HIV 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.
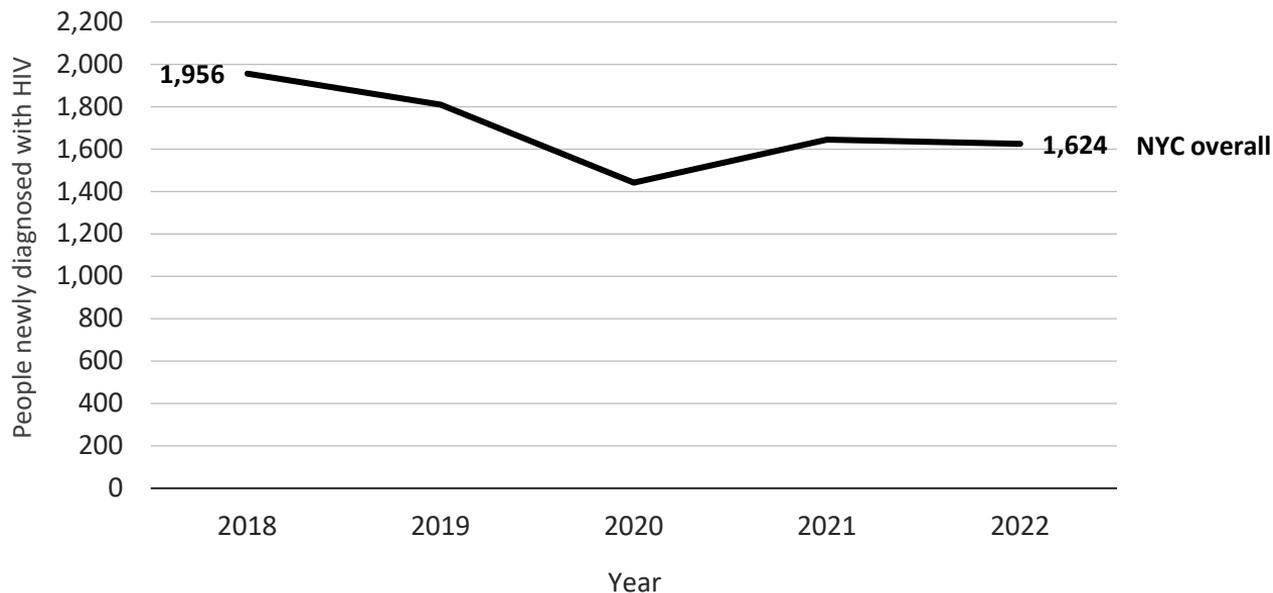
Table of contents

NYC Health

Table of contents

NYC Health

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

People newly diagnosed with HIV (y-axis)

- 2018: 1,956
- 2022: 1,624 — NYC overall

Year (x-axis): 2018, 2019, 2020, 2021, 2022

The number of new HIV diagnoses decreased by 17% from 2018 to 2022 In New York City. The lowest number of diagnoses occurred in 2020, the year COVID-19 was first detected in New York City.

Rate of new HIV diagnoses[1] per 100,000 people in New York City, 2018-2022
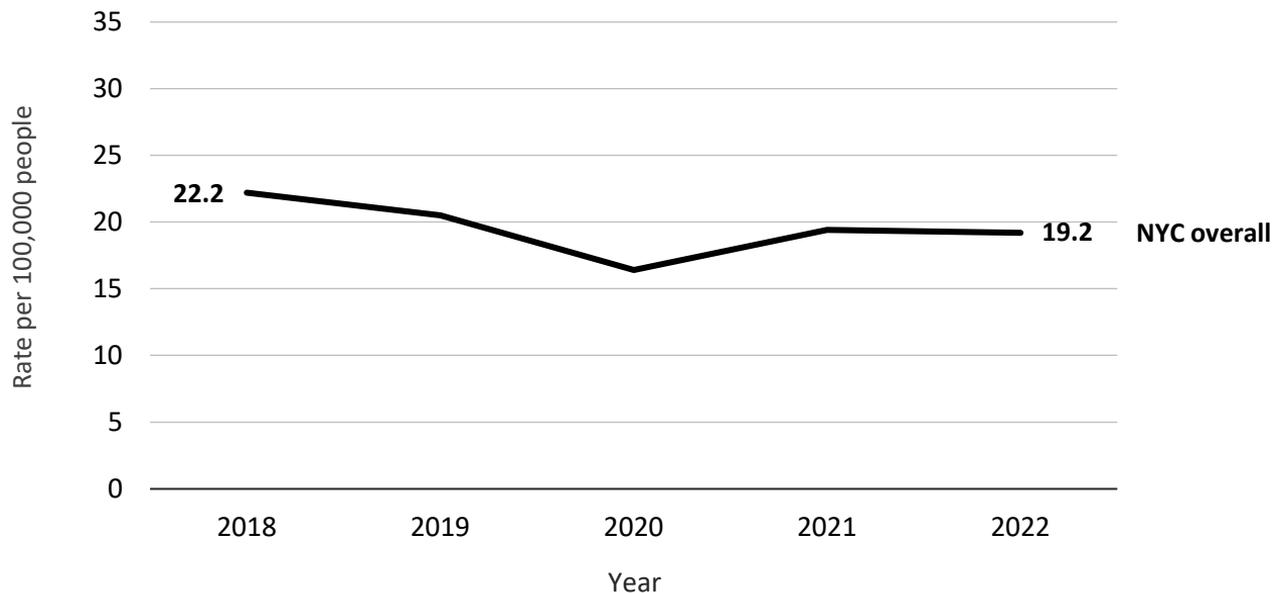
The rate of new HIV diagnoses in New York City decreased by 14% from 2018 to 2022.

Basic statistics of HIV in New York City, 2022

- **1,624 people newly diagnosed with HIV**

    – Including 293 people concurrently diagnosed with AIDS (18% of diagnoses)

- **1,038 people newly diagnosed with AIDS**

- **87,000 people with HIV[1]**

- **1,603 deaths among people with HIV**

    – 7.6 deaths per 1,000 people with HIV[2]

[1]Approximate 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.
[2]Age-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 in New York City
by gender, 2018-2022

People newly diagnosed with HIV

- 1,513 — 1,280 **Men**
- 370 — 289 **Women**
- 70 — 52 **Transgender women**
- 3 — 3 **Transgender men**

Year: 2018, 2019, 2020, 2021, 2022
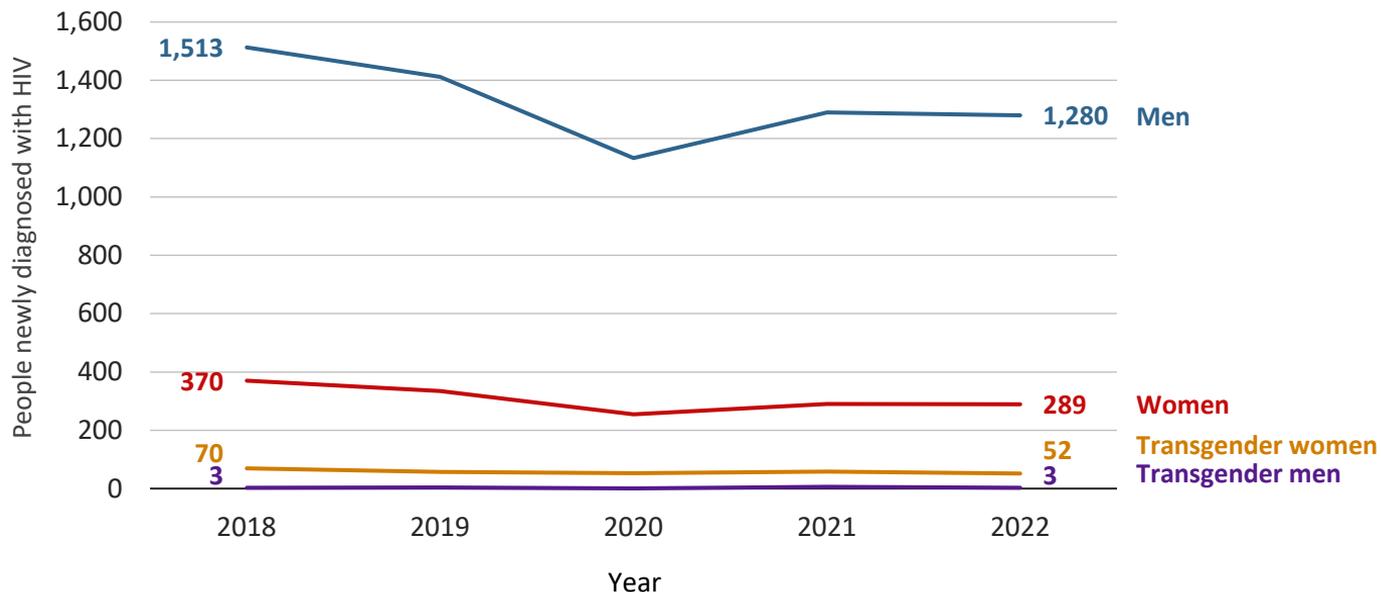
The number of new HIV diagnoses decreased or remained stable in all gender groups between 2018 and 2022.
Men consistently experienced the highest number of new HIV diagnoses, accounting for 79% of new diagnoses in 2022.

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

Number of new HIV diagnoses 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 between 2018 and 2022. Black and Latino/Hispanic people consistently experienced the highest number of new HIV diagnoses, accounting for a combined 83% of new diagnoses in 2022.

Number of new HIV diagnoses in New York City
by age group, 2018-2022
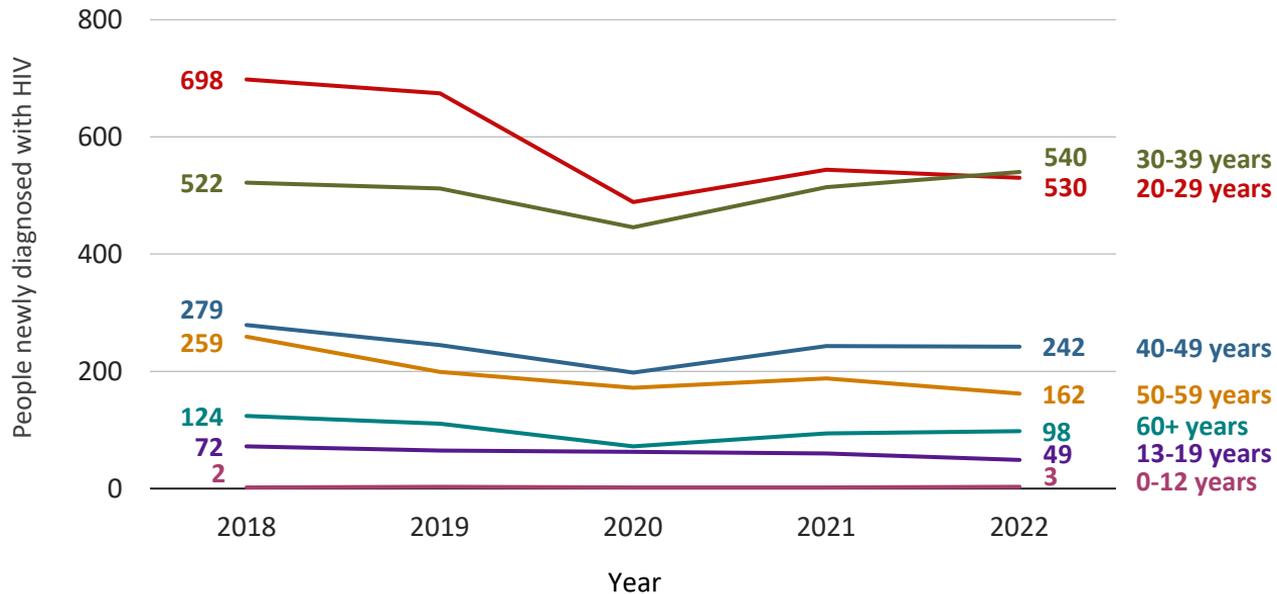
The number of new HIV diagnoses decreased or remained stable in all age groups between 2018 and 2022. People aged 20 to 39 years consistently experienced the highest number of new HIV diagnoses, accounting for a combined 66% of new diagnoses in 2022.

