

HIV among women in New York City, 2022

HIV Epidemiology Program

New York City Department of Health and Mental Hygiene

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<https://www.nyc.gov/site/doh/data/data-sets/hiv-aids-surveillance-and-epidemiology-reports.page>



Bureau of Hepatitis, HIV, and Sexually Transmitted Infections

Envisioning a New York City without transmission or illness related to viral hepatitis, HIV, and sexually transmitted infections.

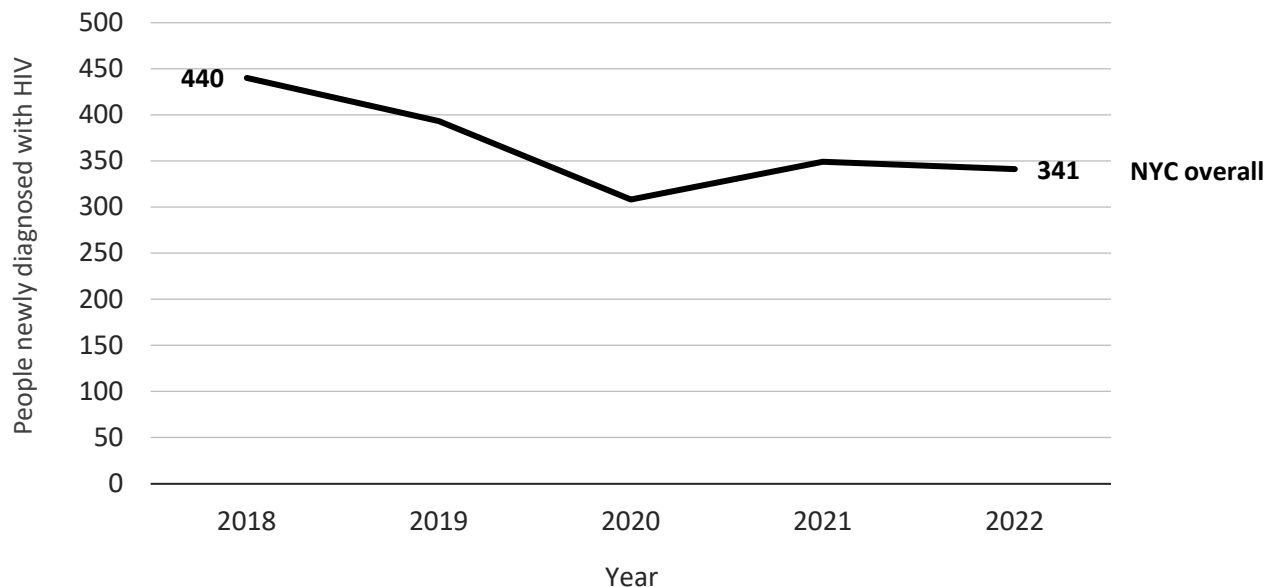
Table of contents

Description	Slide number
Number of new HIV diagnoses among women in New York City	4
Rate of new HIV diagnoses per 100,000 women in New York City	5
Basic statistics of HIV among women in New York City	6
Number of new HIV diagnoses among women in New York City	
by gender	7
by race or ethnicity	8
by age group	9
by race or ethnicity and age group	10
by borough	11
by area-based poverty	12
by transmission category	13
by place of birth	14
Proportion of women newly diagnosed with HIV and all women in New York City	
by race or ethnicity	15
by age group	16
by borough	17
by area-based poverty	18
Rate of new HIV diagnoses per 100,000 women in New York City	
by race or ethnicity	19
by age group	20
by borough	21
by area-based poverty	22

Table of contents

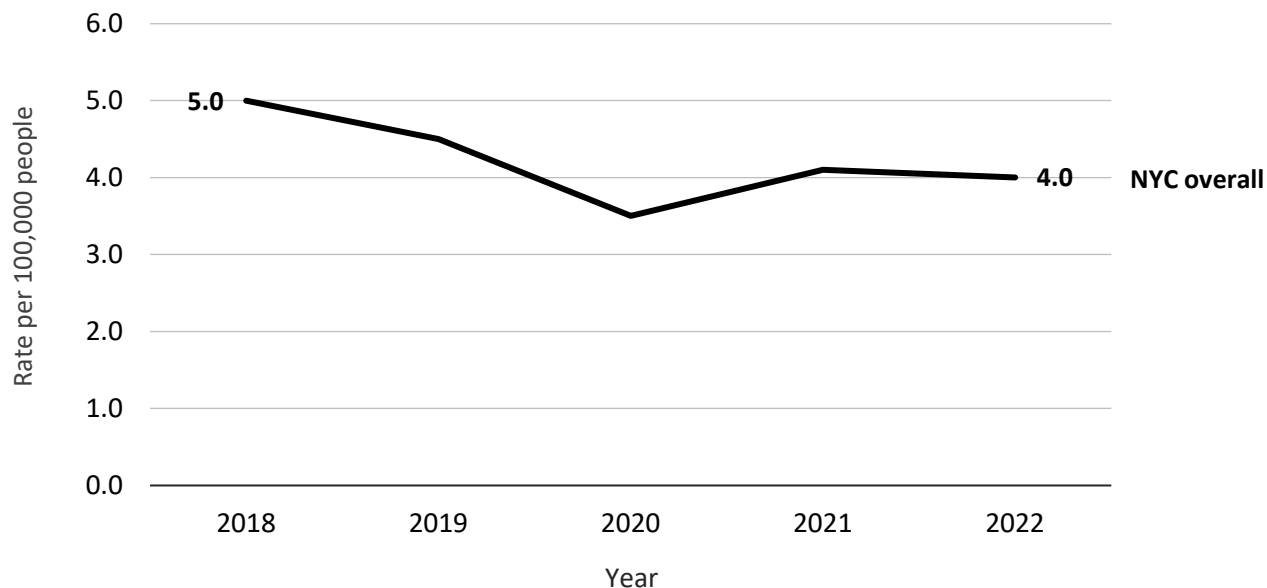
Description	Slide number
Timely initiation of care among women newly diagnosed with HIV	
in New York City	24
in New York City by demographic groups	25
In New York City by United Hospital Fund Neighborhood	26
Viral suppression within three months among women newly diagnosed with HIV	
in New York City	27
in New York City by demographic groups	28
In New York City by United Hospital Fund Neighborhood	29
Viral suppression among women with diagnosed HIV	
in New York City	31
in New York City by demographic groups	32
in New York City by United Hospital Fund Neighborhood	33
Proportion of women with HIV in stages of the HIV care continuum	
in New York City overall and by race or ethnicity	34
Age-adjusted death rate per 1,000 women with HIV	
in New York City	35
in New York City by demographic groups	36
in New York City by United Hospital Fund Neighborhood	37
Proportion of deaths among women with HIV in New York City	
by cause of death	38
Appendices	
How to find our data	39
Methodology and definitions	40
Technical notes on the HIV care continuum	41

Number of new HIV diagnoses among women¹ in New York City, 2018-2022



The number of new HIV diagnoses among women in New York City decreased by 23% from 2018 to 2022. The lowest number of diagnoses occurred in 2020, the year COVID-19 was first detected in New York City.

Rate of new HIV diagnoses¹ per 100,000 women² in New York City, 2018-2022



The rate of new HIV diagnoses among women in New York City decreased by 20% from 2018 to 2022.

Basic statistics of HIV among women¹ in New York City, 2022

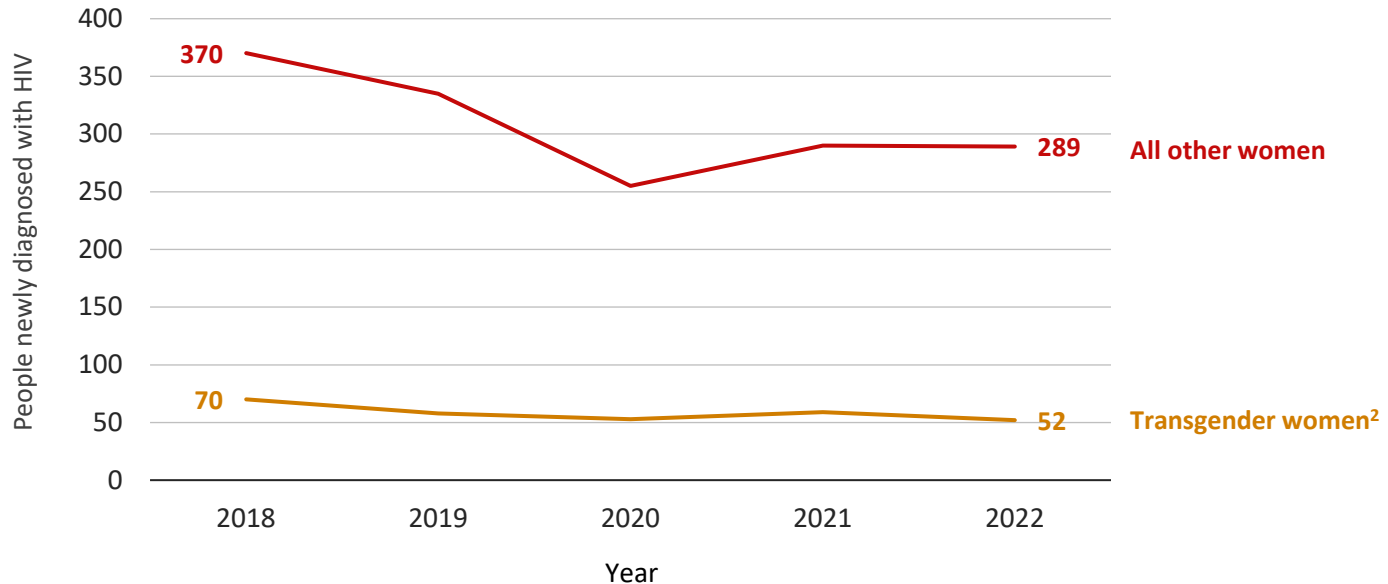
- **341 women newly diagnosed with HIV**
 - Including 74 women concurrently diagnosed with AIDS (21.7% of diagnoses)
- **274 women newly diagnosed with AIDS**
- **24,900 women with HIV²**
- **475 deaths among women with HIV**
 - 8.4 deaths per 1,000 women with HIV³

¹Women includes transgender women.

²Approximate value calculated as the number of people with HIV divided by the estimated proportion of people with HIV who had been diagnosed, see Technical Notes for more details.

