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Publication schedule: This report reflects events occurring through December 31, 2007, and reported by September 30, 2008, unless otherwise stated. It represents diagnoses made through nine months prior to the publication date because case reporting is 90% complete by that time. Because cases continue to be reported for many months, the final numbers can be expected to be higher.

To receive this report via e-mail, send an e-mail request to: hivreport@health.nyc.gov

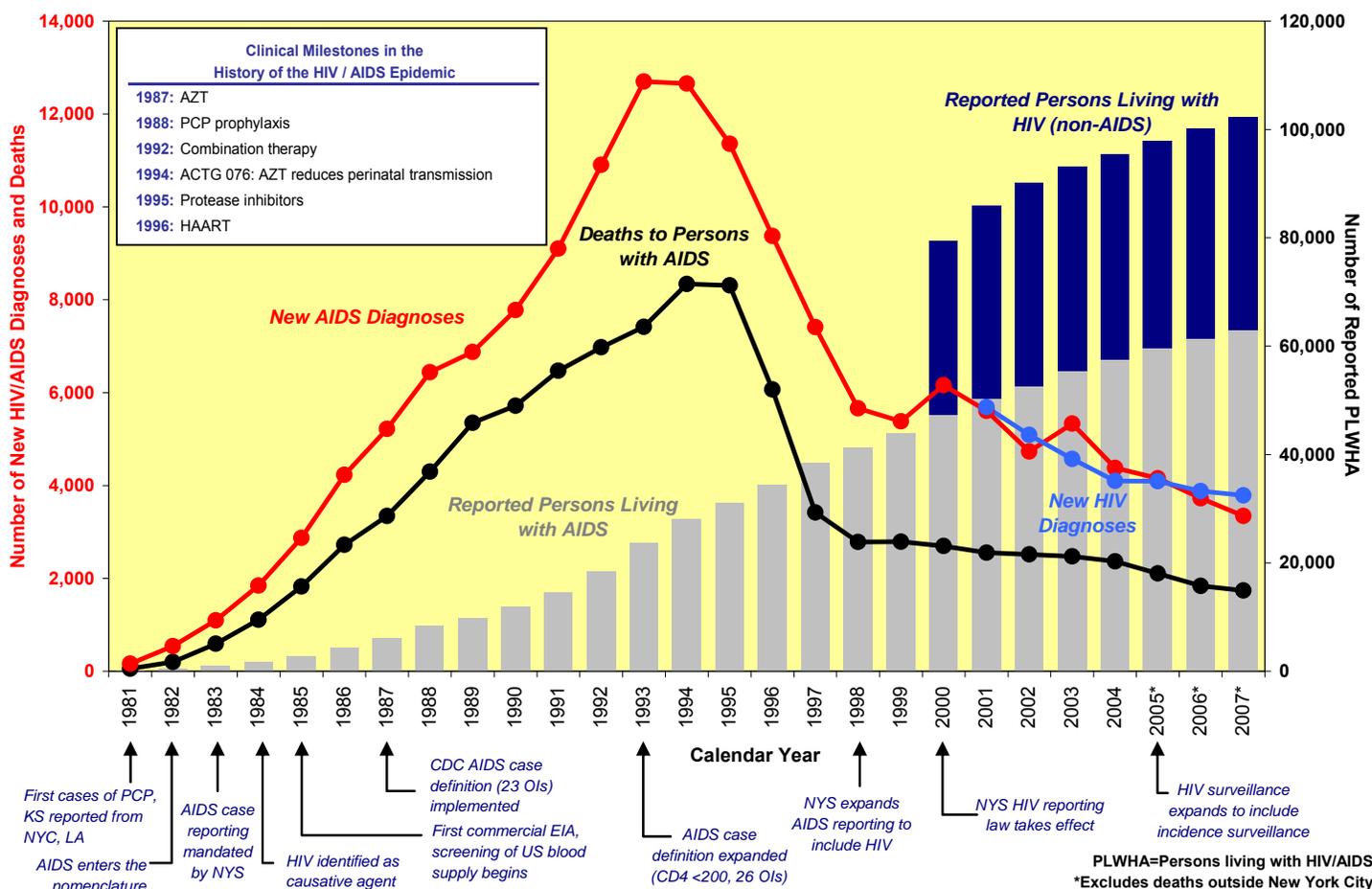
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HIGHLIGHTS FROM 2007