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

9

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

	Black	Latino/Hispanic	White	Asian/ Pacific Islander	Native American	Multiracial
0-12	2	1	0	0	0	0
13-19	26	19	3	0	0	1
20-29	228	237	39	18	1	7
30-39	209	235	70	20	2	4
40-49	96	93	38	14	0	1
50-59	83	45	25	8	0	1
60+	51	21	21	4	0	1

Black and Latino/Hispanic people aged 20 to 39 years experienced the highest number of new HIV diagnoses, accounting for a combined 56% of new diagnoses in 2022.

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Number of new HIV diagnoses in New York City by borough of residence, 2018-2022

People newly diagnosed with HIV

539 → 452 Brooklyn
425 → 363 Bronx
370 → 310 Manhattan
355 → 298 Queens
161 → 147 Outside NYC
78 → 33 Staten Island
28 → 21 Unknown

Year: 2018, 2019, 2020, 2021, 2022

The number of new HIV diagnoses decreased or remained stable in all boroughs of residence between 2018 and 2022. Brooklyn and the Bronx consistently experienced the highest number of new HIV diagnoses, accounting for a combined 50% of new diagnoses in 2022.

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

Number of new HIV diagnoses in New York City by area-based poverty,[1] 2018-2022
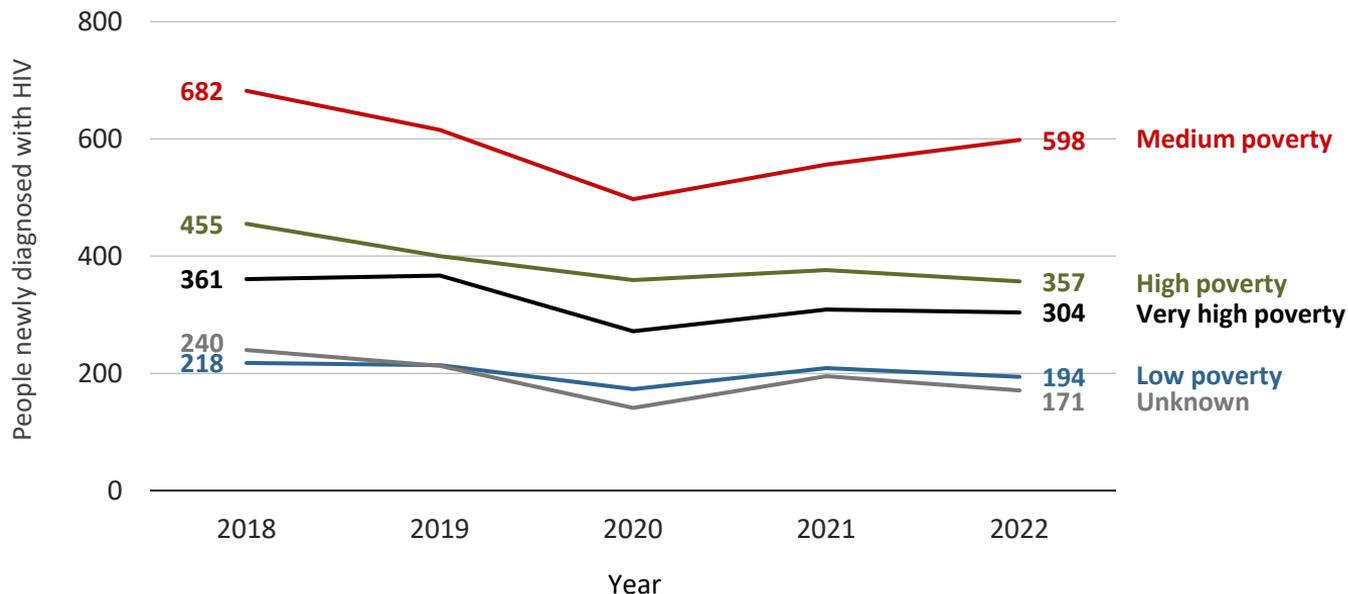
People newly diagnosed with HIV

- 682 → 598 **Medium poverty**
- 455 → 357 **High poverty**
- 361 → 304 **Very high poverty**
- 218 → 194 **Low poverty**
- 240 → 171 **Unknown**

Year: 2018, 2019, 2020, 2021, 2022

The number of new HIV diagnoses decreased or remained stable in all area-based poverty groups between 2018 and 2022. Areas with medium poverty consistently experienced the highest number of new HIV diagnoses, accounting for 37% of new diagnoses in 2022.

[1]Area-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.

Number of new HIV diagnoses in New York City
by transmission category, 2018-2022
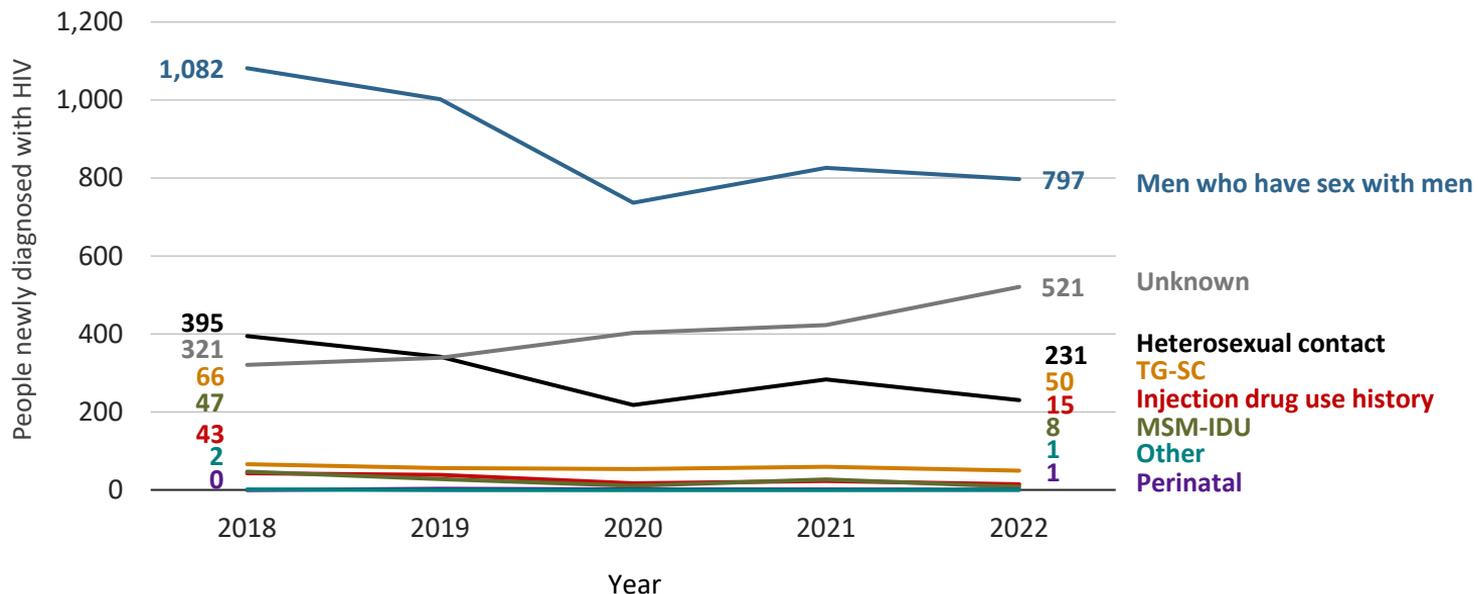
Between 2018 and 2022, there was a 62% increase in people newly diagnosed with HIV with an unknown transmission category.[1] The number of new HIV diagnoses decreased or remained stable for all other transmission categories. Men who have sex with men consistently experienced the highest number of new HIV diagnoses, accounting for 49% of new diagnoses in 2022.