³Age-adjusted to the 2000 U.S. Standard Population. People newly diagnosed with HIV at death were excluded from the analysis. Death data for 2022 are incomplete. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

Number of new HIV diagnoses among women¹ in New York City by gender, 2018-2022

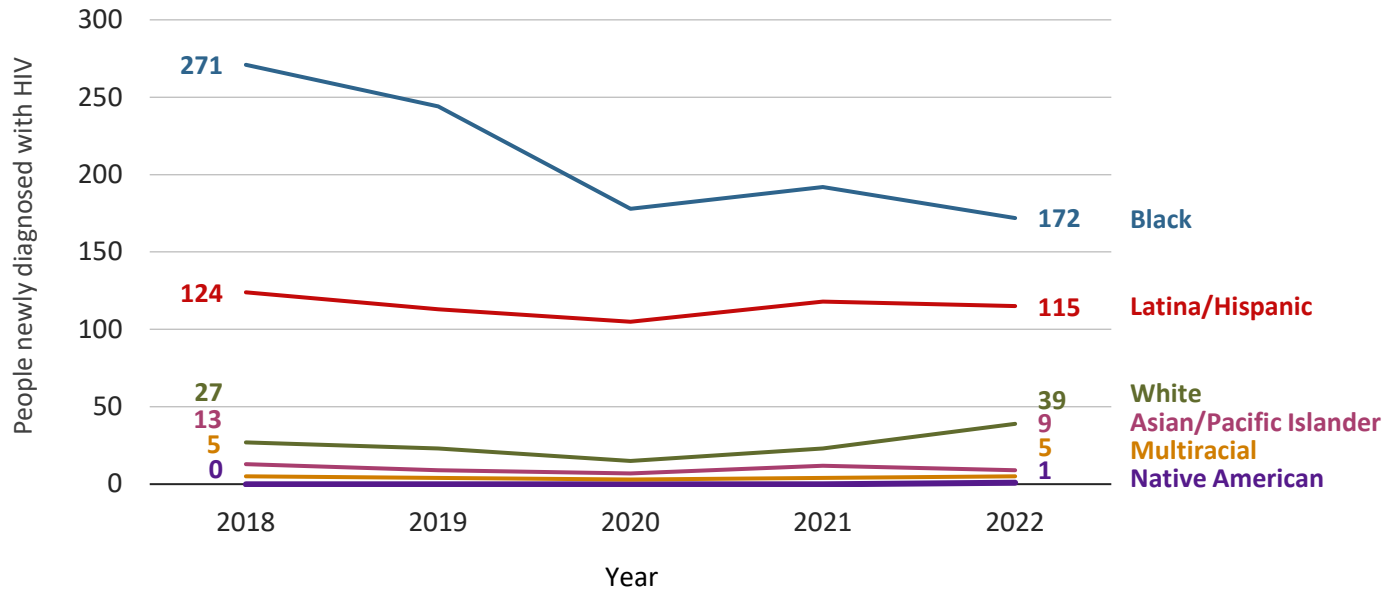


The number of new HIV diagnoses decreased among women between 2018 and 2022.

¹Women includes transgender women.

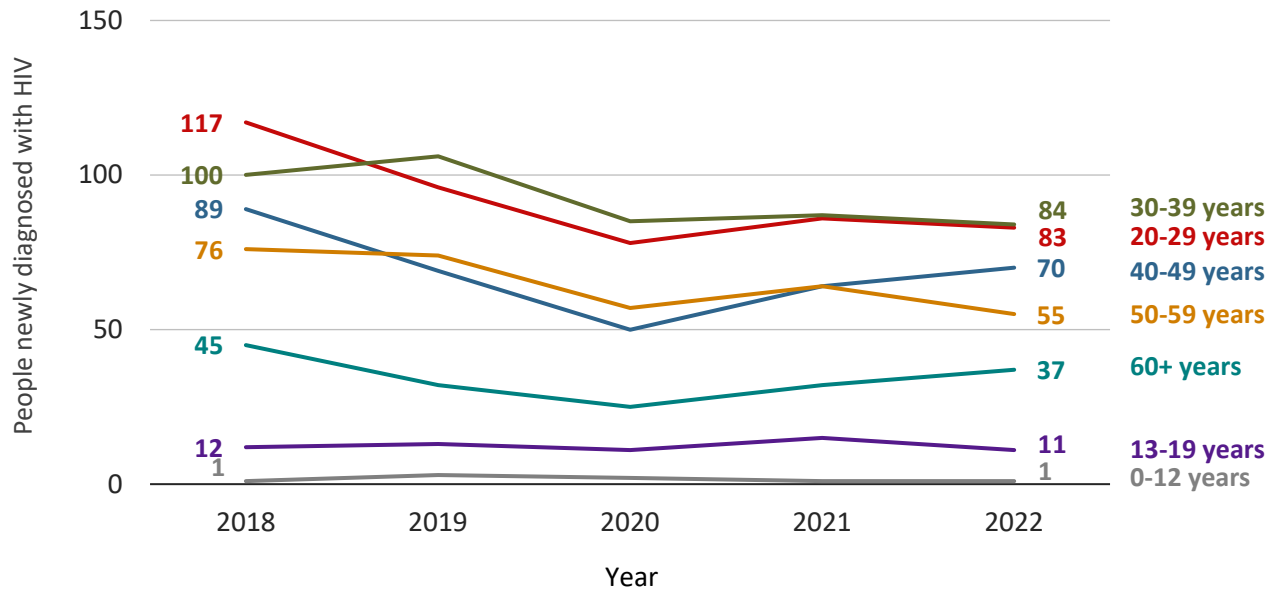
²The NYC HIV Epidemiology Program collects information on gender identity, when available. People whose current gender identity differs from their sex assigned at birth are classified as transgender people. Classifying transgender people in surveillance requires accurate collection of both sex assigned at birth and current gender identity. Sex and gender information are collected from people's self-reports, their health care providers or medical chart reviews. This information may or may not reflect self-identification. Reported numbers of new HIV diagnoses among transgender people and transgender people with HIV are likely to be underestimates. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

Number of new HIV diagnoses among women¹ in New York City by race or ethnicity, 2018-2022



The number of new HIV diagnoses decreased or remained stable in all race or ethnicity groups among women between 2018 and 2022. Black and Latina/Hispanic women consistently experienced the highest number of new HIV diagnoses, representing a combined 84% of new diagnoses among women in 2022.

Number of new HIV diagnoses among women¹ in New York City by age group, 2018-2022



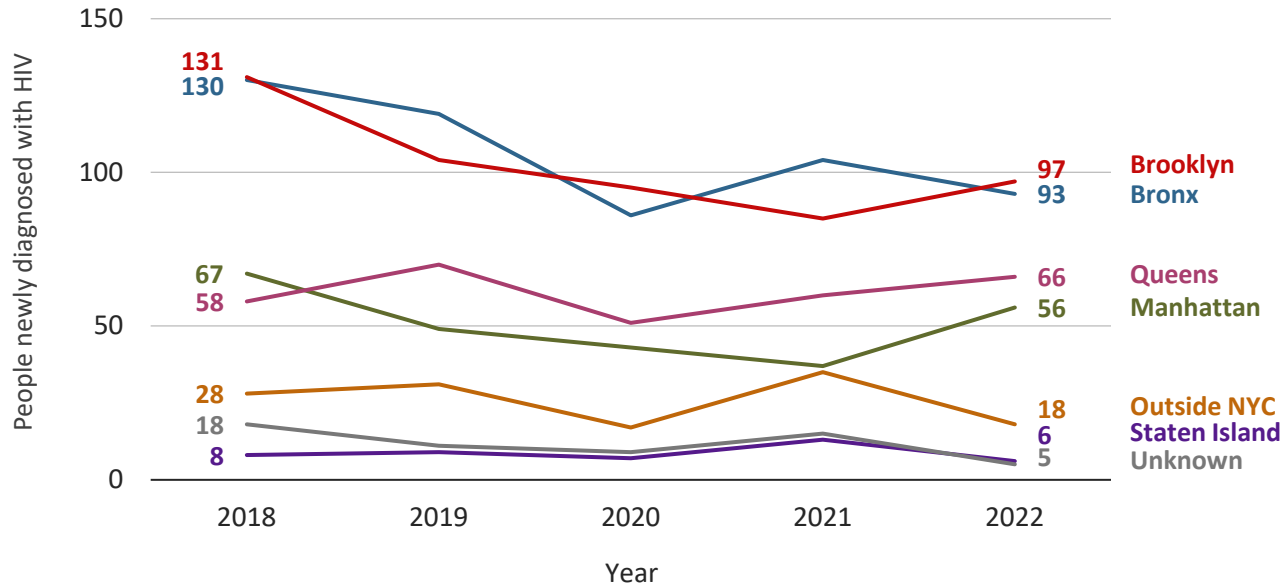
The number of new HIV diagnoses decreased or remained stable in all age groups among women between 2018 and 2022. Women aged 20 to 39 years consistently experienced the highest number of new HIV diagnoses, representing a combined 49% of new diagnoses among women in 2022. Additionally, women aged 40 to 49 years represented 21% of new diagnoses, and women aged 50 or more years represented 27% of new diagnoses in 2022.

Number of new HIV diagnoses among women¹ in New York City by race or ethnicity and age group, 2022



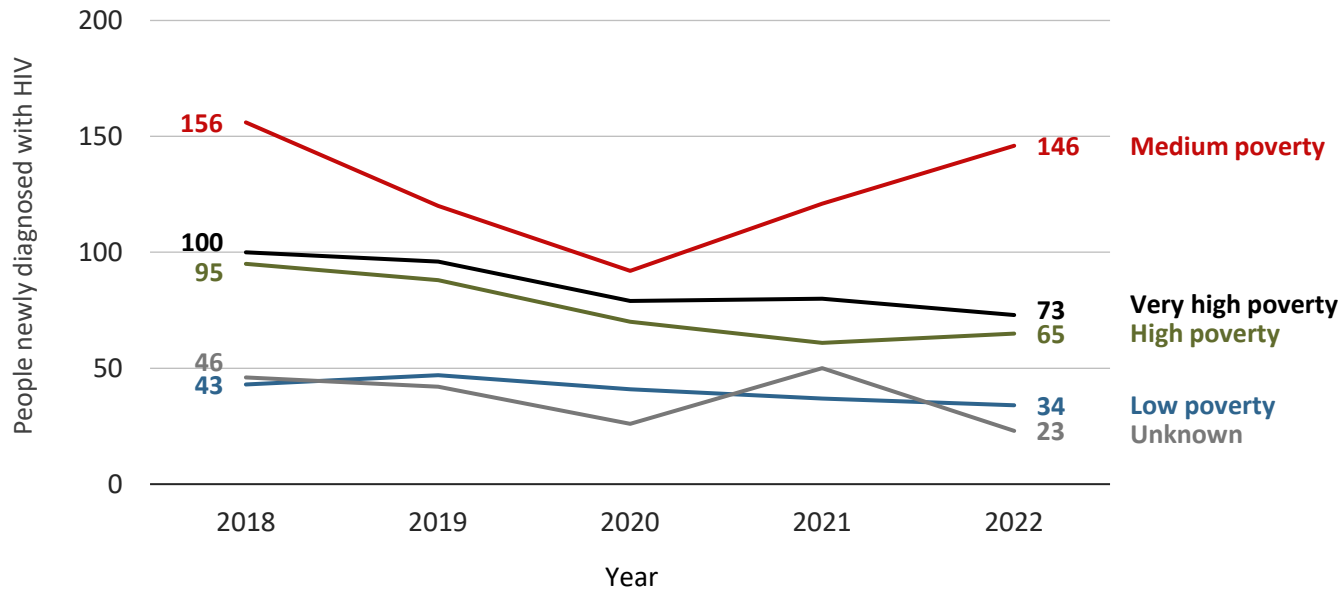
Black women aged 20 to 59 years and Latina/Hispanic women aged 20 to 39 years experienced the highest number of new HIV diagnoses, representing a combined 64% of new diagnoses among women in 2022.

Number of new HIV diagnoses among women¹ in New York City by borough of residence, 2017-2021



The number of new HIV diagnoses decreased or remained stable in all boroughs of residence among women between 2018 and 2022. Brooklyn and the Bronx consistently experienced the highest number of new HIV diagnoses, representing a combined 56% of new diagnoses among women in 2022.

