

HIV among people with perinatally transmitted 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.

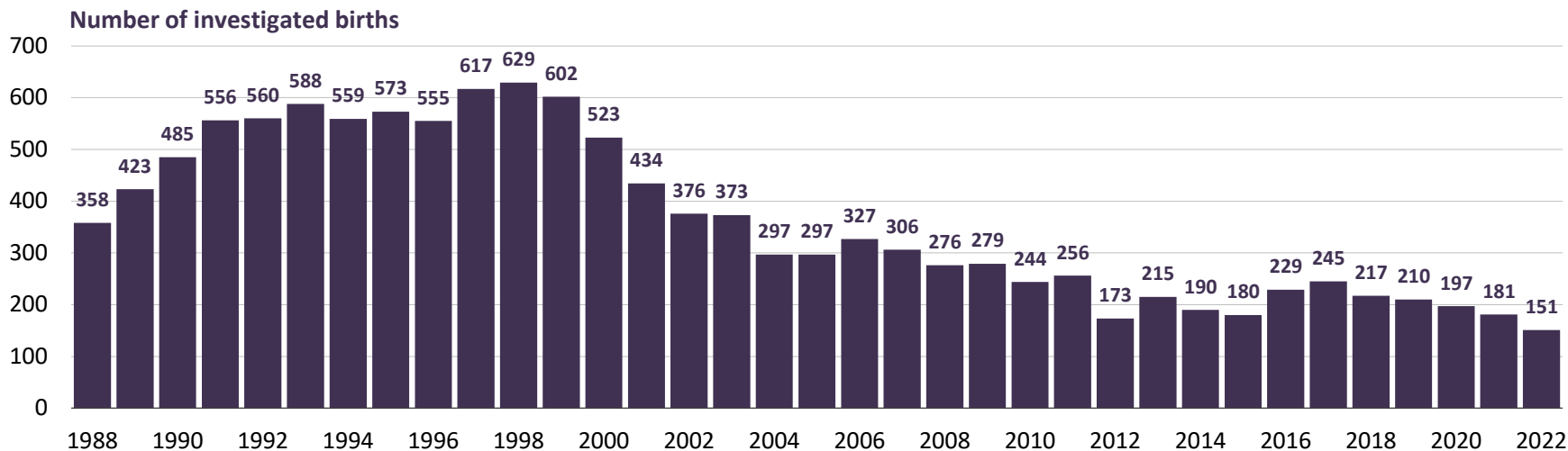
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Basic statistics among people with perinatally transmitted HIV in New York City, 2022

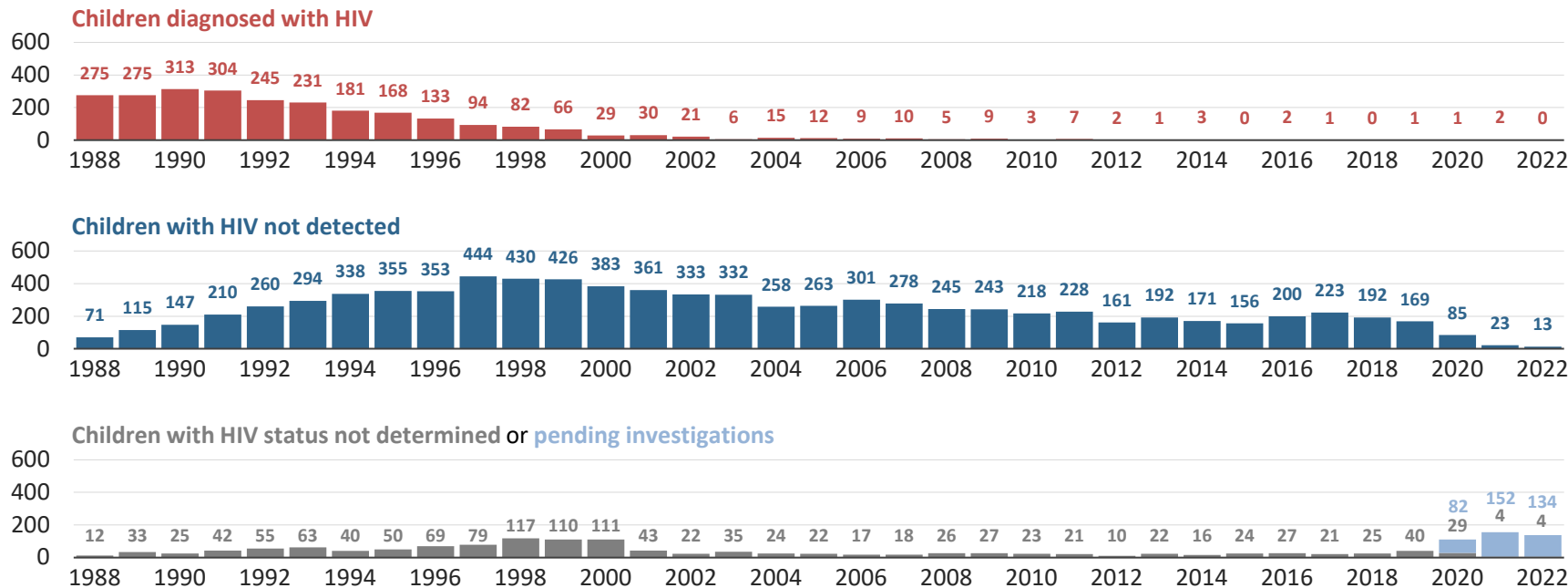
- **1 child newly diagnosed with perinatally transmitted HIV¹**
- **13 people originally diagnosed with perinatally transmitted HIV were newly diagnosed with AIDS**
- **26 deaths among people with perinatally transmitted HIV**