MSM-IDU=men who have sex with men with an injection drug use history; TG-SC=transgender people with sexual contact.
[1]The 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.
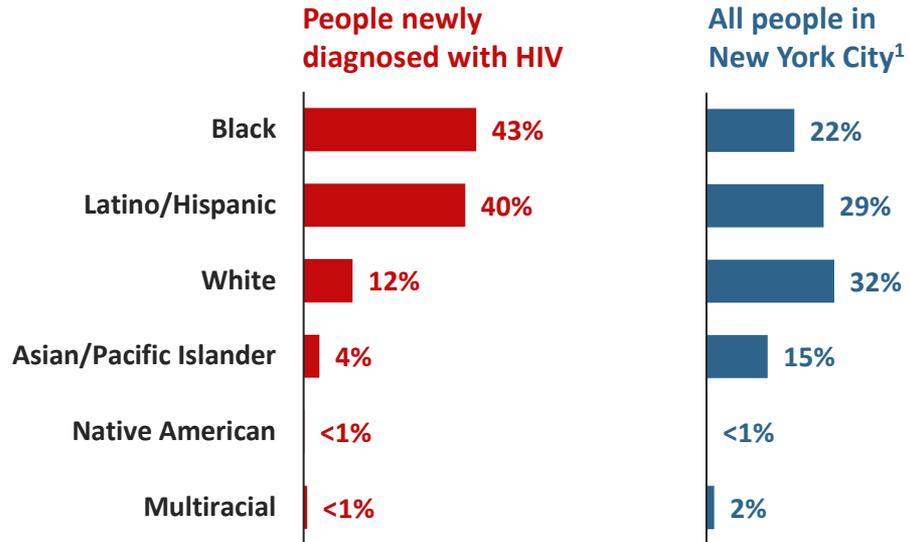
Number of new HIV diagnoses in New York City
by place of birth, 2018-2022
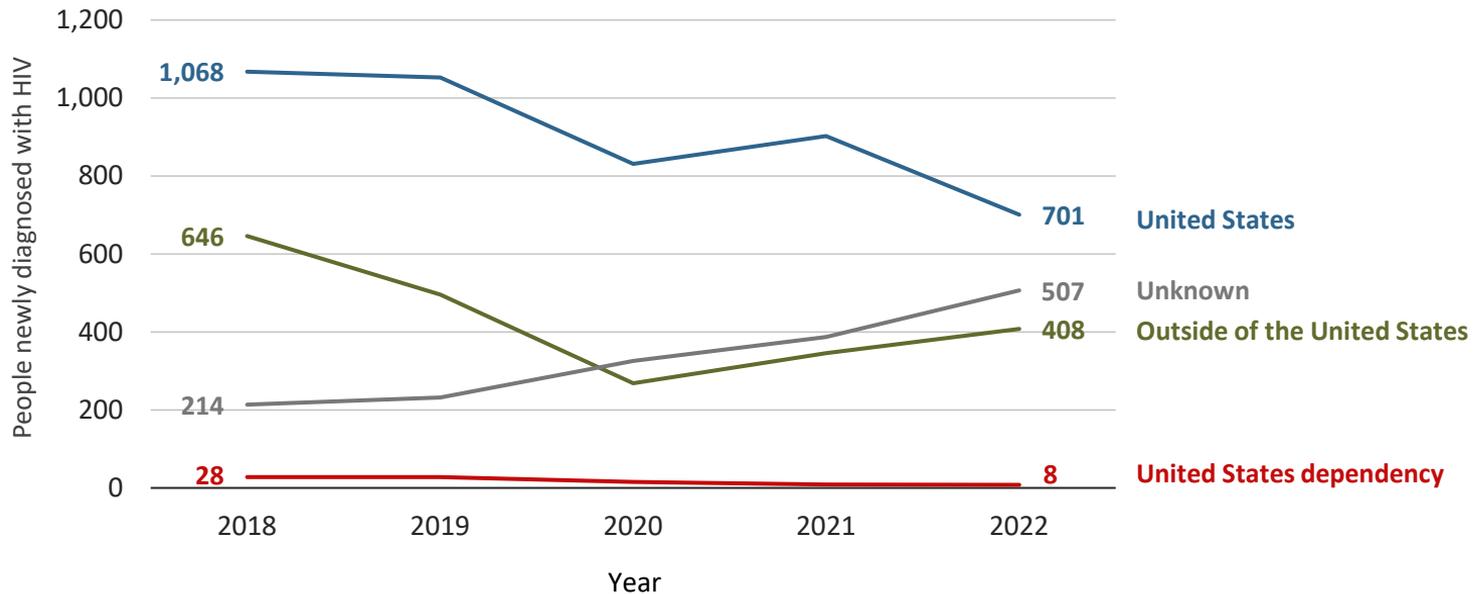
Between 2018 and 2022, there was a 137% increase in people newly diagnosed with HIV with an unknown place of birth.[1] The number of new HIV diagnoses decreased or remained stable for all other places of birth. People born in the United States consistently experienced the highest number of new HIV diagnoses, accounting for 43% of new diagnoses in 2022.
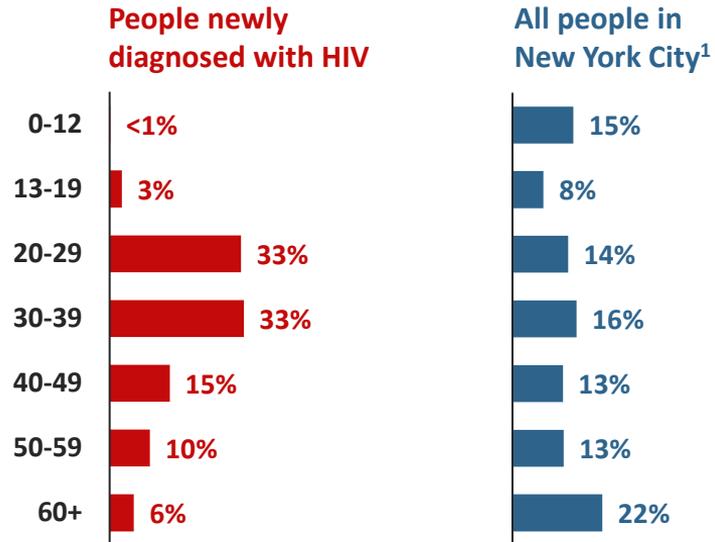
[1]The number of people newly diagnosed with HIV with an unknown place of birth increased due to changes in access to medical records after the emergence of COVID-19 in New York City.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

14

Proportion of people newly diagnosed with HIV and all people[1] in New York City by race or ethnicity, 2022

People newly diagnosed with HIV

Race/Ethnicity	%
Black	43%
Latino/Hispanic	40%
White	12%
Asian/Pacific Islander	4%
Native American	<1%
Multiracial	<1%

All people in New York City[1]

Race/Ethnicity	%
Black	22%
Latino/Hispanic	29%
White	32%
Asian/Pacific Islander	15%
Native American	<1%
Multiracial	2%

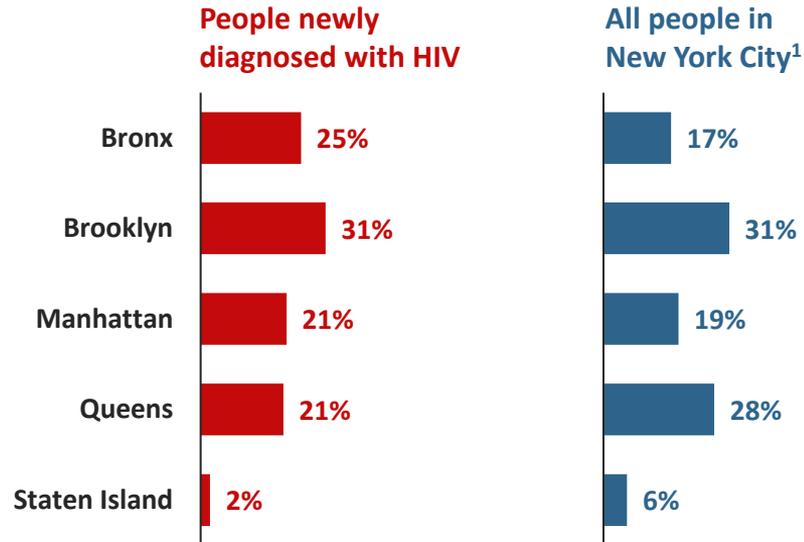**The proportion of new HIV diagnoses among Black and Latino/Hispanic people is higher than their respective proportions among all people in New York City.**

[1]NYC 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 people newly diagnosed with HIV and all people[1] in New York City by age group, 2022

People newly diagnosed with HIV

All people in New York City[1]

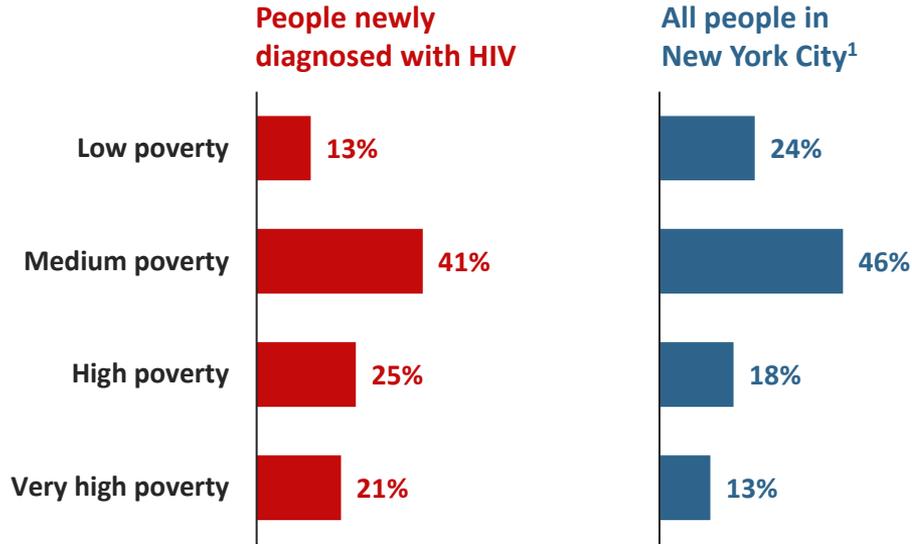| Age group	People newly diagnosed with HIV	All people in New York City[1]
0-12	<1%	15%
13-19	3%	8%
20-29	33%	14%
30-39	33%	16%
40-49	15%	13%
50-59	10%	13%
60+	6%	22%

The proportion of new HIV diagnoses among people aged 20 to 39 years is more than double their respective proportions among all people in New York City.

Proportion of people newly diagnosed with HIV and all people[1] in New York City by borough of residence,[2] 2022

People newly diagnosed with HIV

Borough	%
Bronx	25%
Brooklyn	31%
Manhattan	21%
Queens	21%
Staten Island	2%

All people in New York City[1]

Borough	%
Bronx	17%
Brooklyn	31%
Manhattan	19%
Queens	28%
Staten Island	6%

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

Proportion of people newly diagnosed with HIV and all people[1] in New York City by area-based poverty,[2,3] 2022

People newly diagnosed with HIV

Poverty level	Percentage
Low poverty	13%
Medium poverty	41%
High poverty	25%
Very high poverty	21%

All people in New York City[1]

Poverty level	Percentage
Low poverty	24%
Medium poverty	46%
High poverty	18%
Very high poverty	13%

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

Rate of new HIV diagnoses[1] per 100,000 people in New York City by race or ethnicity, 2018-2022