Number of new HIV diagnoses among women¹ in New York City by area-based poverty,² 2018-2022



The number of new HIV diagnoses decreased or remained stable in all area-based poverty groups among women between 2018 and 2022. Areas with medium poverty consistently experienced the highest number of new HIV diagnoses, representing a combined 43% of new diagnoses among women in 2022.

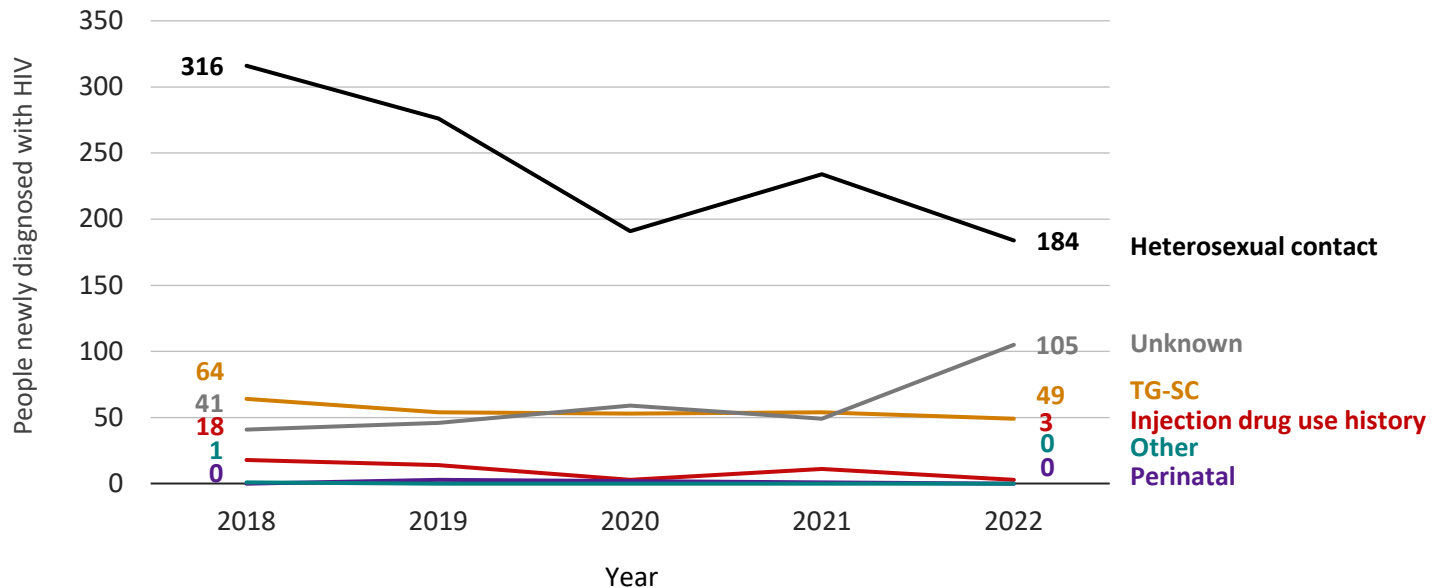
¹Women includes transgender women.

²Area-based poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.

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

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

Number of new HIV diagnoses among women¹ in New York City by transmission category, 2018-2022



Between 2018 and 2022, there was a 156% increase in women newly diagnosed with HIV with an unknown transmission category.² The number of new HIV diagnoses decreased or remained stable for all other transmission categories. Among women newly diagnosed with HIV, people with heterosexual contact consistently experienced the highest number of new HIV diagnoses, representing 54% of new diagnoses among women in 2022.

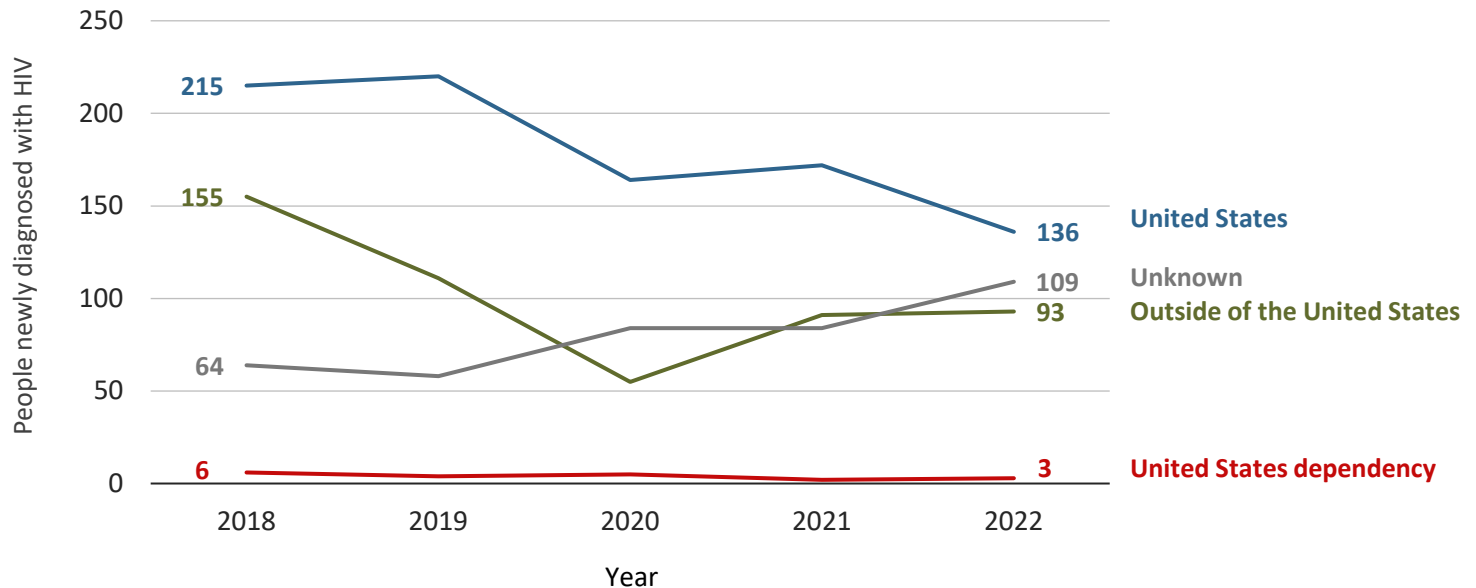


TG-SC=transgender people with sexual contact.

¹Women includes transgender women.

²The number of people newly diagnosed with HIV with an unknown transmission category increased due to changes in access to medical records after the emergence of COVID-19 in New York City. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

Number of new HIV diagnoses among women¹ in New York City by place of birth, 2018-2022

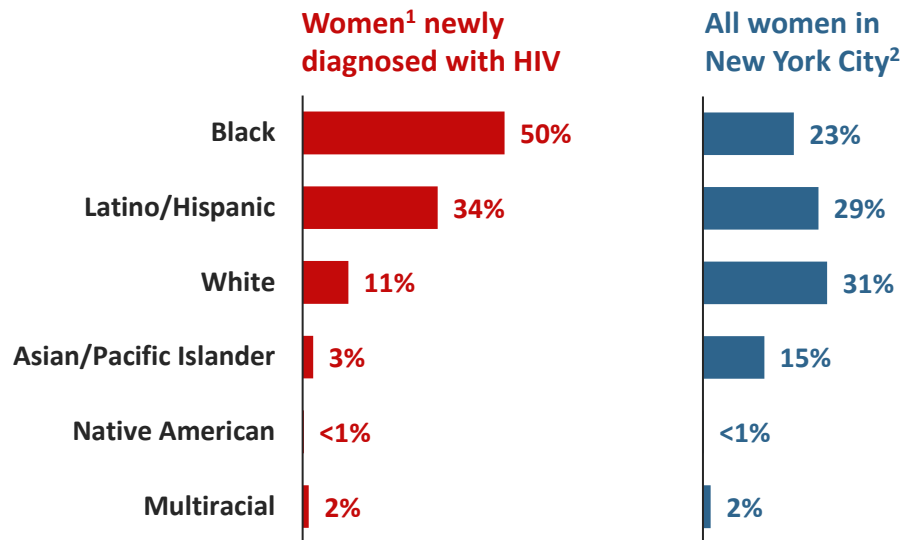


Between 2018 and 2022, there was a 70% increase in people newly diagnosed with HIV with an unknown place of birth.² The number of new HIV diagnoses decreased or remained stable for all other places of birth. Women born in the United States consistently experienced the highest number of new HIV diagnoses, representing 40% of new diagnoses among women in 2022.

¹Women includes transgender women.

²The number of people newly diagnosed with HIV with an unknown place of birth increased due to changes in access to medical records after the emergence of COVID-19 in New York City. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

Proportion of women¹ newly diagnosed with HIV and all women² in New York City by race or ethnicity, 2022

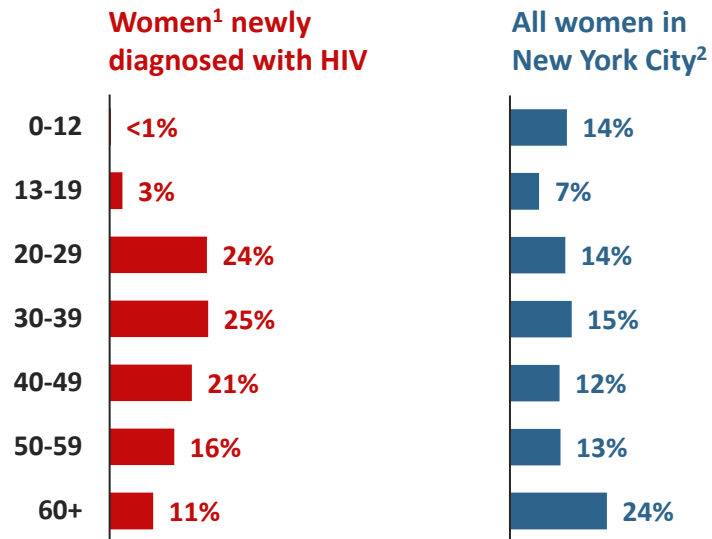


The proportion of new HIV diagnoses among Black and Latina/Hispanic women is higher than their respective proportions among all women in New York City.

¹Women includes transgender women.

²NYC population calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates, updated September 2022. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

Proportion of women¹ newly diagnosed with HIV and all women² in New York City by age group, 2022

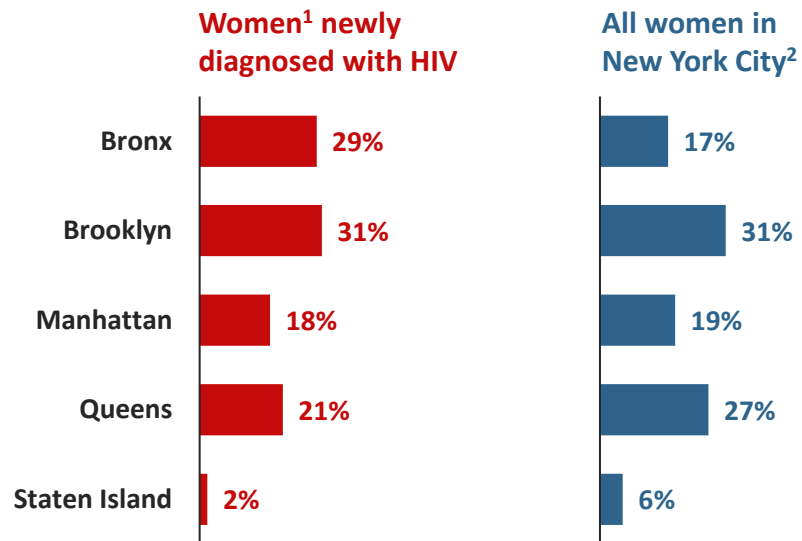


The proportion of new HIV diagnoses among women aged 20 to 49 years is higher than their respective proportions among all women in New York City.