- As of December 31, 2007, **102,404** persons had been diagnosed and reported in New York City and were presumed to be living with HIV/AIDS (PLWHA), including **62,988** living with AIDS.
 - **73%** of PLWHA are ≥ 40 years of age; **4%** are ≥ 65 years of age.
- **3,787** new HIV diagnoses were reported in New York City in 2007. Diagnoses declined by ~500 cases/year between 2001 and 2004. Since 2004, the decline has flattened. The numbers were essentially stable at ~4,000 in 2004 and 2005 and have decreased by only ~150 cases per year between 2005 and 2007.
- **73%** of persons newly diagnosed in 2007 were male, and **50%** were black. **40%** of new diagnoses were attributed to men who have sex with men (MSM). Important trends among new diagnoses in 2007 include:
 - Diagnoses in males aged 13-29 years increased by **9%**, from **829** in 2006 to **901** in 2007; **3/4** of these new diagnoses were made in MSM.
 - Diagnoses in females aged ≥ 40 years increased by **7%**, and **>90%** of these were black or Hispanic.
 - Concurrent HIV/AIDS diagnoses accounted for **24%** of all new HIV diagnoses in 2007.

History of the HIV/AIDS Epidemic in New York City, 1981 – 2007



HIV/AIDS diagnoses and deaths occurring January 1, 2007, through December 31, 2007, and persons diagnosed and reported in New York City and presumed to be living with HIV/AIDS as of December 31, 2007¹

	HIV diagnoses 1/1/2007–12/31/2007 ¹							AIDS diagnoses 1/1/2007–12/31/2007 ³		PLWHA as of 12/31/2007		Deaths ⁴ 1/1/2007–12/31/2007	
	Total		Without AIDS		Concurrent with AIDS diagnosis ²			N	%	N	%	N	%
	N	%	N	%	N	%	Row %						
Total	3,787	100.0	2,866	100.0	921	100.0	24.3	3,346	100.0	102,404	100.0	2,012	100.0
Sex													
Male	2,763	73.0	2,100	73.3	663	72.0	24.0	2,315	69.2	71,655	70.0	1,339	66.6
Female	1,024	27.0	766	26.7	258	28.0	25.2	1,031	30.8	30,749	30.0	673	33.4
Race/Ethnicity													
Black	1,890	49.9	1,411	49.2	479	52.0	25.3	1,685	50.4	46,283	45.2	1,066	53.0
Hispanic	1,148	30.3	867	30.3	281	30.5	24.5	1,053	31.5	32,630	31.9	637	31.7
White	633	16.7	510	17.8	123	13.4	19.4	526	15.7	21,375	20.9	284	14.1
Asian/Pacific Islander	100	2.6	67	2.3	33	3.6	33.0	66	2.0	1,345	1.3	13	0.6
Native American	4	0.1	3	0.1	1	0.1	25.0	3	0.1	100	0.1	0	0.0
Other/unknown	12	0.3	8	0.3	4	0.4	33.3	13	0.4	671	0.7	12	0.6
Age group (years)⁵													
0-12	11	0.3	10	0.3	1	0.1	9.1	1	0.0	663	0.6	2	0.1
13-19	172	4.5	162	5.7	10	1.1	5.8	67	2.0	1,563	1.5	8	0.4
20-29	982	25.9	826	28.8	156	16.9	15.9	435	13.0	6,627	6.5	39	1.9
30-39	993	26.2	769	26.8	224	24.3	22.6	836	25.0	18,527	18.1	207	10.3
40-49	978	25.8	696	24.3	282	30.6	28.8	1,182	35.3	39,211	38.3	706	35.1
50-59	459	12.1	292	10.2	167	18.1	36.4	612	18.3	26,404	25.8	730	36.3
60+	192	5.1	111	3.9	81	8.8	42.2	213	6.4	9,409	9.2	320	15.9
Borough of residence													
Manhattan	1,054	27.8	811	28.3	243	26.4	23.1	886	26.5	31,075	30.3	519	25.8
Brooklyn	999	26.4	729	25.4	270	29.3	27.0	934	27.9	25,231	24.6	620	30.8
Bronx	876	23.1	669	23.3	207	22.5	23.6	814	24.3	22,180	21.7	514	25.5
Queens	549	14.5	408	14.2	141	15.3	25.7	468	14.0	14,285	13.9	230	11.4
Staten Island	72	1.9	55	1.9	17	1.8	23.6	62	1.9	1,802	1.8	52	2.6
Unknown/outside NYC	237	6.3	194	6.8	43	4.7	18.1	182	5.4	7,831	7.6	77	3.8
Transmission risk													
Men who have sex with men	1,516	40.0	1,228	42.8	288	31.3	19.0	1,020	30.5	31,912	31.2	302	15.0
Injection drug use history	247	6.5	195	6.8	52	5.6	21.1	471	14.1	21,382	20.9	766	38.1
Heterosexual ⁶	923	24.4	685	23.9	238	25.8	25.8	773	23.1	18,801	18.4	366	18.2
Perinatal	10	0.3	10	0.3	0	0.0	0.0	36	1.1	2,448	2.4	12	0.6
Other	1	0.0	0	0.0	1	0.1	100.0	4	0.1	302	0.3	6	0.3
Unknown	1,090	28.8	748	26.1	342	37.1	31.4	1,042	31.1	27,559	26.9	560	27.8
Clinical status as of 12/31/2007													
HIV (non-AIDS)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	39,416	38.5	273	13.6
AIDS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	62,988	61.5	1,739	86.4