The rate of new HIV diagnoses increased among Native American people, with three people newly diagnosed in 2022; counts remain low, the rate should be interpreted with caution. The rate of new HIV diagnoses decreased or remained stable in all other race or ethnicity groups between 2018 and 2022. Black and Latino/Hispanic people consistently experienced the highest rates of new HIV diagnoses.
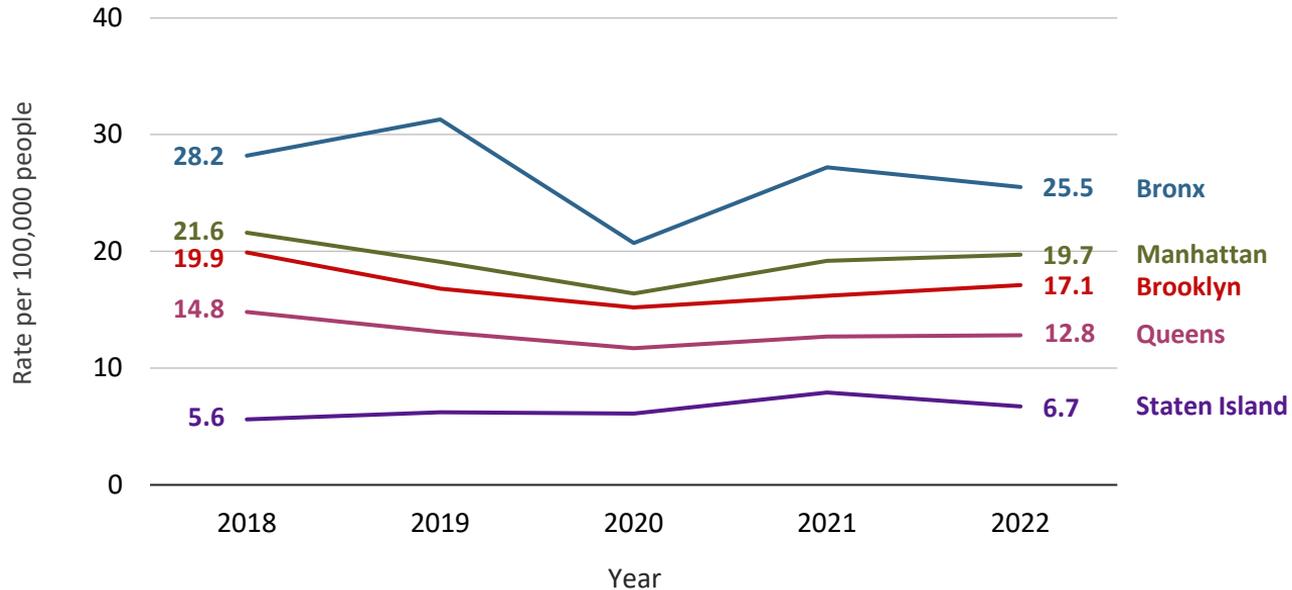
Rate of new HIV diagnoses[1] per 100,000 people in New York City by age group, 2018-2022
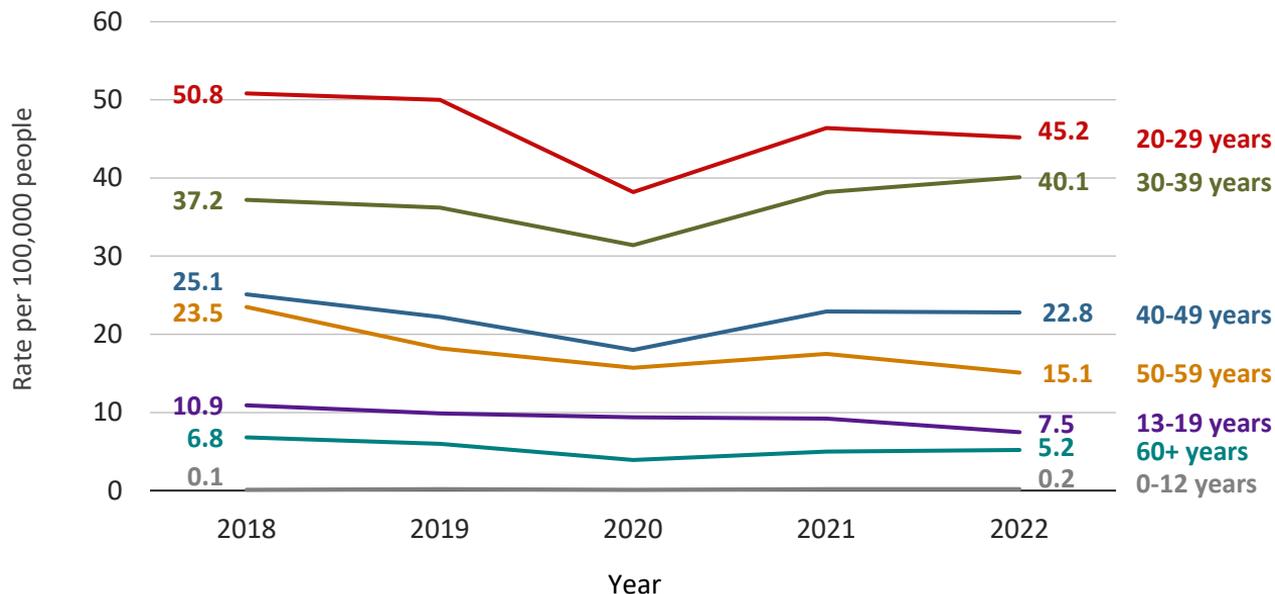
The rate of new HIV diagnoses decreased or remained stable in all age groups between 2018 and 2022. People aged 20 to 39 years consistently experienced the highest rates of new HIV diagnoses.

Rate of new HIV diagnoses[1] per 100,000 people in New York City by borough of residence, 2018-2022

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

Rate of new HIV diagnoses[1] per 100,000 people in New York City by area-based poverty,[2] 2018-2022
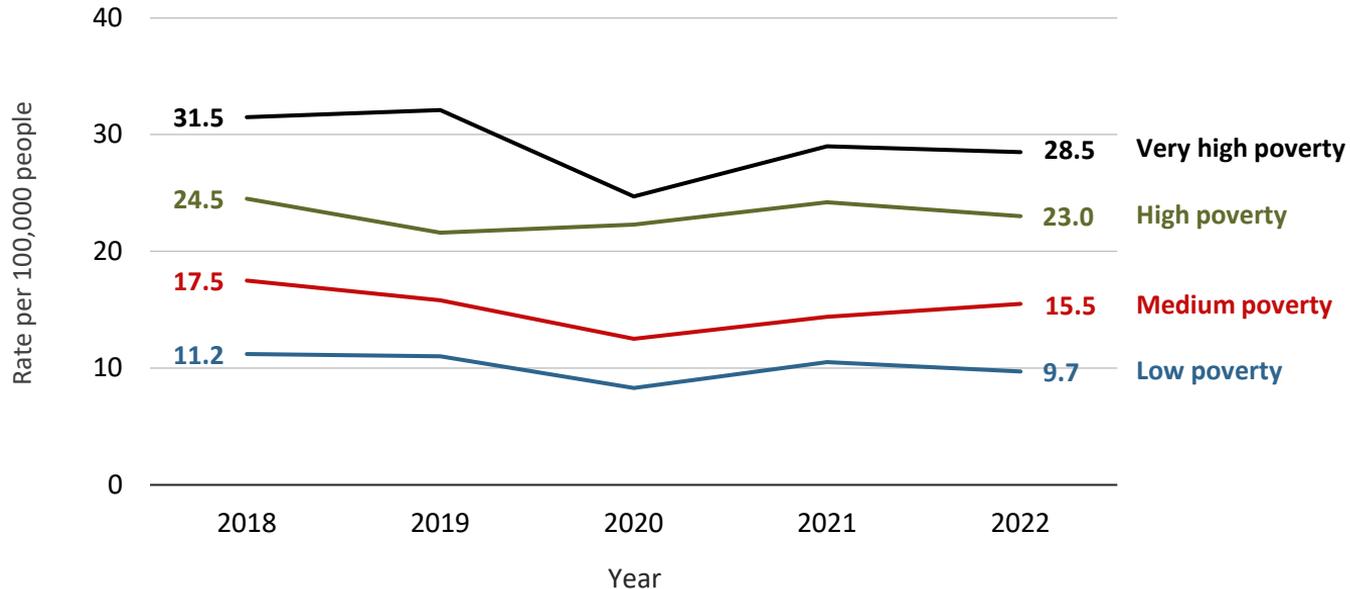

The rate of new HIV diagnoses decreased or remained stable in all area-based poverty groups between 2018 and 2022. People living in areas with very high poverty consistently experienced the highest rates of new HIV diagnoses.

CARE OUTCOMES AMONG PEOPLE NEWLY DIAGNOSED WITH HIV IN NEW YORK CITY

Timely initiation of care[1] among people newly diagnosed with HIV in New York City, 2018-2022

Timely initiation of care remained relatively flat in New York City from 2018 to 2022.

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

Timely initiation of care[1] among people newly diagnosed with HIV in New York City by demographic groups, 2022

81% in NYC overall

Gender
- Men — 81%
- Women — 79%
- Transgender — 85%

Race or ethnicity
- Black — 77%
- Latino/Hispanic — 85%
- White — 77%
- Asian/Pacific Islander — 76%
- Native American — 100%*
- Multiracial — 93%*

Age group (years)
- 0-12 — 100%*
- 13-19 — 76%
- 20-29 — 83%
- 30-39 — 82%
- 40-49 — 79%
- 50-59 — 79%
- 60+ — 72%

Borough
- Bronx — 83%
- Brooklyn — 86%
- Manhattan — 81%
- Queens — 83%
- Staten Island — 85%

81% in NYC overall

Area-based poverty[2]
- Low poverty — 80%
- Medium poverty — 84%
- High poverty — 84%
- Very high poverty — 84%

Transmission category
- Men who have sex with men — 86%
- Injection drug use history — 73%*
- MSM-IDU — 63%*
- Heterosexual contact — 83%
- TG-SC — 88%
- Perinatal — 100%*
- Other — 100%*

