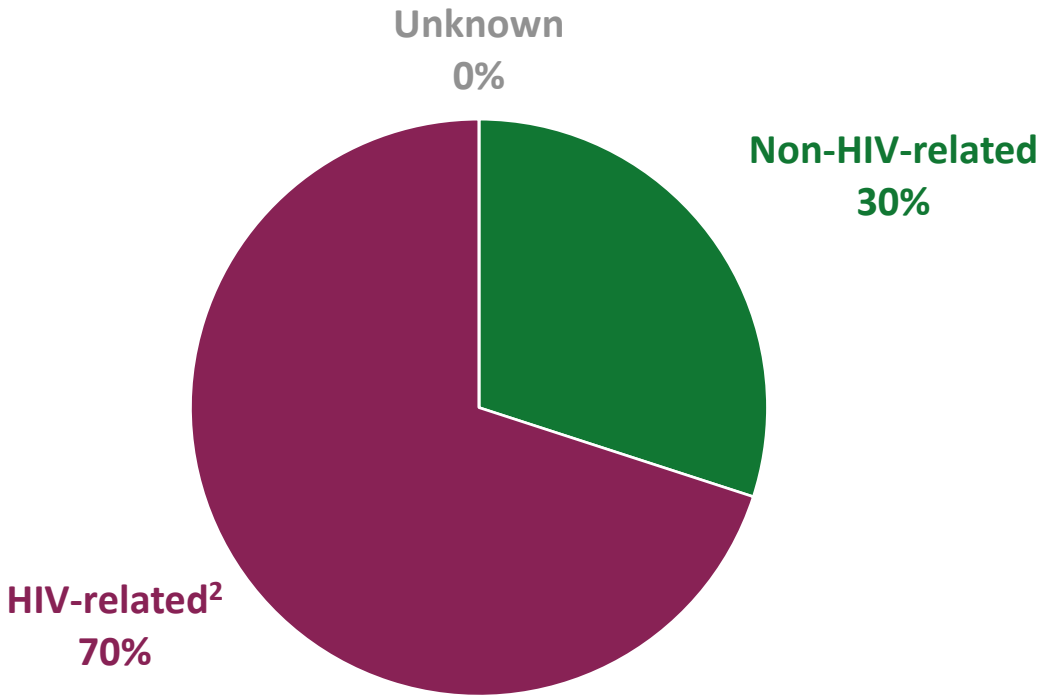
Age-Adjusted[1] Death Rate per 1,000 People Diagnosed with Perinatally Transmitted HIV by Demographic Group – New York City, 2024



Differences in the age-adjusted death rate exist across demographic groups among people diagnosed with perinatally transmitted HIV in New York City.

*Data should be interpreted with caution because of small population size.
[1]Age-adjusted to the standard 2000 U.S. population. People with ages outside of 10 to 39 and those newly diagnosed with HIV at death were excluded from the numerator.
[2]Neighborhood poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.
Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty=≥30% below FPL.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.

Proportion of Deaths Among People Diagnosed with Perinatally Transmitted HIV by Cause of Death – New York City, 2023[1]



In 2023, among the 27 people with perinatally transmitted HIV who died, only 30% of deaths were due to non-HIV-related causes. The top non-HIV-related cause was non-HIV-related cancer (25%).

[1]Cause of death data are not yet available for 2024.
[2]ICD10 codes B20-B24 were used to denote HIV-related deaths. For technical notes on cause of death by the NYC Health Department's Office of Vital Statistics, see nyc.gov/assets/doh/downloads/pdf/vs/2022sum.pdf.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2025.

Appendix: How to Find Our Data

The New York City Department of Health and Mental Hygiene (NYC Health Department) issues the various publications related to our HIV surveillance data, including:

- **Annual HIV surveillance reports, surveillance slide sets,** and **statistics tables**, *available at*: https://www.nyc.gov/site/doh/data/data-sets/hiv-aids-surveillance-and-epidemiology-reports.page
- **HIV Care Status Reports**, *available at:* https://www.nyc.gov/site/doh/health/health-topics/aids-hiv-care-status-reports-system.page
- **HIV Care Continuum Dashboards**, *available at:* https://www.nyc.gov/site/doh/health/health-topics/care-continuum-dashboard.page

For HIV surveillance data requests, email HIVReport@health.nyc.gov. Please allow a minimum of two weeks for requests to be completed.