PLWHA=Persons living with HIV/AIDS. All percents are column percents unless otherwise indicated.

¹ For events reported by September 30, 2008. ² HIV diagnosed concurrently with AIDS (within 31 days of HIV diagnosis). Row percent is percent of total HIV diagnoses that were concurrent with AIDS diagnoses. ³ AIDS was diagnosed in 2007 and includes concurrent HIV/AIDS diagnosis. ⁴ Includes deaths from any cause in persons with HIV/AIDS. ⁵ For HIV and AIDS diagnoses, age at diagnosis; for PLWHA, age as of December 31, 2007; and for deaths, age at death. ⁶ Includes persons who had heterosexual sex with an HIV-infected person, an injection drug user, or a person who has received blood products. For females only, also includes sex with a male and at least one of the following: history of prostitution, multiple male sex partners, sexually transmitted disease, crack/cocaine use, sex with a bisexual male, probable heterosexual transmission as noted in medical chart, or negative history of injection drug use.

Which HIV-related events are reportable in New York State, and who is required to report?

In 1998, New York State expanded AIDS case reporting to include HIV (Chapter 163 of the Laws of 1998, PHL Article 21). The law took effect on **June 1, 2000**, and was amended on **June 1, 2005**. All diagnostic and clinical providers (doctors, nurses, physician assistants, and all others diagnosing HIV or providing care to HIV-infected persons) and laboratories are required by law to report the following events:

Events reportable by providers on the required New York State Provider Report Form (PRF)

- Diagnoses of HIV infection
- Diagnoses of HIV illness in a previously unreported individual (i.e., HIV illness not meeting the AIDS case definition)
- Diagnoses of AIDS-defining conditions

Events reportable by laboratories

- All positive Western blot test results
- All viral load test results (detectable and undetectable)
- All CD4 test results
- All viral nucleotide sequence results

For assistance in reporting a case of HIV/AIDS, to receive Provider Report Forms, or to obtain more information, please call (212) 442-3388