Region of birth
- U.S. — 84%
- U.S. Dependency — 75%*
- Outside U.S. — 85%

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

*Data should be interpreted with caution because of small population size.
MSM-IDU=Men who have sex with men and inject drugs; TG-SC=Transgender people with sexual contact.
[1]Timely 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.
[2]Area-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.
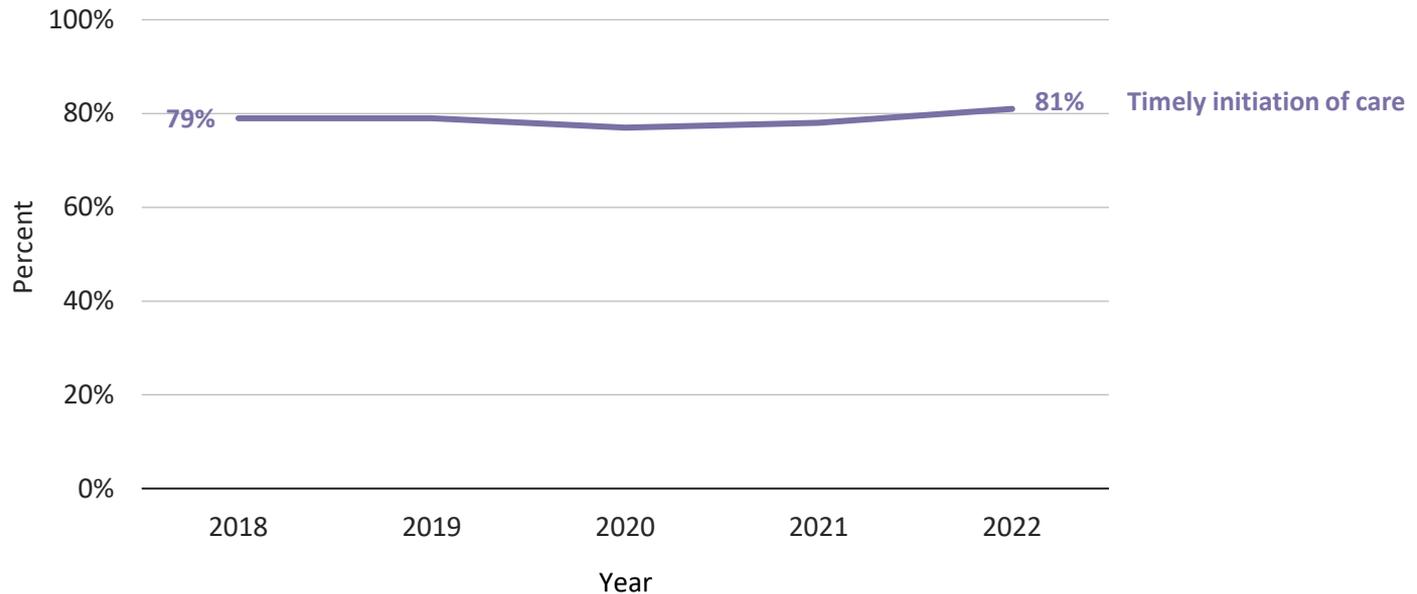Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty=≥30% below FPL.
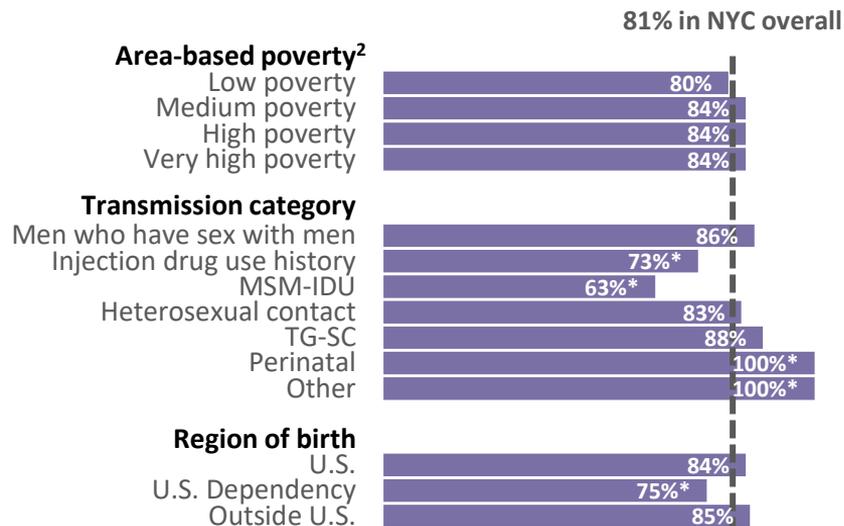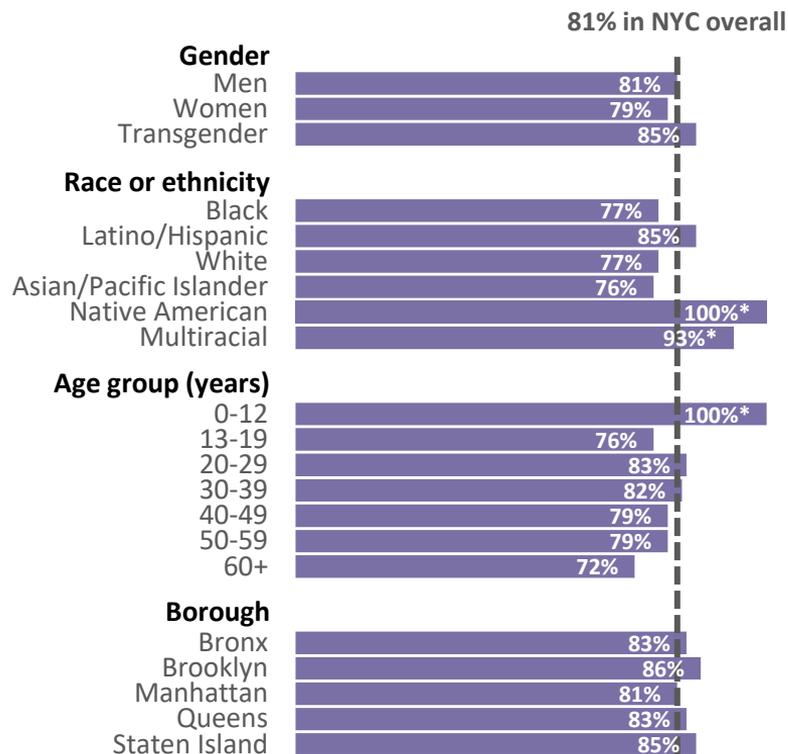As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

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Timely initiation of care[1] among people 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

- 62% to 78%
- more than 78% to 82%
- more than 82% to 88%
- more than 89% to 100%
- Data not shown (denominator ≤5)
- Non-residential areas

Kingsbridge – Riverdale

Flushing – Clearview

Rockaway

0   2.5   5   10 Miles

The neighborhoods with the lowest proportions of people linked to care within 30 days were Rockaway (62%), Flushing – Clearview (72%), and Kingsbridge – Riverdale (73%).

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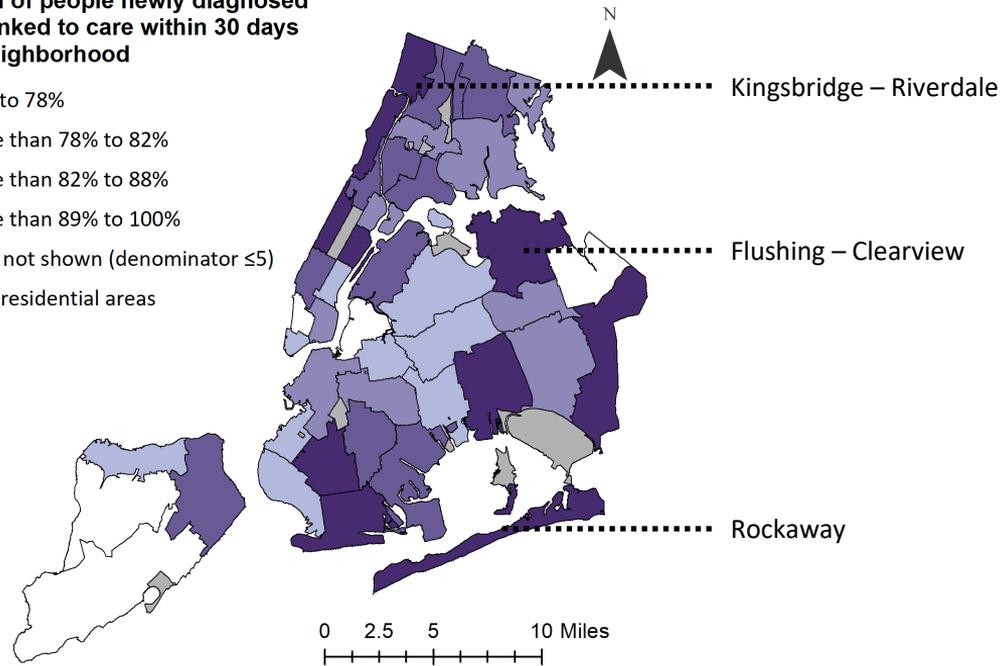As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

Viral suppression[1] within three months among people newly diagnosed with HIV in New York City, 2022
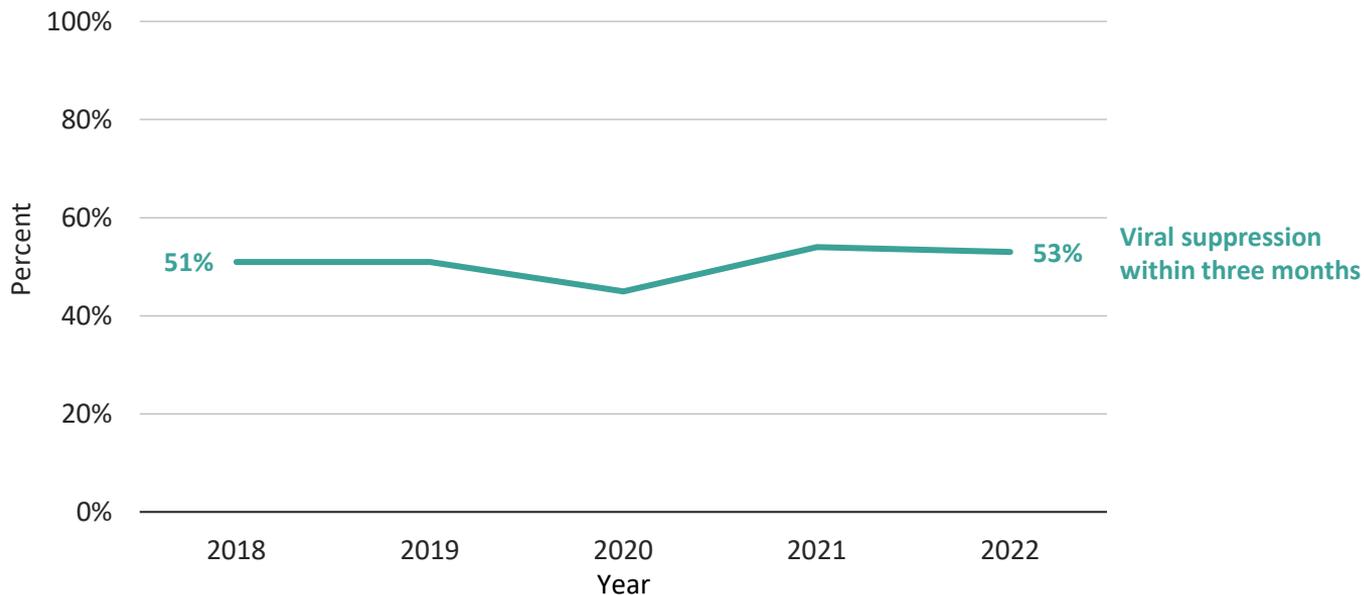
Viral suppression within three months of an HIV diagnosis remained relatively flat in New York City from 2018 to 2022.

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

Viral suppression[1] within three months among people newly diagnosed with HIV in New York City by demographic group, 2022

53% in NYC overall

Gender
- Men — 53%
- Women — 52%
- Transgender — 53%

Race or ethnicity
- Black — 49%
- Latino/Hispanic — 58%
- White — 50%
- Asian/Pacific Islander — 43%
- Native American — 100%*
- Multiracial — 47%*

Age group (years)
- 0-12 — 67%*
- 13-19 — 55%
- 20-29 — 55%
- 30-39 — 49%
- 40-49 — 60%
- 50-59 — 53%
- 60+ — 41%

Borough
- Bronx — 59%
- Brooklyn — 57%
- Manhattan — 55%
- Queens — 47%
- Staten Island — 33%

53% in NYC overall

Area-based poverty[2]
- Low poverty — 50%
- Medium poverty — 53%
- High poverty — 58%
- Very high poverty — 56%

Transmission category
- Men who have sex with men — 58%
- Injection drug use history — 47%*
- MSM-IDU — 63%*
- Heterosexual contact — 60%
- TG-SC — 56%
- Perinatal — 0%*
- Other — 100%*

Region of birth
- U.S. — 54%
- U.S. Dependency — 63%*
- Outside U.S. — 56%

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

*Data should be interpreted with caution because of small population size.
MSM-IDU=Men who have sex with men and inject drugs; TG-SC=Transgender people with sexual contact.
[1]Viral 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.
[2]Area-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.