¹Women includes transgender women.

²NYC population calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates, updated September 2022. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

Proportion of women¹ newly diagnosed with HIV and all women² in New York City by borough of residence,³ 2022



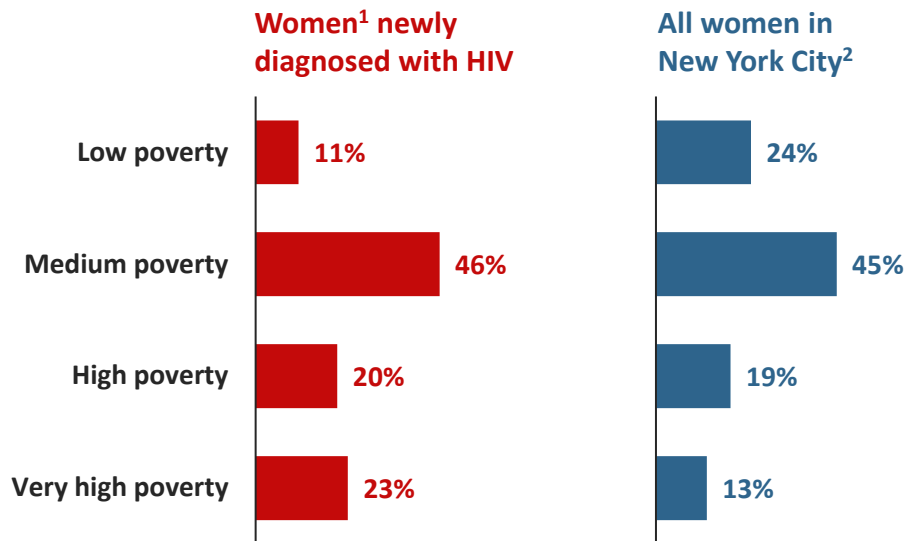
The proportion of new HIV diagnoses among women in the Bronx is higher than the respective proportion among all women in New York City.

¹Women includes transgender women.

²NYC population calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates, updated September 2022.

³Proportions exclude people living outside of New York City at the time of diagnosis and those with an unknown borough of residence as reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

Proportion of women¹ newly diagnosed with HIV and all women² in New York City by area-based poverty,^{3,4} 2022



The proportion of new HIV diagnoses among people living in areas with very high poverty is higher than the respective proportion among all women in New York City.

¹Women includes transgender women.

²NYC population calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates, updated September 2022.

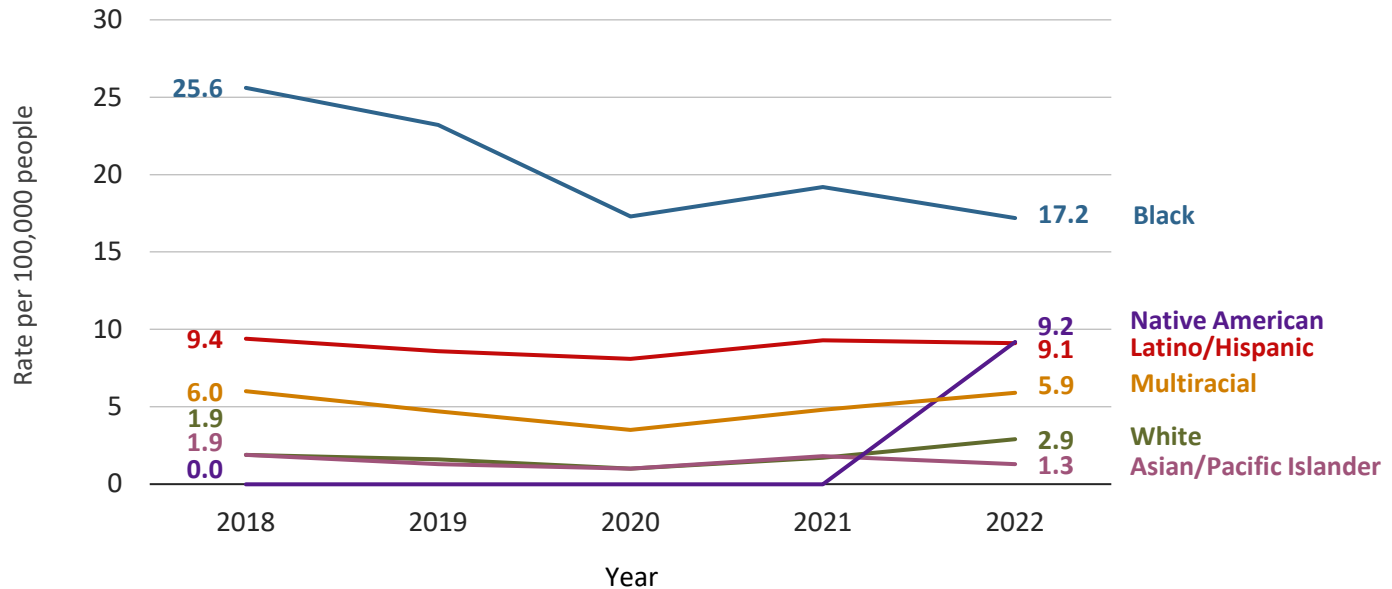
³Area-based poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.

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

⁴Proportions exclude people living in areas with unknown area-based poverty level

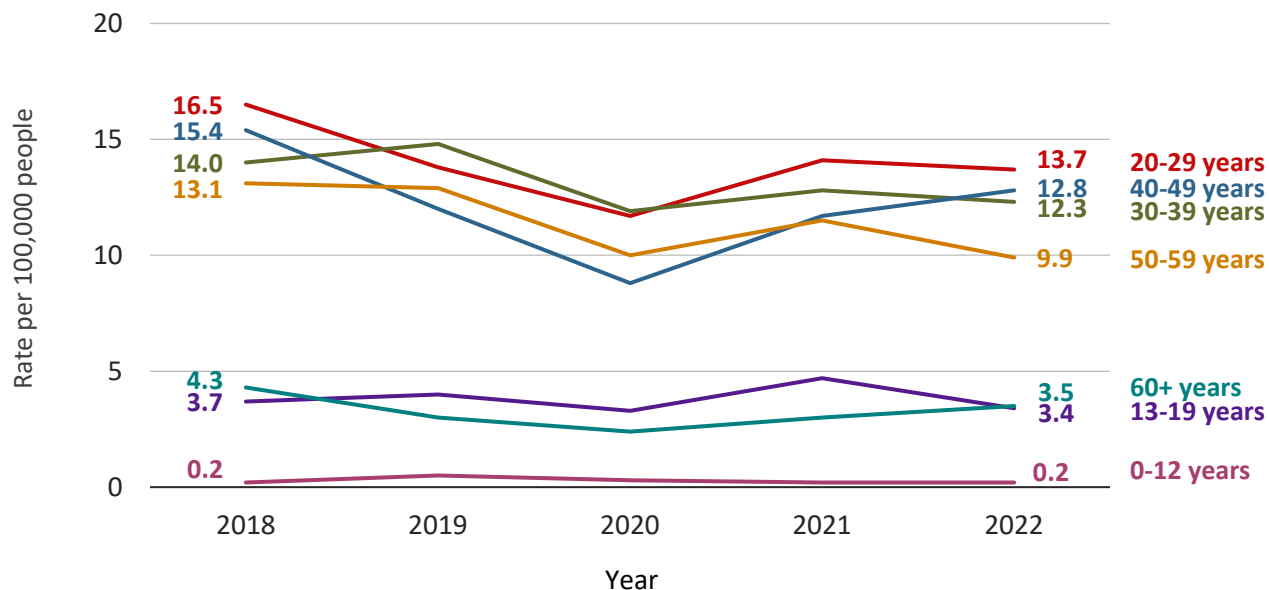
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

Rate of new HIV diagnoses¹ per 100,000 women² in New York City by race or ethnicity, 2018-2022



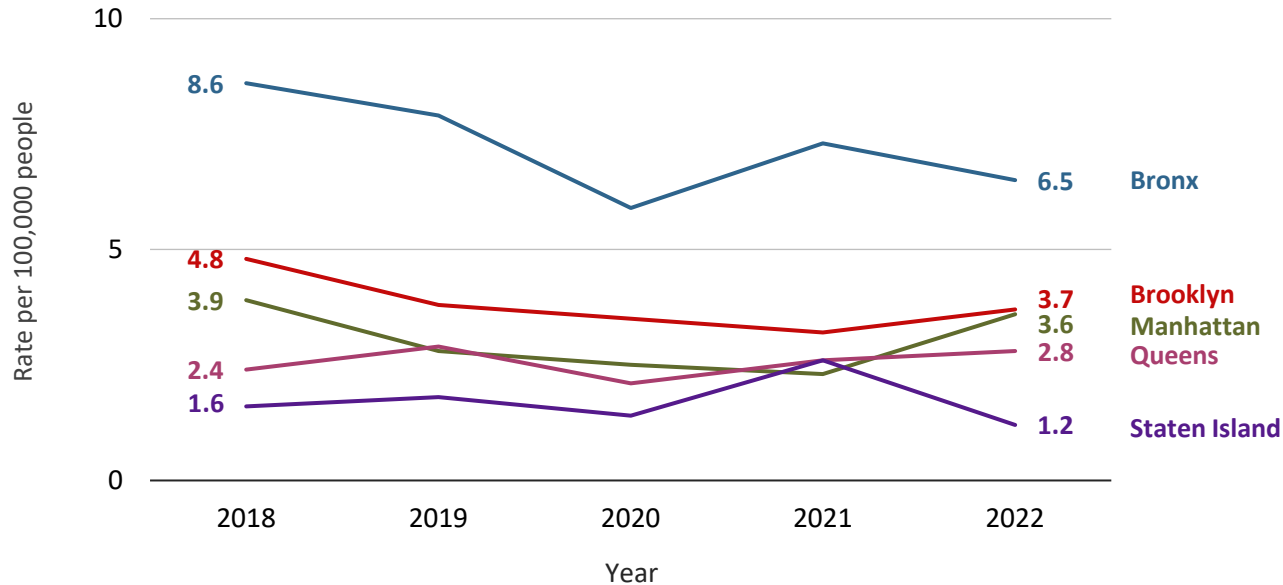
The rate of new HIV diagnoses increased among Native American women, with one woman newly diagnosed in 2022; counts remain low, the rate should be interpreted with caution. The rate of new HIV diagnoses decreased or remained relatively stable in all other race or ethnicity groups between 2018 and 2022. Black women consistently experienced the highest rate of new HIV diagnoses.