**TALK TO US
CNAP
(212) 693-1419**

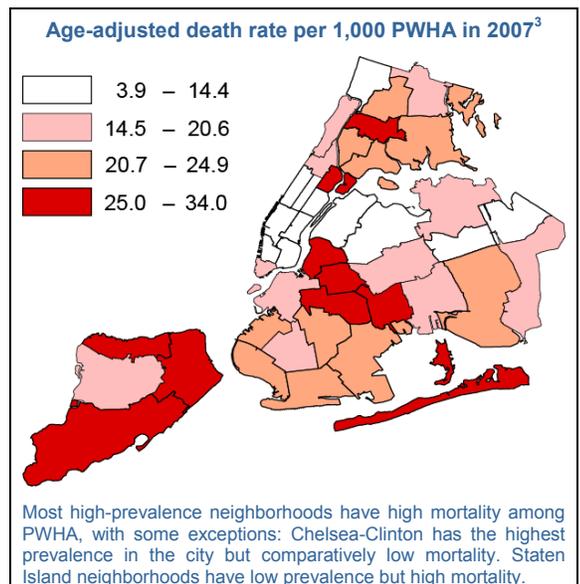
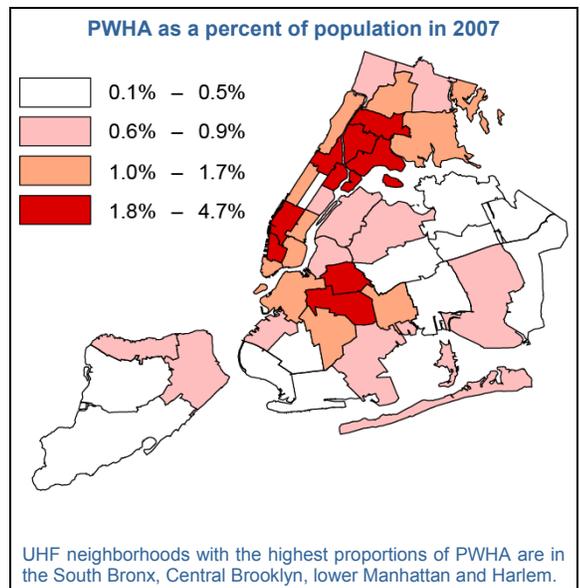
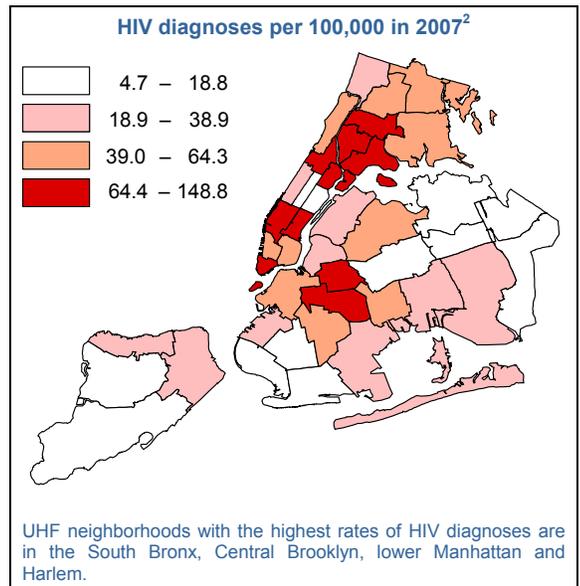
New York State law also requires medical providers to talk to HIV-infected patients about partner notification and report such patients' known sex or needle-sharing partners to the health department. Providers can fill in the *Medical Provider HIV/AIDS and Partner/Contact Report Form (PRF)* or call the NYC DOHMH Contact Notification Assistance Program (CNAP) at **(212) 693-1419**. Providers can refer HIV-infected patients to CNAP for direct assistance with partner notification.

For more information about the New York State HIV reporting and partner notification law and CNAP, visit:

http://www.nyc.gov/html/doh/html/dires/hcpreporting_how.shtml.

Rates of HIV diagnoses, PWHA, and deaths among PWHA by United Hospital Fund (UHF) neighborhood, New York City, 2007¹