Number of children born to people with HIV¹ at select medical facilities² in New York City by year of birth, 1988-2022⁴



The number of children born to people with HIV at select medical facilities in New York City has declined since 1988.

Number of children born to people with HIV¹ at select medical facilities² in New York City by year of birth and current HIV status, 1988-2022⁴

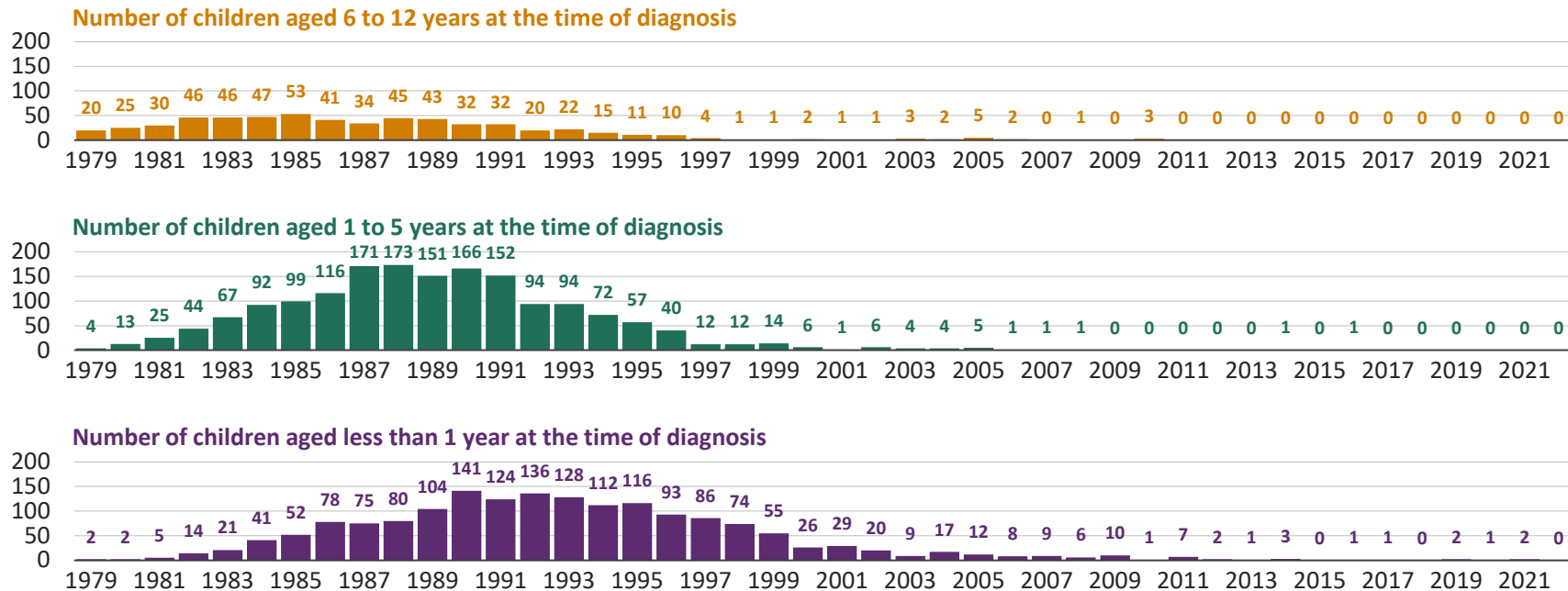


The number of children born to people with HIV who were subsequently diagnosed with HIV has declined in New York City since 1988. There were no children diagnosed with perinatally transmitted HIV born in 2015, 2018, or 2022.