Rate of new HIV diagnoses¹ per 100,000 women² in New York City by age group, 2018-2022



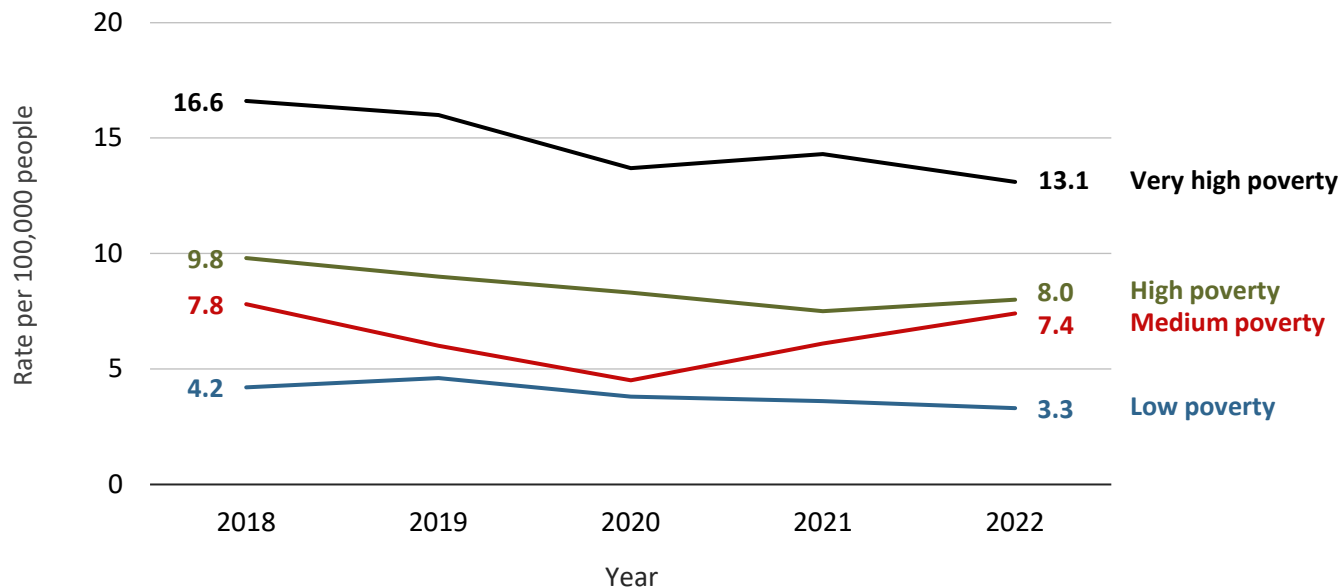
The rate of new HIV diagnoses decreased or remained stable in all age groups between 2018 and 2022. Women aged 20 to 59 consistently experienced the highest rates of new HIV diagnoses.

Rate of new HIV diagnoses¹ per 100,000 women² in New York City by borough of residence, 2018-2022



The rate of new HIV diagnoses decreased or remained relatively stable in all boroughs between 2018 and 2022. Women in the Bronx consistently experienced the highest rate of new HIV diagnoses.

Rate of new HIV diagnoses¹ per 100,000 women² in New York City by area-based poverty,³ 2018-2022



The rate of new HIV diagnoses decreased or remained stable in all area-based poverty groups between 2018 and 2022. Women living in areas with very high poverty consistently experienced the highest rate of new HIV diagnoses.

¹Rates calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates, updated September 2022.

²Women includes transgender women.

³Area-based poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.

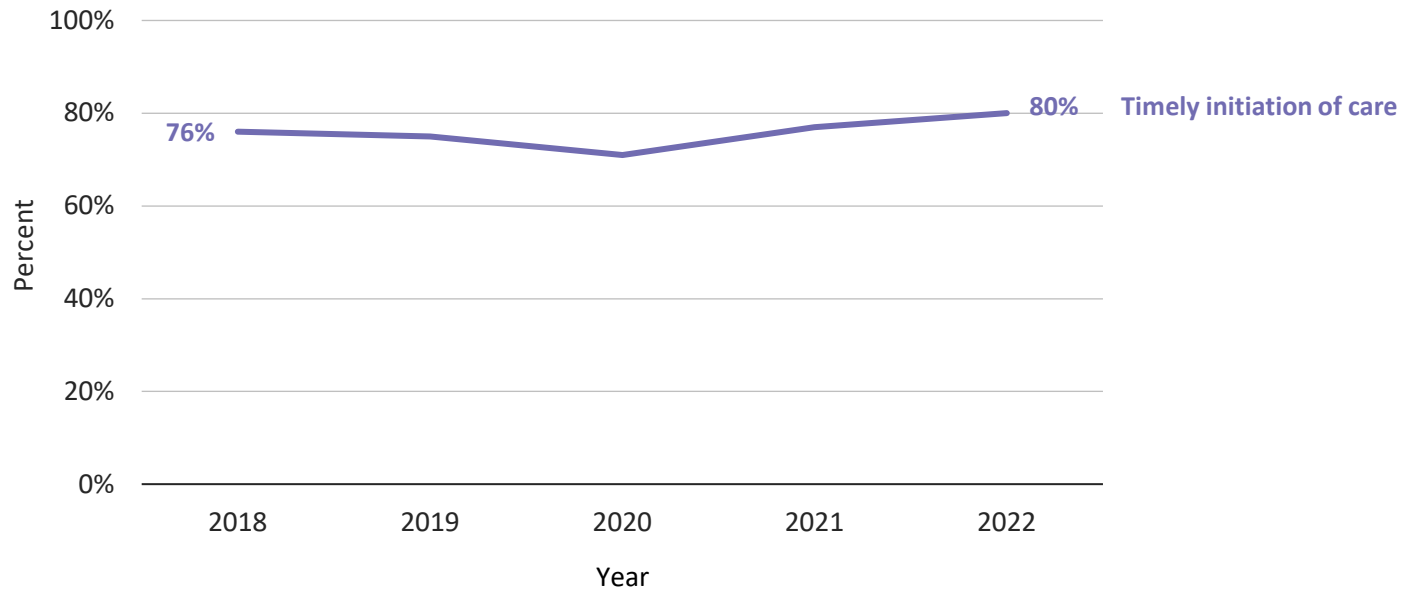
Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty= \geq 30% below FPL.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.



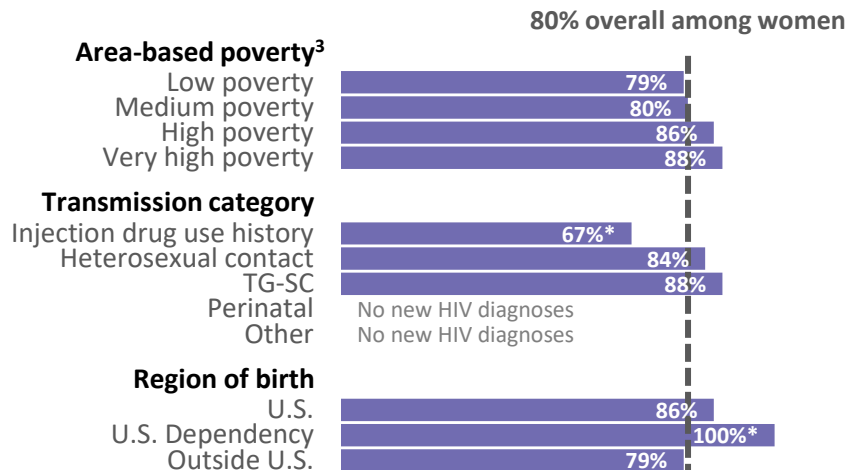
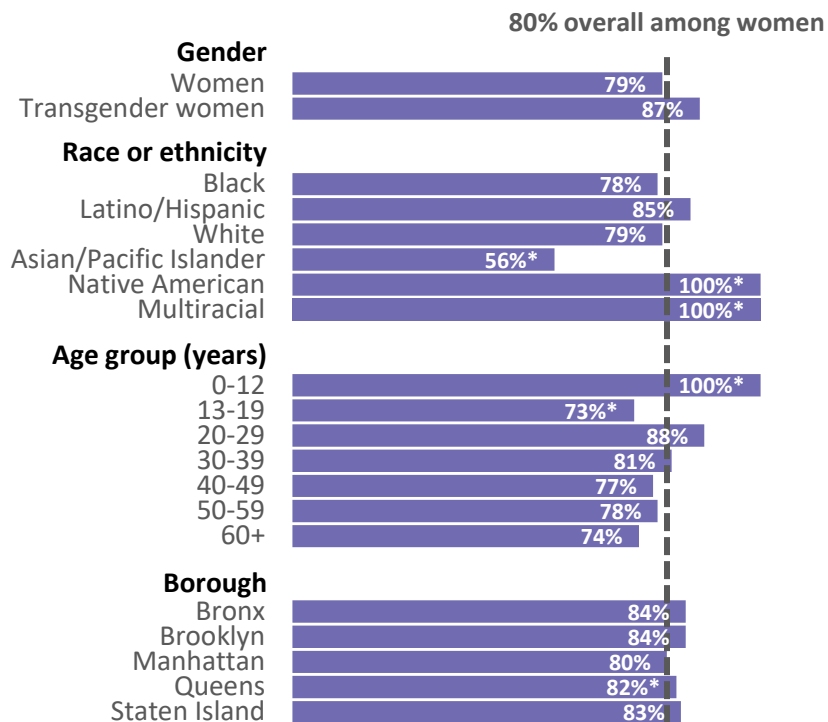
**CARE OUTCOMES AMONG WOMEN NEWLY
DIAGNOSED WITH HIV IN NEW YORK CITY**

Timely initiation of care¹ among women² newly diagnosed with HIV in New York City, 2018-2022



Timely initiation of care among women increased by four percentage points from 2018 to 2022.

Timely initiation of care¹ among women² newly diagnosed with HIV in New York City by demographic groups, 2022



Inequities in timely initiation of care exist across demographic groups among women in New York City.

*Data should be interpreted with caution because of small population size.

TG-SC=Transgender people with sexual contact.

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

²Women includes transgender women.

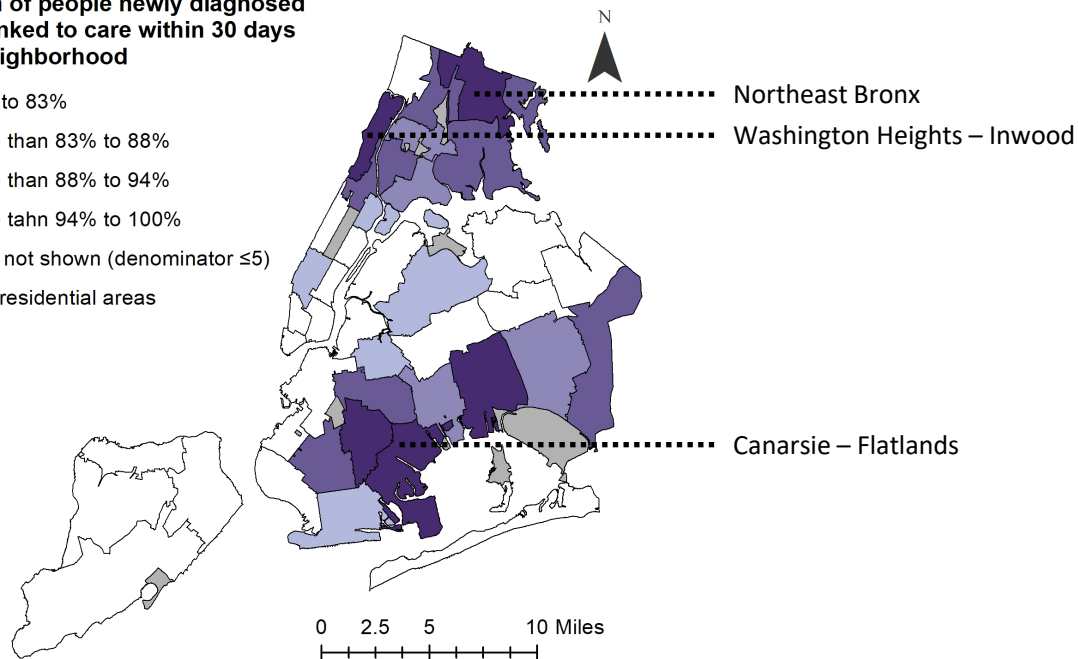
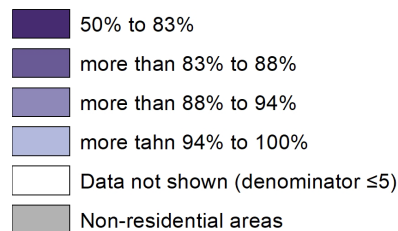
³Area-based poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.