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Viral suppression[1] within three months among people 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
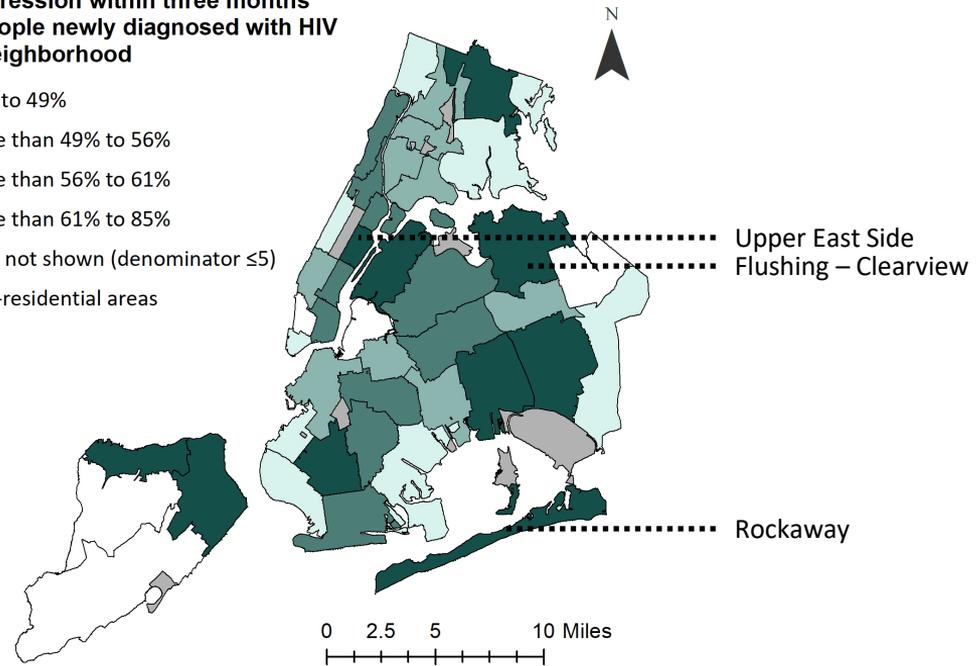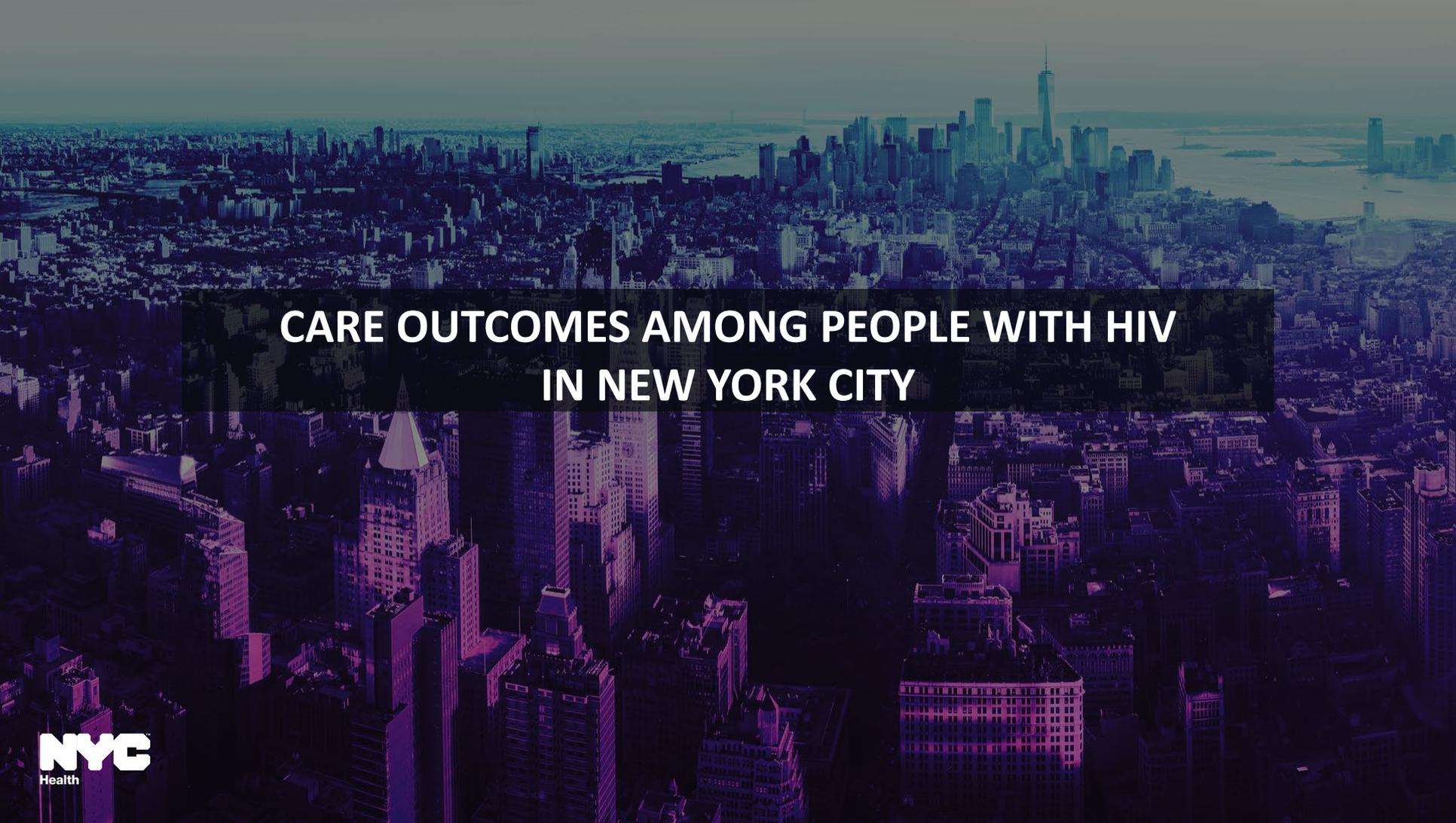
- 22% to 49%
- more than 49% to 56%
- more than 56% to 61%
- more than 61% to 85%
- Data not shown (denominator ≤5)
- Non-residential areas

Upper East Side
Flushing – Clearview
Rockaway

0   2.5   5   10 Miles

The neighborhoods with the lowest proportions of people virally suppressed within three months of an HIV diagnosis were Flushing – Clearview (22%), Upper East Side (25%), and Rockaway (31%).

CARE OUTCOMES AMONG PEOPLE WITH HIV IN NEW YORK CITY

Viral suppression[1] among people with diagnosed HIV in New York City, 2018-2022
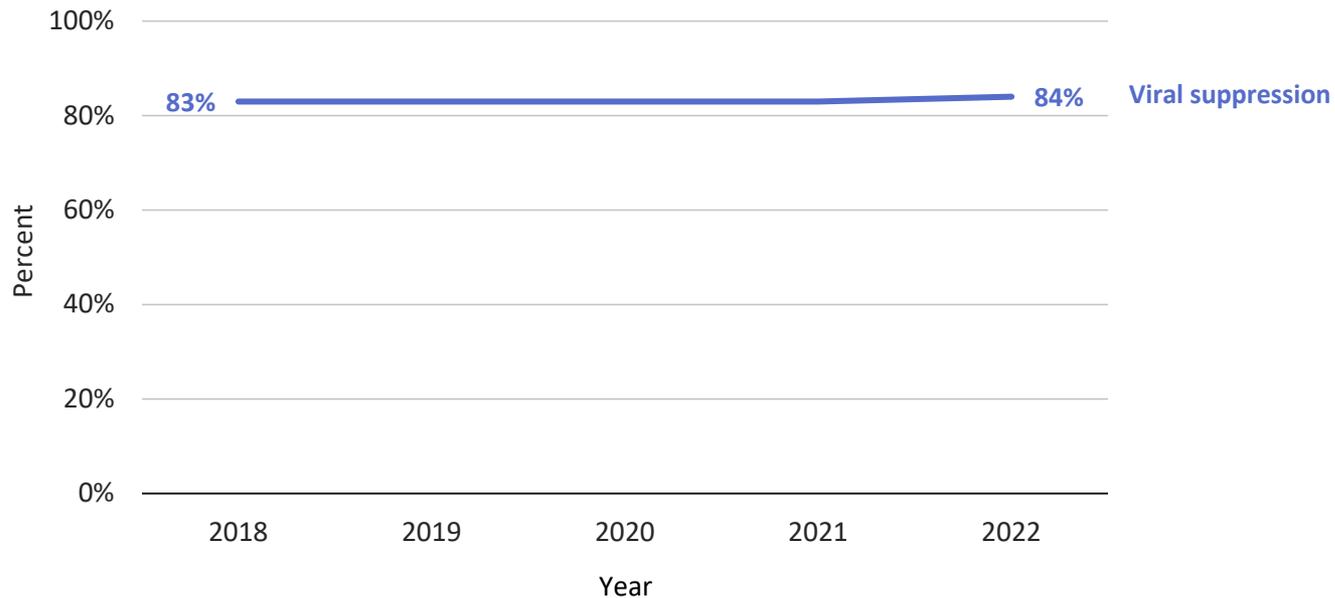
Viral suppression remained relatively flat in New York City from 2018 to 2022.

[1]Viral suppression is defined as the last HIV viral load in the calendar year <200 copies/mL.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

Viral suppression[1] among people with diagnosed HIV in New York City by demographic group, 2022

84% in NYC overall

Gender
- Men: 85%
- Women: 83%
- Transgender: 76%

Race or ethnicity
- Black: 80%
- Latino/Hispanic: 85%
- White: 91%
- Asian/Pacific Islander: 93%
- Native American: 78%
- Multiracial: 80%

Age group (years)
- 0-12: 83%
- 13-19: 79%
- 20-29: 76%
- 30-39: 79%
- 40-49: 82%
- 50-59: 85%
- 60+: 89%

Borough
- Bronx: 82%
- Brooklyn: 83%
- Manhattan: 86%
- Queens: 86%
- Staten Island: 82%

84% in NYC overall

Area-based poverty[2]
- Low poverty: 88%
- Medium poverty: 85%
- High poverty: 83%
- Very high poverty: 80%

Transmission category
- Men who have sex with men: 87%
- Injection drug use history: 81%
- MSM-IDU: 78%
- Heterosexual contact: 84%
- TG-SC: 77%
- Perinatal: 69%
- Other: 90%