¹People with HIV includes anyone assigned female at birth. ²Includes data collected at high-volume NYC medical facilities that care for the majority of HIV-exposed children and children with HIV. Since 2017, NYC's perinatal surveillance program has conducted exposure investigations at 21 NYC medical facilities. Children born outside of NYC are not included in this figure. ³Children born to women with HIV at select NYC medical facilities are followed for two years after birth to determine HIV status. HIV status is labelled as "not determined" if the child is lost to follow-up. ⁴Includes cases diagnosed as of December 31, 2022. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

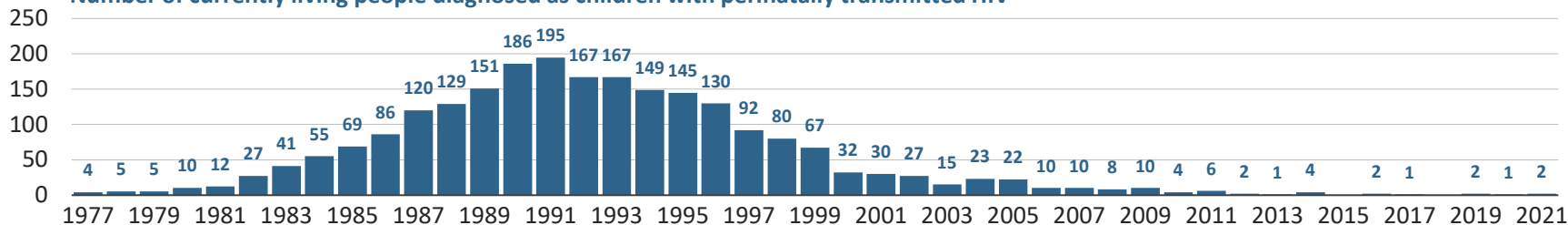
Number of children diagnosed with perinatally transmitted HIV¹ in New York City by year of birth and age at diagnosis, 1979-2022



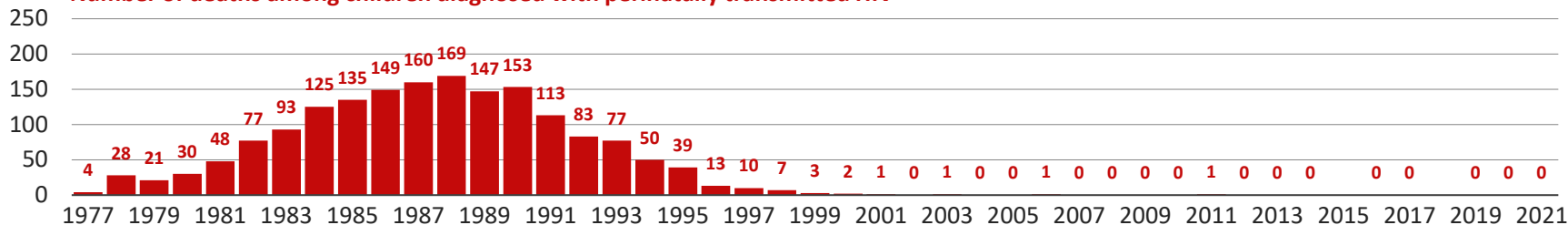
The introduction of newborn screening and improved HIV testing during pregnancy has resulted in the age of diagnosis declining among children diagnosed with perinatally transmitted HIV.