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

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

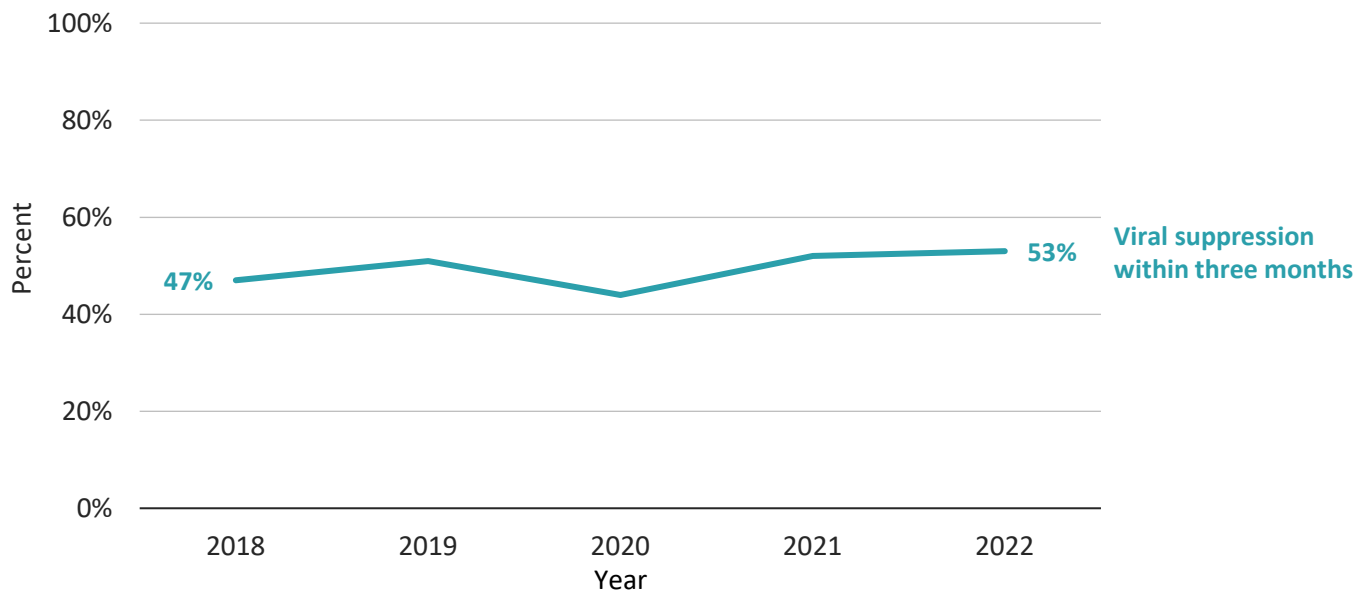
Timely initiation of care¹ among women² newly diagnosed with HIV in New York City by United Hospital Fund neighborhood, 2022

Proportion of people newly diagnosed with HIV linked to care within 30 days by UHF neighborhood



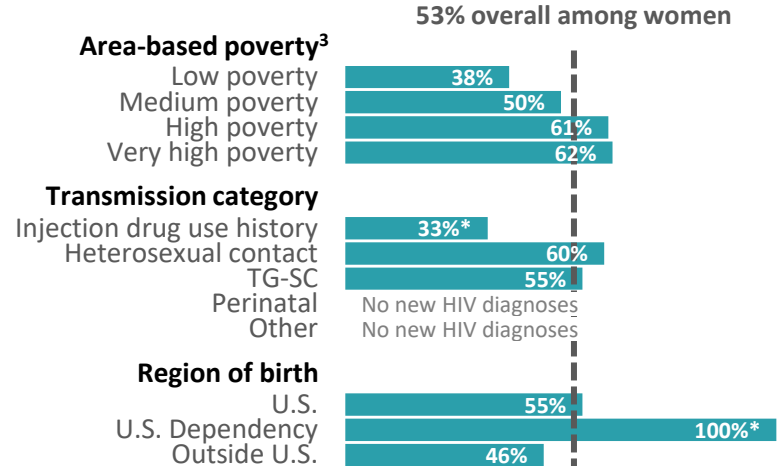
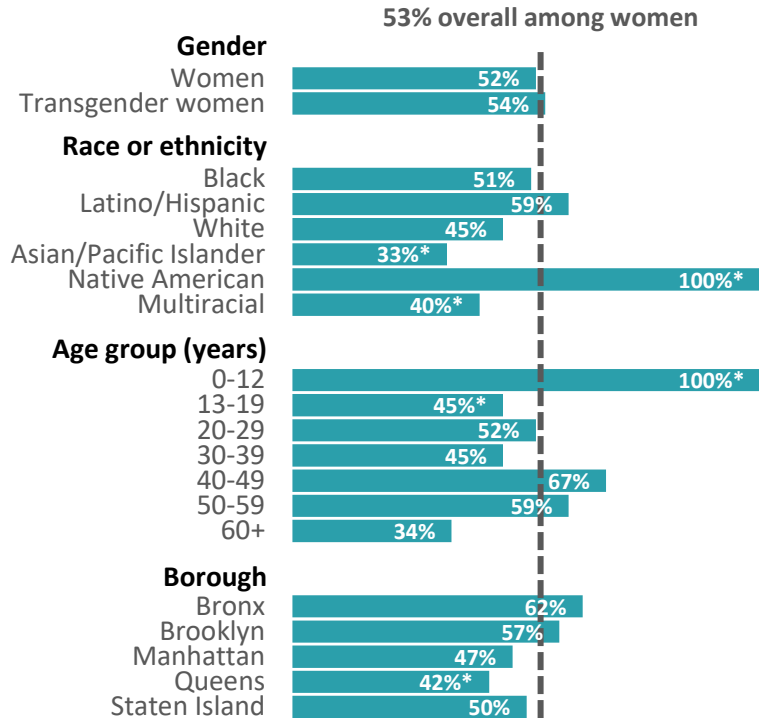
The neighborhoods with the lowest proportions of women linked to care within 30 days were Canarsie – Flatlands (50%), Washington Heights – Inwood (53%), and Northeast Bronx (69%).

Viral suppression¹ within three months among women² newly diagnosed with HIV in New York City, 2022



Viral suppression within three months of an HIV diagnosis among women increased by six percentage points in New York City from 2018 to 2022.

Viral suppression¹ within three months among women² newly diagnosed with HIV in New York City by demographic group, 2022



Inequities exist in viral suppression within three months of an HIV diagnosis across demographic groups among women in New York City.

*Data should be interpreted with caution because of small population size.

TG-SC=Transgender people with sexual contact.

¹Viral suppression is defined as an HIV viral load in the calendar year <200 copies/mL within three months of diagnosis. People diagnosed at death have been excluded.

²Women includes transgender women.

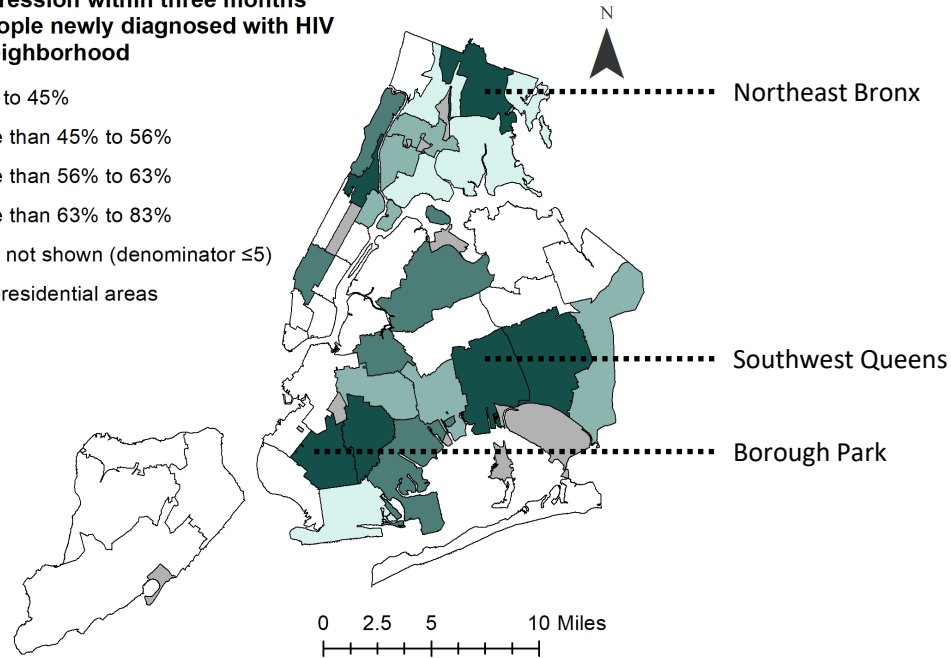
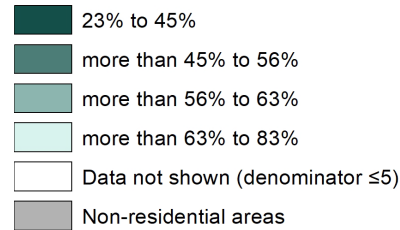
³Area-based poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.