Region of birth
- U.S.: 82%
- U.S. Dependency: 82%
- Outside U.S.: 88%

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

MSM-IDU=Men who have sex with men and inject drugs; TG-SC=Transgender people with sexual contact.
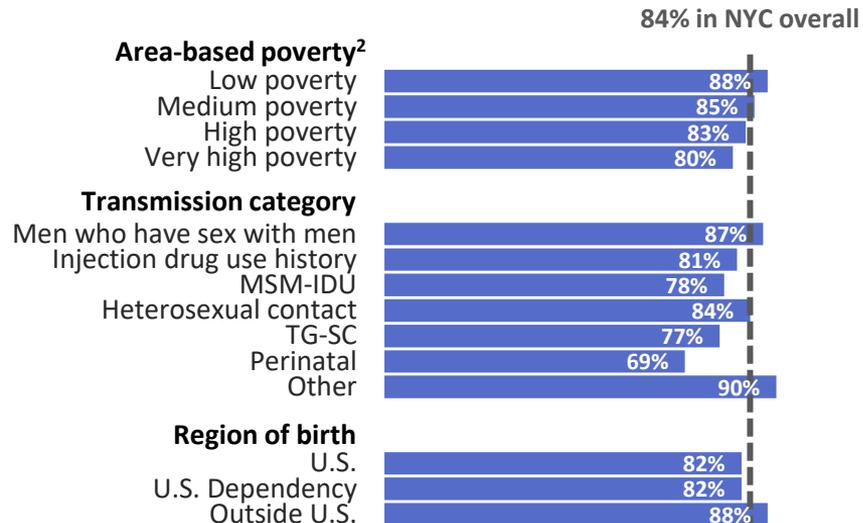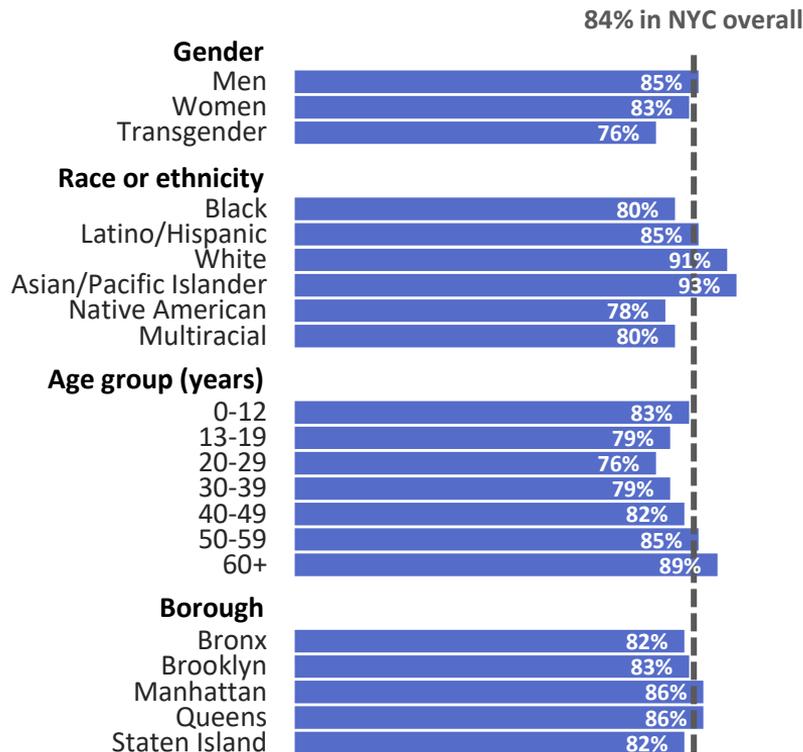[1]Viral suppression is defined as the last HIV viral load in the calendar year <200 copies/mL. People diagnosed at death have been excluded.
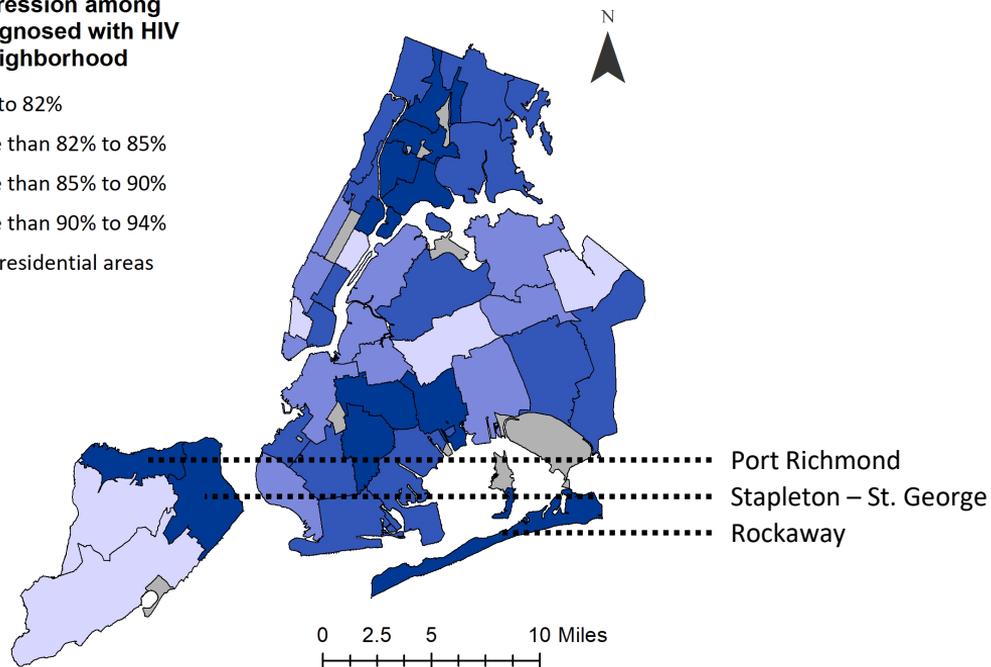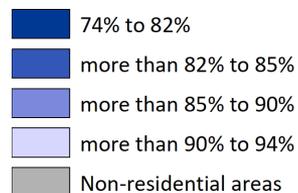[2]Area-based poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.
Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty=≥30% below FPL.
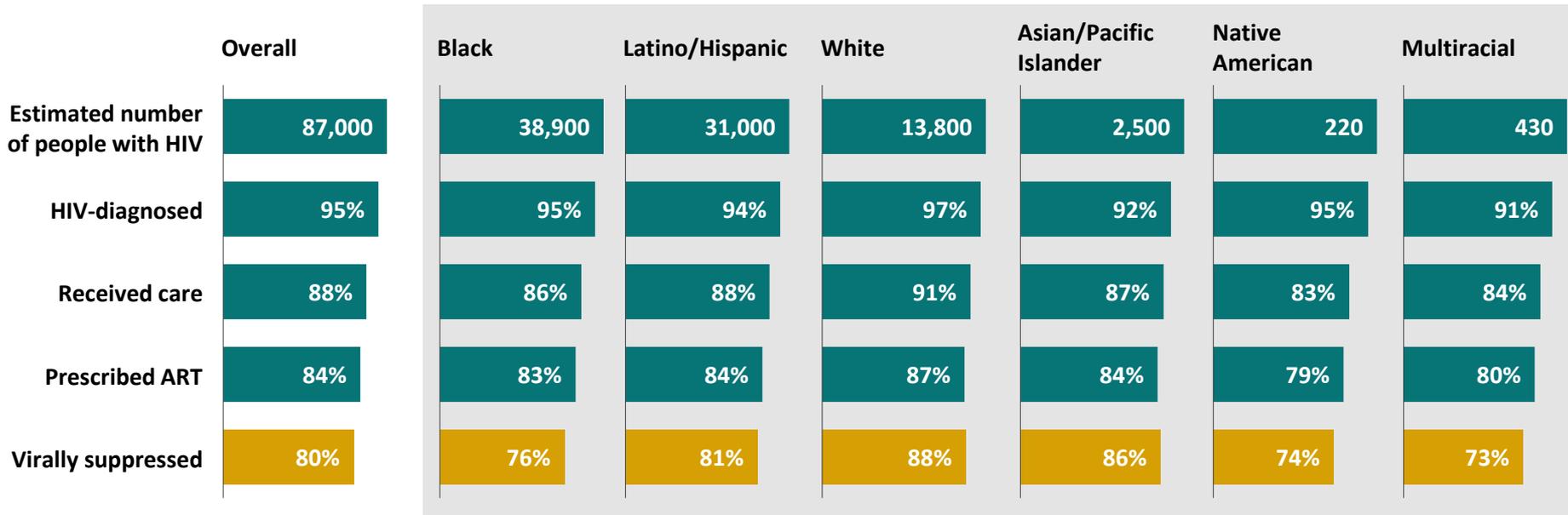As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

NYC Health

Viral suppression[1] among people with diagnosed HIV in New York City by United Hospital Fund neighborhood, 2022

Viral suppression among people diagnosed with HIV by UHF neighborhood

- 74% to 82%
- more than 82% to 85%
- more than 85% to 90%
- more than 90% to 94%
- Non-residential areas

Port Richmond
Stapleton – St. George
Rockaway

0   2.5   5   10 Miles

The neighborhoods with the lowest proportions of people virally suppressed were Rockaway (74%), Stapleton – St. George (78%), and Port Richmond (78%).

[1]Viral suppression is defined as the last HIV viral load in the calendar year <200 copies/mL.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

33

Proportion of people with HIV in stages of the HIV care continuum[1,2]
in New York City overall and by race or ethnicity,[3] 2022

	Overall	Black	Latino/Hispanic	White	Asian/Pacific Islander	Native American	Multiracial
Estimated number of people with HIV	87,000	38,900	31,000	13,800	2,500	220	430
HIV-diagnosed	95%	95%	94%	97%	92%	95%	91%
Received care	88%	86%	88%	91%	87%	83%	84%
Prescribed ART	84%	83%	84%	87%	84%	79%	80%
Virally suppressed	80%	76%	81%	88%	86%	74%	73%

Of approximately 87,000 people with HIV in New York City in 2022, 80% had a suppressed viral load. There were inequities in the HIV care continuum by race or ethnicity in 2022 in New York City.