Number of children diagnosed with perinatally transmitted HIV¹ in New York City by year of birth and current vital status, 1977-2021

Number of currently living people diagnosed as children with perinatally transmitted HIV

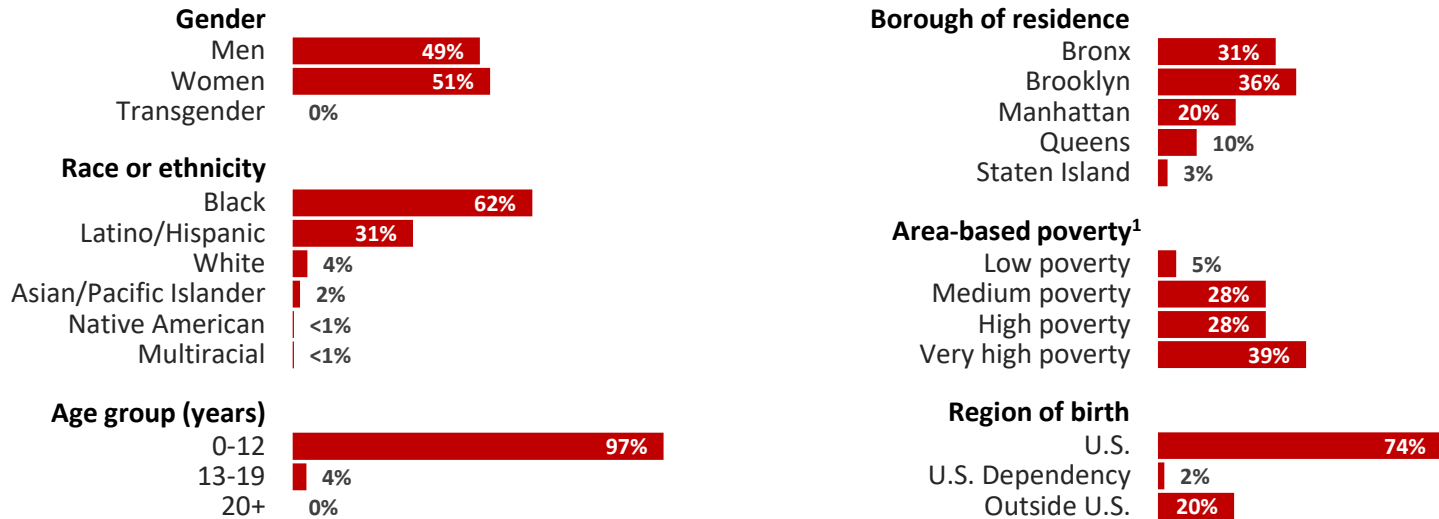


Number of deaths among children diagnosed with perinatally transmitted HIV



A greater proportion of people diagnosed as children with perinatally transmitted HIV born in more recent years are currently alive.

Percent of total HIV diagnoses among children diagnosed with perinatally transmitted HIV in New York City by demographic groups at diagnosis, 2001-2022