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

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

Viral suppression¹ within three months among women² newly diagnosed with HIV in New York City by United Hospital Fund neighborhood, 2022

Viral suppression within three months among people newly diagnosed with HIV by UHF neighborhood

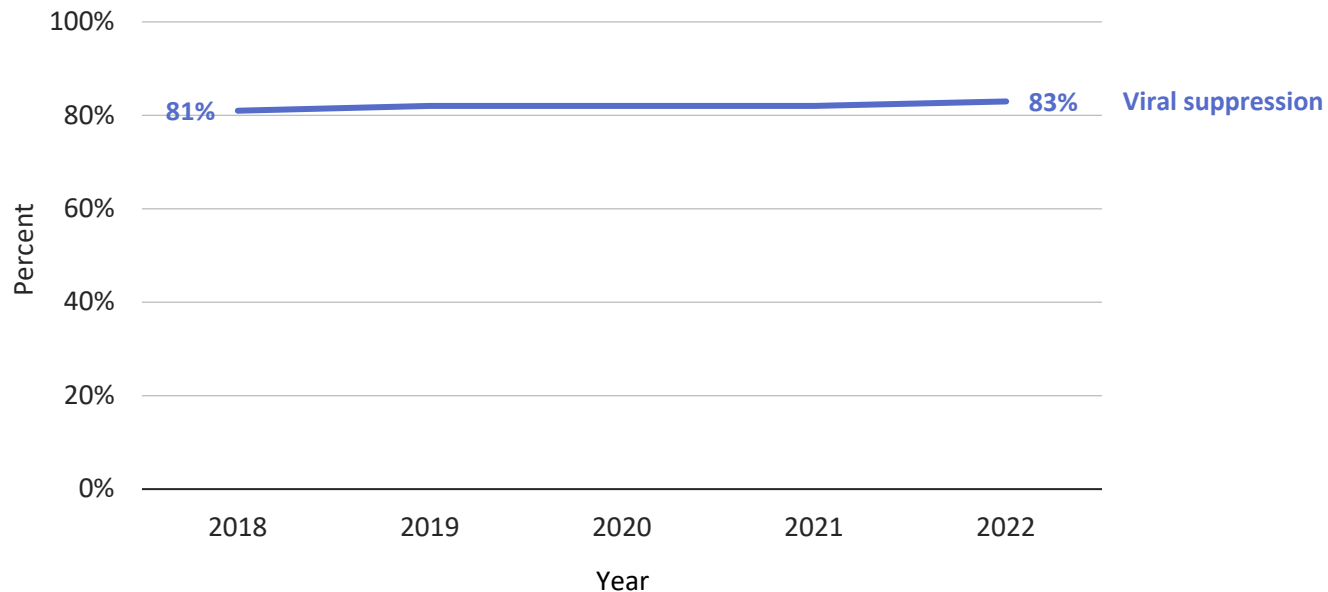


The neighborhoods with the lowest proportions of women virally suppressed within three months of an HIV diagnosis were Northeast Bronx (23%), Borough Park (33%), and Southwest Queens (38%).

An aerial photograph of New York City, showing the dense urban landscape and the Manhattan skyline. The image is overlaid with a semi-transparent teal color. The text is centered in a white, bold, sans-serif font.

CARE OUTCOMES AMONG WOMEN WITH HIV IN NEW YORK CITY

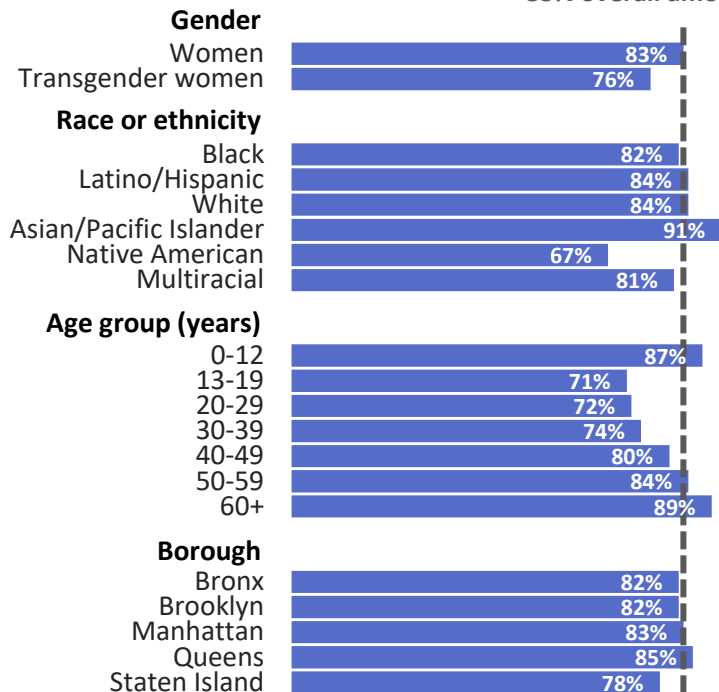
Viral suppression¹ among women² with diagnosed HIV in New York City, 2018-2022



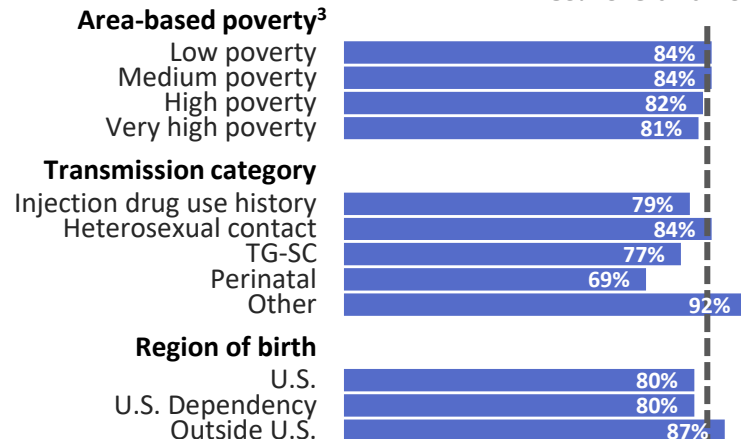
Viral suppression among women remained relatively flat in New York City from 2018 to 2022.

Viral suppression¹ among women² with diagnosed HIV in New York City by demographic group, 2022

83% overall among women



83% overall among women



Inequities in viral suppression exist across demographic groups among women in New York City.

TG-SC=Transgender people with sexual contact.

¹Viral suppression is defined as the last HIV viral load in the calendar year <200 copies/mL. People diagnosed at death have been excluded.

²Women includes transgender women.

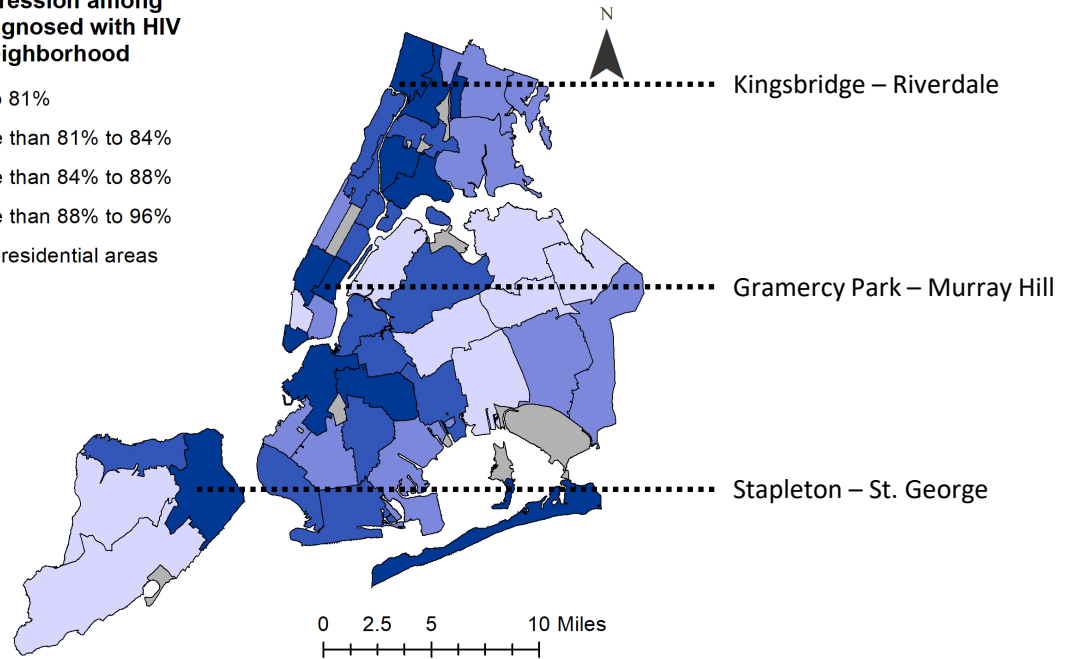
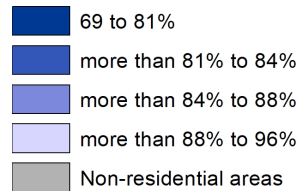
³Area-based poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.

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

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

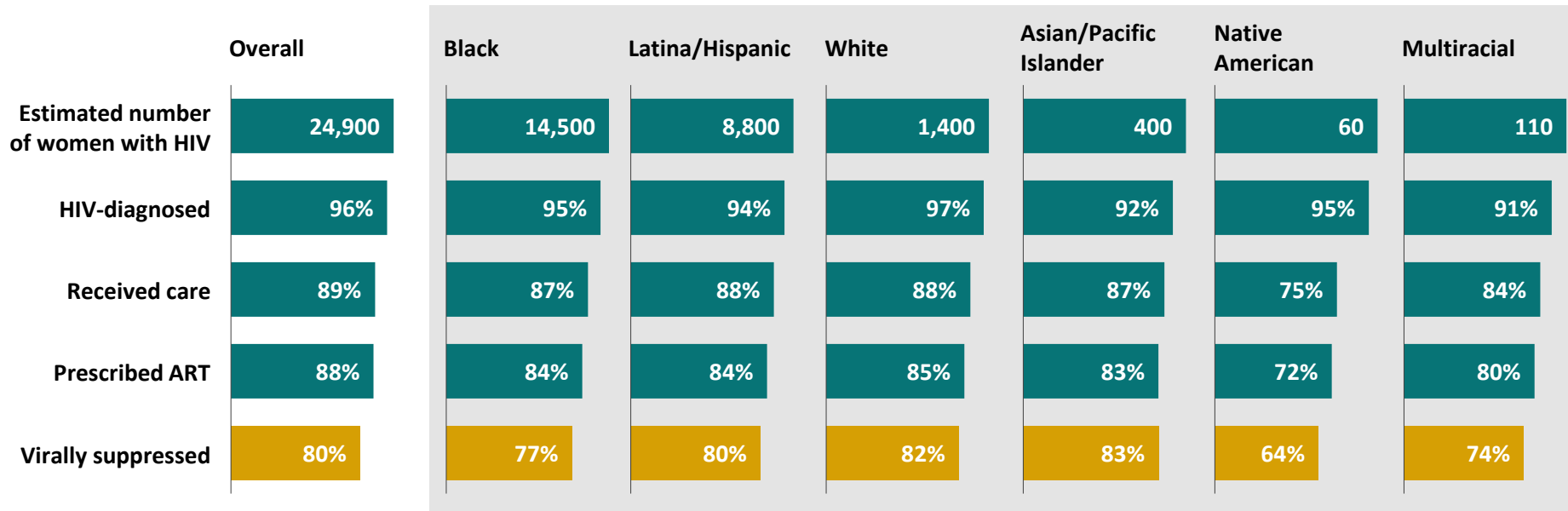
Viral suppression¹ among women² with diagnosed HIV in New York City by United Hospital Fund neighborhood, 2022

Viral suppression among people diagnosed with HIV by UHF neighborhood



The neighborhoods with the lowest proportions of women virally suppressed were Stapleton – St. George (69%), Gramercy Park – Murray Hill (74%), and Kingsbridge – Riverdale (75%).

Proportion of women¹ with HIV in stages of the HIV care continuum^{2,3} in New York City overall and by race or ethnicity,⁴ 2022



Of approximately 24,900 women with HIV in New York City in 2022, 80% had a suppressed viral load. There were inequities in the HIV care continuum among women by race or ethnicity in 2022 in New York City.

¹Women includes transgender women.

²The HIV care continuum is a series of key stages for people with HIV. The denominator for each displayed proportion is the estimated number of people with HIV within a given group.