[1]The 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.
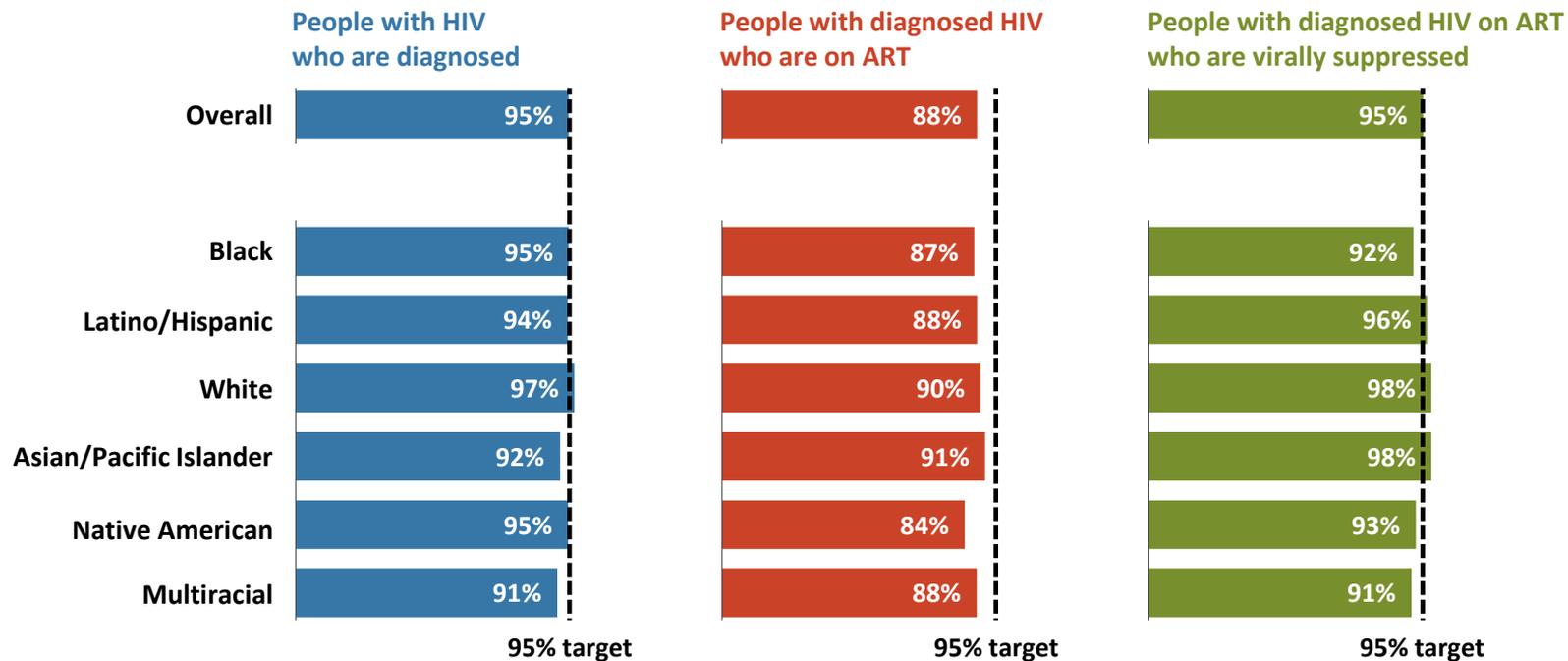[2]Proportions in the care continuum may not align between stages due to the use of multiple data sources in calculations (e.g., proportion prescribed ART may be lower than the proportion virally suppressed)
[3]The estimated number of people with HIV by race or ethnicity may not sum to the overall value 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.
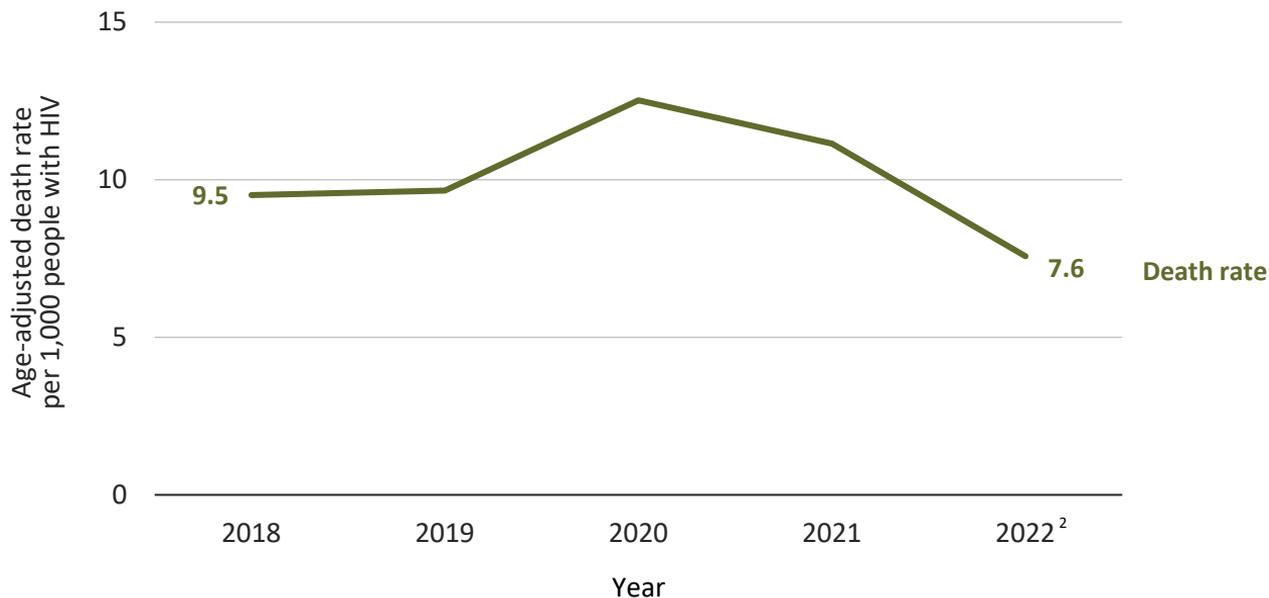As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

Proportion of people with HIV meeting UNAIDS 95-95-95 targets[1] in New York City overall and by race or ethnicity, 2022

People with HIV who are diagnosed

Overall	95%
Black	95%
Latino/Hispanic	94%
White	97%
Asian/Pacific Islander	92%
Native American	95%
Multiracial	91%

95% target

People with diagnosed HIV who are on ART

Overall	88%
Black	87%
Latino/Hispanic	88%
White	90%
Asian/Pacific Islander	91%
Native American	84%
Multiracial	88%

95% target

People with diagnosed HIV on ART who are virally suppressed

Overall	95%
Black	92%
Latino/Hispanic	96%
White	98%
Asian/Pacific Islander	98%
Native American	93%
Multiracial	91%

95% target

The proportion of people with diagnosed HIV who are on ART is lower than the 95% target in New York City. There were inequities in meeting UNAIDS 95-95-95 targets by race or ethnicity in 2022 in New York City.

Age-adjusted[1] death rate per 1,000 people with HIV in New York City, 2018-2022

The age-adjusted death rate declined by 20% since 2018 and 39% since its recent peak in 2020.
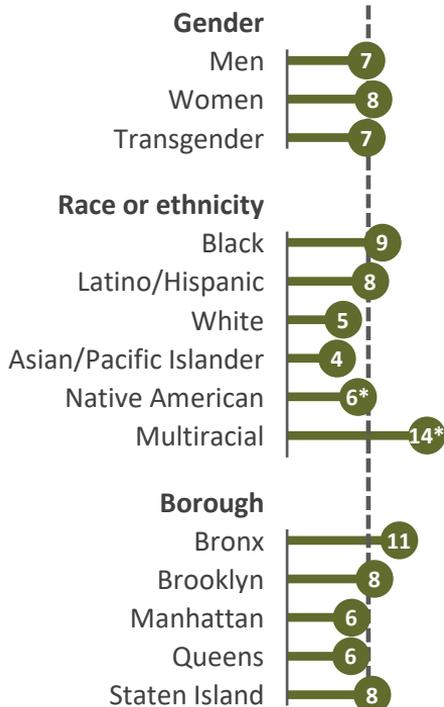
[1]Age-adjusted to the standard 2000 U.S. population. People newly diagnosed with HIV at death were excluded from the numerator.
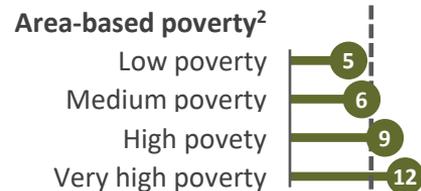[2]Death data for 2022 are incomplete.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

Age-adjusted[1] death rate per 1,000 people with HIV in New York City by demographic group, 2022

7.6 deaths per 1,000 people with HIV in NYC overall

Gender
- Men — 7
- Women — 8
- Transgender — 7

Race or ethnicity
- Black — 9
- Latino/Hispanic — 8
- White — 5
- Asian/Pacific Islander — 4
- Native American — 6*
- Multiracial — 14*

Borough
- Bronx — 11
- Brooklyn — 8
- Manhattan — 6
- Queens — 6
- Staten Island — 8

7.6 deaths per 1,000 people with HIV in NYC overall

Area-based poverty[2]
- Low poverty — 5
- Medium poverty — 6
- High povety — 9
- Very high poverty — 12

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

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

MSM-IDU=Men who have sex with men and inject drugs; TG-SC=Transgender people with sexual contact.

[1]Age-adjusted to the standard 2000 U.S. population. People newly diagnosed with HIV at death were excluded from the numerator.
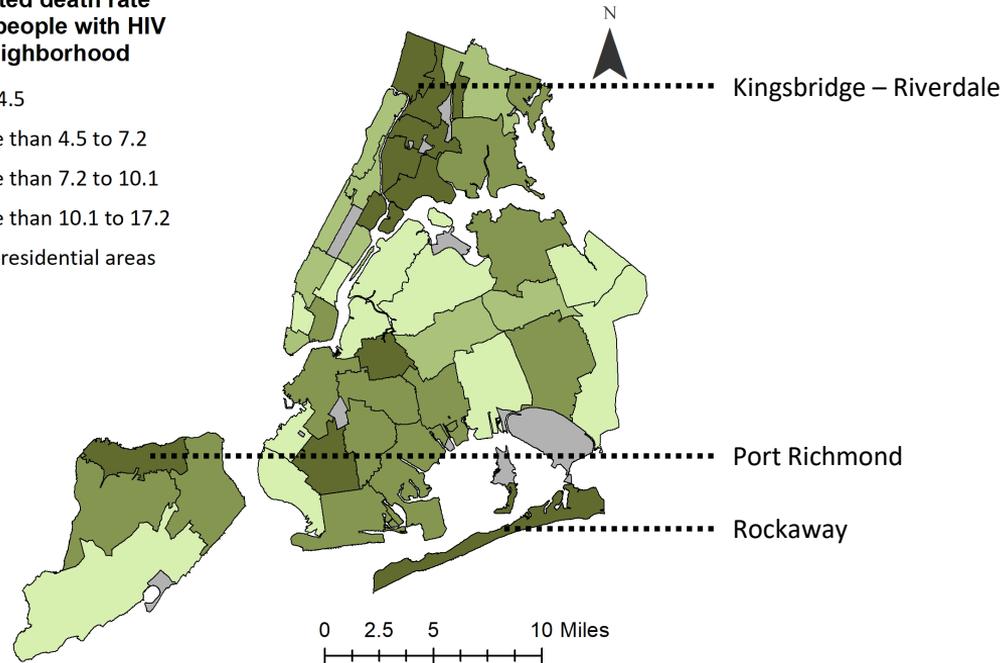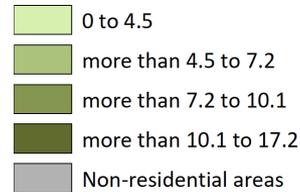
[2]Area-based poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.

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.

Age-adjusted[1] death rate per 1,000 people 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

- 0 to 4.5
- more than 4.5 to 7.2
- more than 7.2 to 10.1
- more than 10.1 to 17.2
- Non-residential areas

N

Kingsbridge – Riverdale

Port Richmond

Rockaway

0   2.5   5   10 Miles

The neighborhoods with the highest age-adjusted death rates were Kingsbridge – Riverdale (17.2 per 1,000), Port Richmond (13.2 per 1,000), and Rockaway (12.1 per 1,000).

Proportion of deaths among people with HIV in New York City by cause of death, 2021[1]

Unknown, 2%

HIV-related,[2] 19%
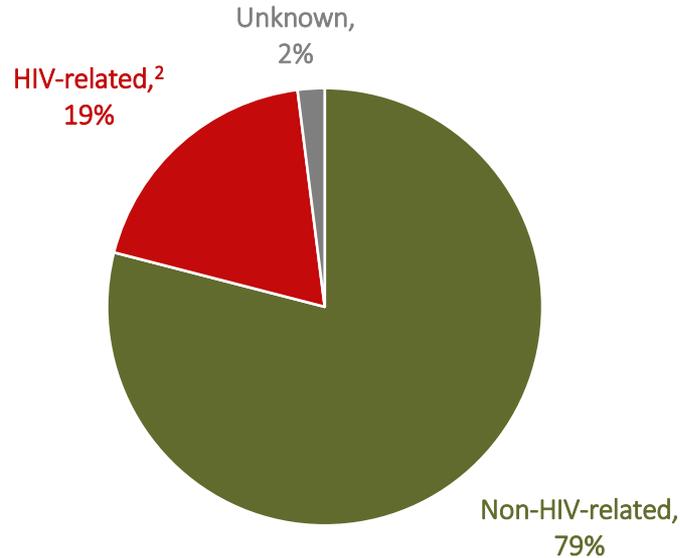
Non-HIV-related, 79%

In 2021, 79% of deaths among people with HIV were due to non-HIV-related causes. Among these, the top causes were cardiovascular disease (23%), non-HIV-related cancers (18%), and COVID-19 (10%).

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.

NYC
Health

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.