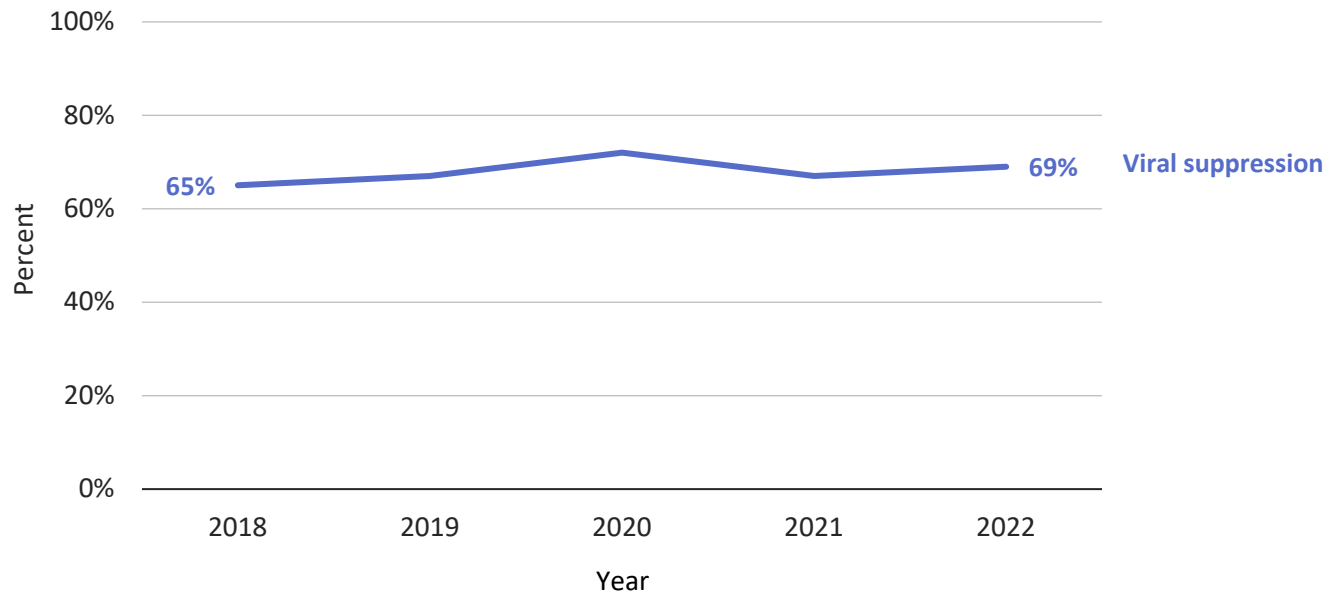


Inequities in HIV diagnoses exist among people diagnosed with perinatally transmitted HIV by demographic groups in New York City.

An aerial photograph of New York City, showing a dense urban landscape with numerous skyscrapers and buildings. The image is overlaid with a semi-transparent teal color. In the center, there is a dark horizontal band containing white text.

CARE OUTCOMES AMONG PEOPLE WITH PERINATALLY TRANSMITTED HIV IN NEW YORK CITY

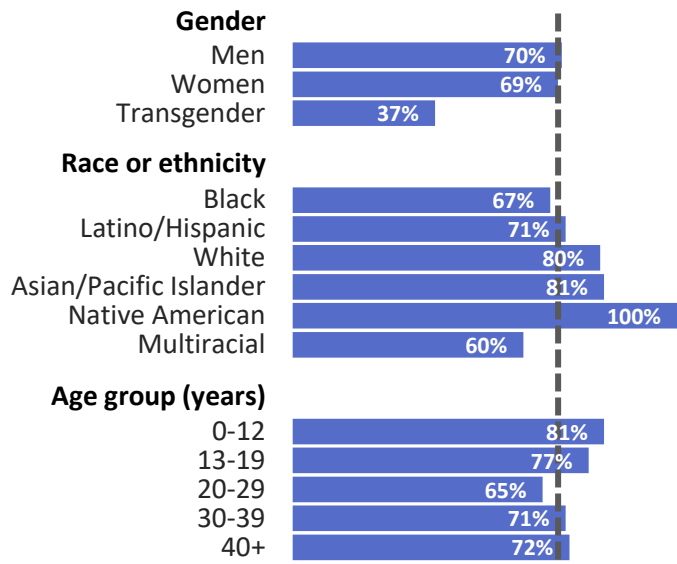
Viral suppression¹ among people diagnosed with perinatally transmitted HIV in New York City, 2018-2022



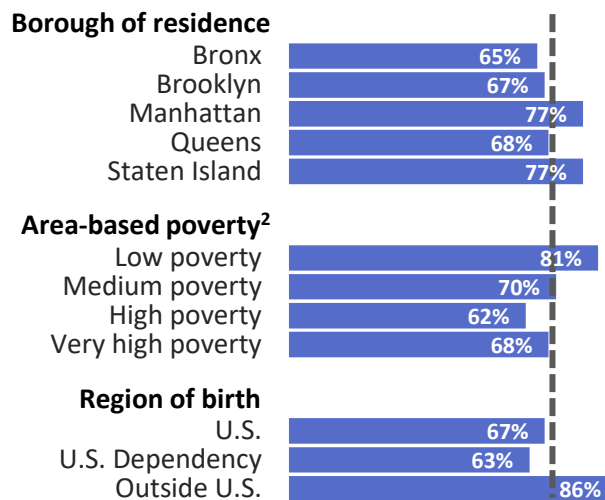
Viral suppression has increased by four percentage points among people diagnosed with perinatally transmitted HIV in New York City from 2018 to 2022, but it still lags behind the citywide proportion of 84% viral suppression among all people with HIV.

Viral suppression¹ among people diagnosed with perinatally transmitted HIV in New York City by demographic group, 2022