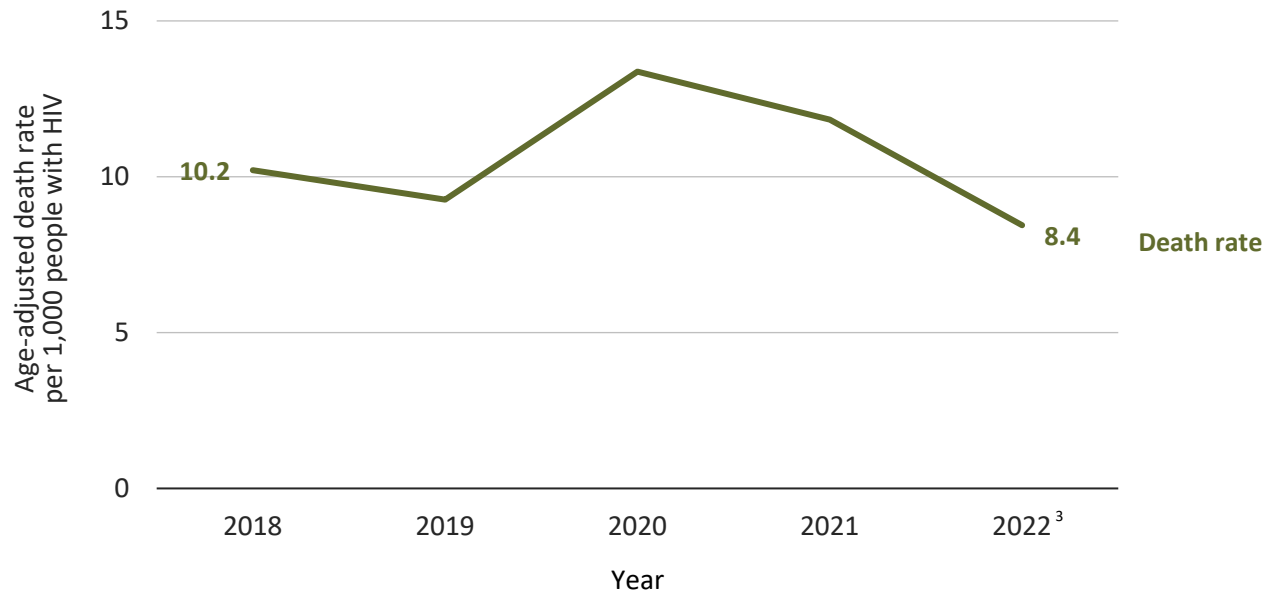
³Proportions in the care continuum may not align between stages due to the use of multiple data sources in calculations (e.g., proportion prescribed ART may be lower than the proportion virally suppressed)

⁴The estimated number of people with HIV by race or ethnicity may not sum to the overall value due to rounding and the use of specific estimated proportions of people with HIV who have been diagnosed within each race or ethnicity group.

For definitions of the stages of the continuum of care, see Technical Notes.

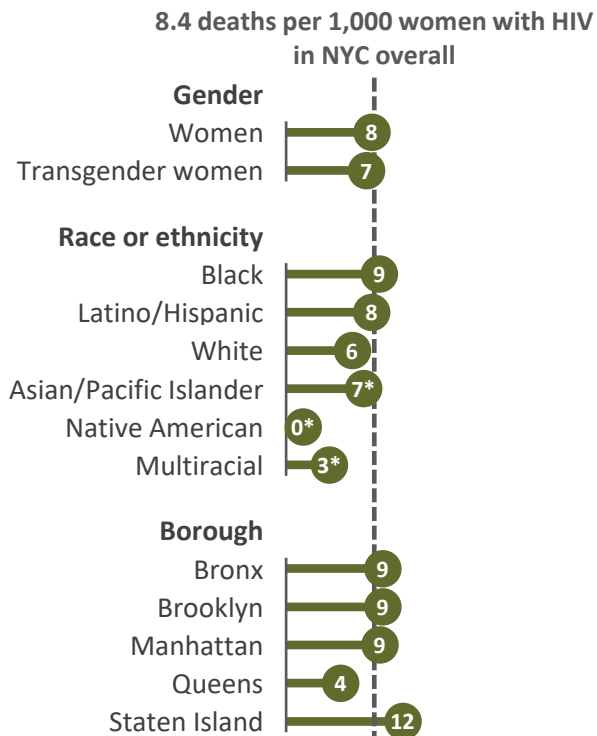
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

Age-adjusted¹ death rate per 1,000 women² with HIV in New York City, 2018-2022



The age-adjusted death rate among women declined by 18% since 2018 and 37% since its recent peak in 2020.

Age-adjusted¹ death rate per 1,000 women² with HIV in New York City by demographic group, 2022



Inequities in the age-adjusted death rate exist across demographic groups among women in New York City.

*Data should be interpreted with caution because of small population size.

¹Age-adjusted to the standard 2000 U.S. population. People newly diagnosed with HIV at death were excluded from the numerator.

²Women includes transgender women.

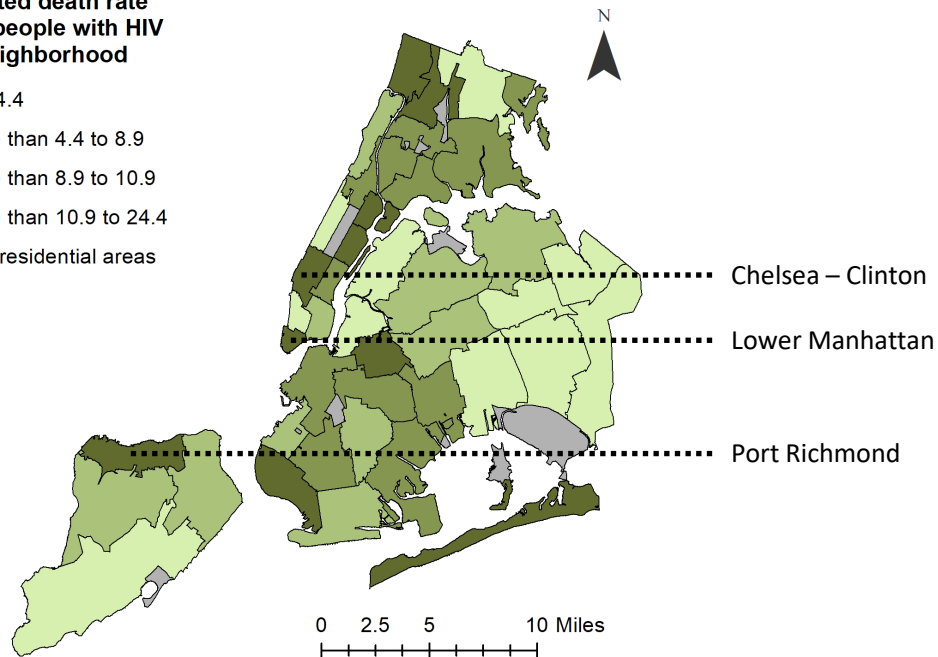
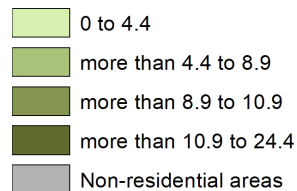
³Area-based poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.

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

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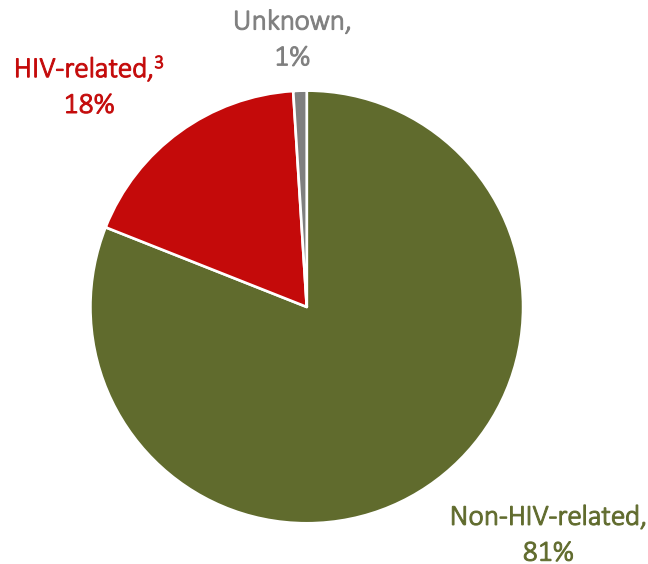
Age-adjusted¹ death rate per 1,000 women² with HIV in New York City by United Hospital Fund neighborhood, 2022

Age-adjusted death rate per 1,000 people with HIV by UHF neighborhood



The neighborhoods with the highest age-adjusted death rates among women were Port Richmond (24.4 per 1,000), Lower Manhattan (19.9 per 1,000), and Chelsea – Clinton (17.7 per 1,000).

Proportion of deaths among women¹ with HIV in New York City by cause of death, 2021²



In 2021, 81% of deaths among women with HIV were due to non-HIV-related causes. Among these, the top causes were cardiovascular disease (23%), non-HIV-related cancers (21%), and COVID-19 (12%).

¹Women includes transgender women.

²Cause of death data are not yet available for 2022.

³ICD10 codes B20-B24 were used to denote HIV-related deaths. For technical notes on cause of death by the NYC DOHMH's Office of Vital Statistics see:

<https://www1.nyc.gov/assets/doh/downloads/pdf/vs/2014sum.pdf>.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

Appendix: How to find our data

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

Appendix: Definitions and statistical notes

Definitions

- **HIV diagnoses** include diagnoses of HIV and HIV concurrent with AIDS (AIDS diagnosed within 31 days of HIV), unless otherwise specified.
- **New HIV diagnoses** include individuals diagnosed in NYC during the reporting period and reported in NYC.
- **Death rates** refer to deaths from all causes, unless otherwise specified.
- **People with HIV (PWH)** refers to people with HIV during the reporting period
- HIV surveillance collects information about individuals' current **gender identity**, when available. This report displays the following gender categories: men, women, transgender women, and transgender men. People whose current gender identity differs from their sex assigned at birth are considered transgender. Classifying transgender people in surveillance requires accurate collection of both sex assigned at birth and current gender identity. Sex and gender information are collected from people's self-reports, their diagnosing providers or medical chart reviews. This information may or may not reflect self-identification. Transgender identity has been collected routinely since 2005 for newly reported cases. Reported numbers of HIV diagnoses among transgender people and transgender people with HIV are likely to be underestimates. For more information, see the "HIV Among People Identified as Transgender in New York City" surveillance slide set available at nyc.gov/assets/doh/downloads/pdf/dires/hiv-in-transgender-persons.pdf. NYC HIV surveillance collects information on other gender identity categories, including "Non-binary/Gender non-conforming." In this report, data for these individuals at the time of publication are displayed by sex assigned at birth.
- **Transmission category** includes people with known or identified transmission category, except when an unknown category is presented. Transmission category information is collected from people's self-report, their diagnosing provider, or medical chart review. "Heterosexual contact" includes people who had heterosexual sex with a person they know to have HIV, a person who has injected drugs or a person who has received blood products. For women only, it also includes history of sex work, multiple sex partners, sexually transmitted infection, crack/cocaine use, sex with a bisexual man, probable heterosexual transmission as noted in a medical chart, or sex with a man and negative history of injection drug use. "Transgender people with sexual contact" includes people identified as transgender who have reported sexual contact and have a negative history of injection drug use. "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 category.

Statistical notes

- United Hospital Fund (UHF) boundaries in maps were updated for data released in 2010 and onward. Non-residential zones are indicated, and Rikers Island is classified with West Queens.

Appendix: Technical notes on the NYC HIV care continuum

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