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Appendix: Technical Notes

- **Inclusion criteria:** NYC HIV surveillance data include all people who are diagnosed with HIV by a provider located in NYC, regardless of their place of residence. NYC HIV surveillance investigates all people who were previously unknown to the NYC HIV Surveillance Registry. People who have an indication of previous HIV diagnosis, through health record review, interview, or federal duplication efforts (e.g., Routine Interstate Duplicate Review [RIDR]), are not included under people newly diagnosed with HIV in this report.
- **HIV Incidence:** HIV incidence is the number of people who acquired HIV in a population in a given period (such as a calendar year) as estimated based on a CD4 depletion model.[1] This differs from HIV diagnoses, which is the number of people who were newly diagnosed with HIV in a population in a given period (such as a calendar year), regardless of when they may actually have acquired HIV, which may have been many years prior to their diagnosis.
- **Gender Identity:** NYC HIV surveillance has routinely collected information on gender identity since 2005 for newly reported cases. This report displays the following gender categories: men, women, transgender women, transgender men, and additional gender identities. In this report, people whose current gender identity differs from their sex assigned at birth are considered transgender people, and people who reported a nonbinary, genderqueer, gender nonconforming or any gender identity not previously listed are grouped under additional gender identities. Gender identities listed here are included without any intended hierarchy or prioritization – and are based on limited data reported to HIV surveillance. Classifying gender in surveillance requires accurate collection of sex assigned at birth and gender identity. Sex assigned at birth and gender information are collected from people's self-reports, their health care providers, or medical chart reviews. This information may or may not be complete or reflect self-identification. Reported numbers in this report among transgender people and people with additional gender identities are likely to be underestimates.
- **Race and Ethnicity:** NYC HIV surveillance collects data on race and ethnicity from multiple sources, including medical charts, provider reporting, vital statistics records, and patient interviews. Black, white, Asian or Pacific Islander, Native American, and multiracial race categories exclude Latino ethnicity. People with the ethnicity Latino are grouped in the Latino race and ethnicity category, regardless of their race classification. People not identified as Latino who identify with more than one race are classified under multiracial.
- **Area-Based Poverty:** Area-based poverty is based on NYC ZIP code of residence and is defined as the percentage of the population in a ZIP code with a household income that is below the federal poverty level. In this report, for HIV and AIDS diagnoses, ZIP code of residence at diagnosis; for people with HIV and deaths, ZIP code of residence on most recent record available. This measure is not available for people missing a ZIP code or living outside NYC. Income data used in this report are from the five-year American Community Survey (ACS) estimates centered on the year of the numerator data (for example, 2019 to 2023 ACS five-year estimate for 2021 data); if the preferred five-year file was not available, the most recent five-year ACS file was used. Cut points for area-based poverty categories in NYC were defined by a NYC Health Department work group.[2]

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[1]Source: NYC HIV Surveillance Registry; method: Song R, Hall HI, Green TA, Szwarcwald CL, Pantazis N. Using CD4 data to estimate HIV incidence, prevalence, and percent of undiagnosed infections in the United States. J Acquir Immune Defic Syndr. 2017;74(1):3-9. doi: 10.1097/QAI.0000000000001151 [2]Toprani A, Hadler JL. Selecting and applying a standard area-based socioeconomic status measure for public health data: analysis for New York City. NYC Dept of Health and Mental Hygiene: Epi Research Report; May 2013.