69% overall among people diagnosed with perinatally transmitted HIV



69% overall among people diagnosed with perinatally transmitted HIV



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



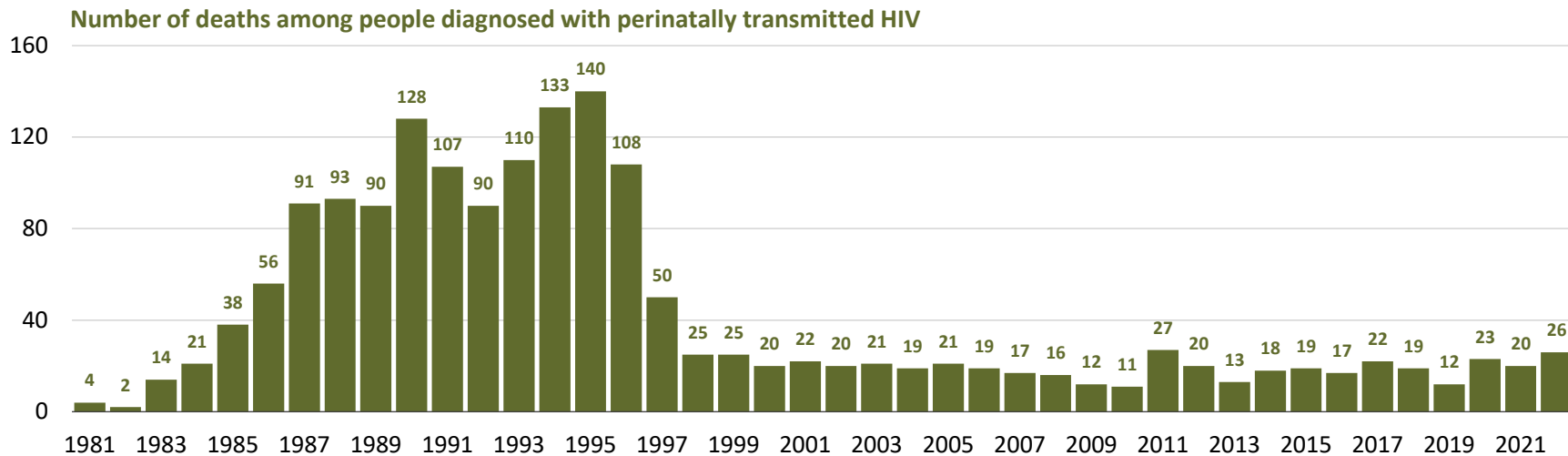
¹Viral suppression is defined as the last HIV viral load in the calendar year <200 copies/mL. People diagnosed at death have been excluded.

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>=30% below FPL.

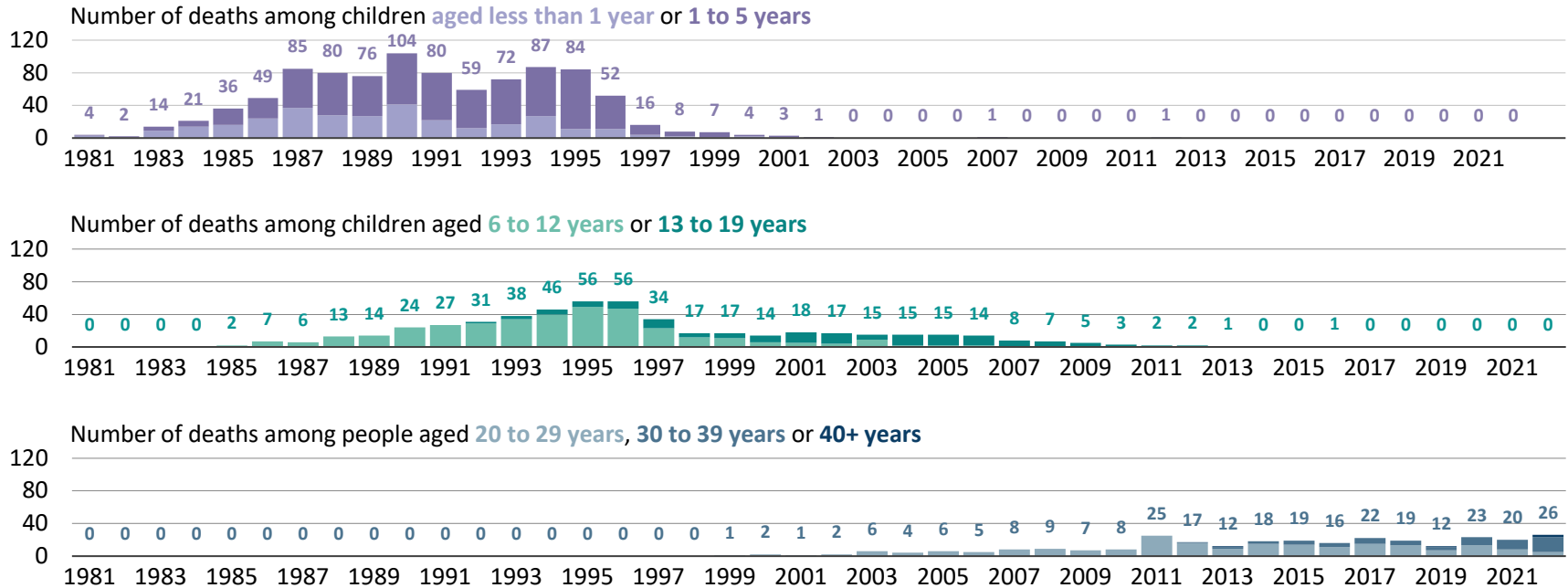
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

Number of deaths among people diagnosed with perinatally transmitted HIV in New York City, 1981-2022



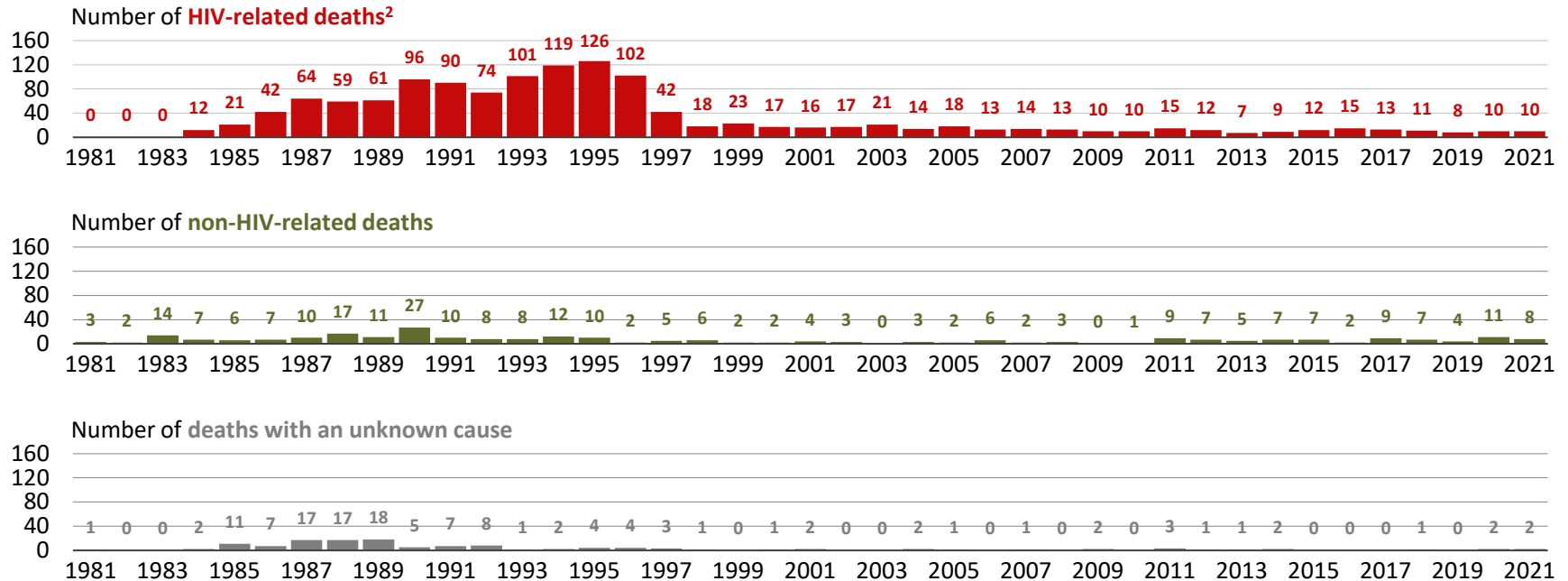
The number of deaths among people diagnosed with perinatally transmitted HIV dropped in the late 1990's and has stayed relatively low since that point.

Number of deaths among people diagnosed with perinatally transmitted HIV in New York City by age at death, 1981-2022



The age at death among people diagnosed with perinatally transmitted HIV has increased since the start of the epidemic.

Number of deaths among people diagnosed with perinatally transmitted HIV in New York City by cause of death, 1981-2021¹



The number of HIV-related deaths among people diagnosed with perinatally transmitted HIV dropped in the late 1990's as ART came into more widespread use. Deaths have stayed relatively low since that point.

¹Cause of death data for 2022 are incomplete, and so are not shown here.

²ICD10 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.