Appendix: Technical Notes

- **Transmission Category:** NYC HIV surveillance collects data on behaviors possibly related to HIV transmission that occurred any time prior to diagnosis. Transmission categories include men who have sex with men, injection drug use, men who have sex with men and inject drugs, heterosexual contact, transgender people with sexual contact, perinatal transmission, and other. Men who have sex with men includes men with reported sexual contact with another man, and men with a history of a rectal sexually transmitted infection or proctitis and no other definitive transmission category. Injection drug use includes people with a history of taking nonprescribed drugs by injection, intravenously, intramuscularly or subcutaneously, excluding men reporting a history of sex with men. Men who have sex with men and inject drugs includes people meeting the definition of both the men who have sex with men and injection drug use categories as described above. Heterosexual contact includes people who had heterosexual sex with a person they know to have HIV, a person they know to have injected drugs, or a person they know to have received blood products. For women only, it also includes history of sex work, multiple sex partners, sexually transmitted infection, crack or cocaine use, sex with a bisexual man, probable heterosexual transmission as noted in a medical chart, or sex with a man and no injection drug use history. Transgender people with sexual contact includes people identified as transgender at any time who have reported sexual contact and no injection drug use history. Transgender people with injection drug use history are categorized under injection drug use history. Perinatal includes people who were exposed to HIV during gestation, birth or postpartum through breastfeeding to a parent with HIV. Other includes people who received treatment for hemophilia, people who received a transfusion or transplant, people with other health care-associated transmission, and children with non-perinatal transmission. Unknown includes people for whom data are not available to classify them in one of the transmission categories described above.
- **Death Data:** NYC HIV surveillance collects data on deaths among people with HIV occurring in NYC through matches with the NYC Vital Statistics registry, medical chart reviews, and provider reports, including on autopsies of people with HIV by the NYC Office of Chief Medical Examiner. Data on deaths occurring outside NYC are from matches with the U.S. Social Security Administration's Death Master File and CDC's National Death Index. At the time of publication of this report, death data for the reporting period are incomplete. They include preliminary NYC death data, National Death Index data, and partial Death Master File data.
- **Cause of Death:** In this report, cause of death is a person's underlying cause of death. For deaths occurring between 1984 and 1986, ICD-9 code 279.1 was used to denote AIDS-related deaths. For deaths occurring between 1987 and 1998, ICD-9 codes 042-044 were used to denote HIV- or AIDS-related deaths. For deaths occurring between 1999 and the most recent year, ICD-10 codes B20-B24 were used to denote HIV/AIDS-related deaths. For technical notes on cause of death by the NYC Health Department's Bureau of Vital Statistics, see nyc.gov/assets/doh/downloads/pdf/vs/2022sum.pdf. HIV infection and its management may contribute to causes of death classified as non-HIV-related, such as cardiovascular disease and certain cancers.[1,2]

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[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

Appendix: Reporting HIV and AIDS Diagnoses for Health Care Providers

New York State (NYS) law requires health care providers to report HIV and AIDS diagnoses.

NYS Public Health Law[1] requires providers to report within seven days of diagnosis or receipt of laboratory results:

- New HIV diagnoses
- New AIDS diagnoses (if the patient has fewer than 200 CD4 cells per µL or an AIDS-related opportunistic infection)
- Previously diagnosed HIV or AIDS (if seeing the patient for the first time)

Providers must report within 24 hours of diagnosis:

- Acute HIV infections

Submit reports using the NYS Medical Provider HIV/AIDS and Partner/Contact Report Form (DOH-4189) by:

- Submitting the form electronically through the NYS Health Commerce System's Provider Portal at commerce.health.state.ny.us. For assistance with the portal, see the provider reporting guide at Provider Reporting Guide or call the NYS Department of Health at 518-474-4284.
- Obtaining paper forms from the NYC Health Department and arranging for the pickup of completed paper forms by calling 212-442-3388. You may also fax the completed form to the NYC Health Department at 347-396-8816. To protect patient confidentiality, completed forms must not be mailed to the NYC Health Department.

For more information and resources on reporting HIV and AIDS diagnoses, scan the QR code or visit: nyc.gov/health/hivproviderreporting

Providers should notify their patients newly diagnosed with HIV that they may be contacted by NYC Health Department's Assess.Connect.Engage. (ACE) Team who can assist them and their partners to:

- Assess health care and supportive service needs
- Connect patients who did not receive their HIV test results or missed their first medical appointment to HIV care
- Engage patient's partners in HIV testing, prevention, treatment, and supportive services, as needed

To contact the ACE Team, call 347-396-7601 Monday to Friday from 9 a.m. to 5 p.m. or email ACE@health.nyc.gov.

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[1]For further details on applicable NYS Public Health Law, see health.ny.gov/diseases/aids/providers/regulations/partner_services/

Appendix: Acknowledgements

This report was prepared by the HIV Epidemiology Program in the NYC Health Department's Bureau of Hepatitis, HIV, and Sexually Transmitted Infections. We would like to acknowledge staff in the HIV Epidemiology Program's Surveillance Unit, ACE Team, Core HIV Surveillance Special Projects, and Data Support Unit, whose work is the foundation of this report.

The HIV Epidemiology Program's work depends on the participation of NYC providers, New Yorkers with HIV, community members and multiple other contributors. To them we are immensely indebted. Thank you.