	HIV diagnoses ² per 100,000 population	Reported PWHA as percent of population	Age-adjusted death rate per 1,000 PWHA ³	Population from 2000 Census
Total	47.3	1.3	19.3	8,008,278
Bronx⁴	66.0	1.7	23.2	1,327,690
Crotona – Tremont	82.2	2.2	28.1	199,530
Fordham – Bronx Park	58.7	1.6	21.3	250,491
High Bridge – Morrisania	103.8	2.6	24.5	189,755
Hunts Point – Mott Haven	96.8	2.5	22.5	122,875
Kingsbridge – Riverdale	19.1	0.6	11.5	88,989
Northeast Bronx	39.8	0.9	20.6	185,998
Pelham – Throgs Neck	47.6	1.2	22.0	290,052
Brooklyn⁴	40.5	1.0	24.3	2,465,326
Bedford/Stuyvesant – Crown Heights	90.8	2.0	28.0	317,296
Bensonhurst – Bay Ridge	10.3	0.3	24.1	194,558
Borough Park	6.8	0.3	16.2	324,411
Canarsie – Flatlands	28.8	0.6	24.9	197,819
Coney Island - Sheepshead Bay	13.6	0.4	23.2	286,901
Downtown – Heights – Park Slope	45.2	1.4	14.9	214,696
East Flatbush – Flatbush	57.1	1.3	21.4	316,734
East New York	56.4	1.5	28.3	173,716
Greenpoint	21.7	0.8	27.9	124,449
Sunset Park	19.1	0.6	24.7	120,441
Williamsburg – Bushwick	69.5	1.8	28.4	194,305
Manhattan⁴	68.9	2.1	15.9	1,529,375
Central Harlem – Morningside Heights	118.5	2.8	20.3	151,113
Chelsea – Clinton	148.8	4.7	12.3	122,998
East Harlem	99.0	2.8	25.0	108,092
Gramercy Park – Murray Hill	65.1	1.7	14.4	124,477
Greenwich Village – Soho	60.9	2.5	9.9	83,709
Lower Manhattan	84.2	1.4	19.6	30,895
Union Square – Lower East Side	43.1	1.6	13.5	197,138
Upper East Side	18.8	0.6	11.0	218,167
Upper West Side	35.6	1.4	13.9	222,109
Washington Heights – Inwood	64.3	1.4	20.3	270,677
Queens⁴	24.5	0.6	16.2	2,242,159
Bayside – Little Neck	5.7	0.1	4.9	88,164
Flushing – Clearview	8.6	0.3	14.6	255,542
Fresh Meadows	6.4	0.3	3.9	93,148
Jamaica	38.9	0.9	23.8	285,568
Long Island City – Astoria	30.8	0.7	13.2	220,960
Ridgewood – Forest Hills	10.0	0.4	17.4	240,901
Rockaway	23.4	0.8	25.4	106,738
Southeast Queens	17.2	0.5	17.1	203,670
Southwest Queens	19.3	0.5	15.1	269,952
West Queens	41.3	0.9	14.2	477,516
Staten Island⁴	16.2	0.4	27.8	443,728
Port Richmond	31.9	0.6	34.0	62,788
South Beach – Tottenville	6.1	0.2	26.2	179,892
Stapleton – St. George	31.0	0.7	25.0	116,227
Willowbrook	4.7	0.2	16.4	84,821



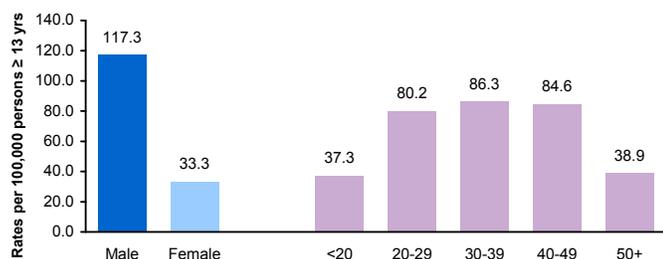
PWHA = Persons with HIV/AIDS alive at any time January 1, 2007 – December 31, 2007. Map categories defined by neighborhood quartile.

¹ Based on data reported through September 30, 2008.
² Includes diagnoses of HIV without AIDS and HIV concurrent with AIDS.
³ Age-adjusted to the city-wide population of PWHA in 2007.
⁴ Borough-level data include persons residing in unknown UHF neighborhoods.

HIV Incidence in New York City, 2006

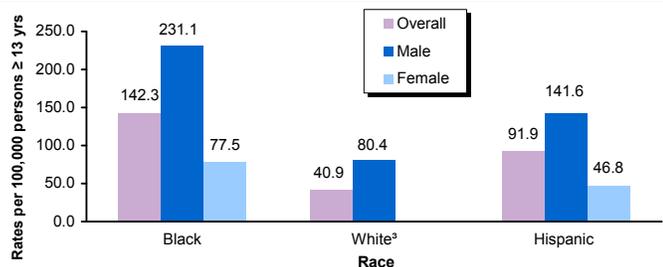
HIV infection has a brief, self-limited acute phase and a multi-year chronic, or latent, phase. Because acute HIV infection is antibody-negative and may be asymptomatic, it is difficult to diagnose, and the majority of persons with HIV are diagnosed one or more years into the chronic phase of infection. For this reason a new diagnosis of HIV does not necessarily represent a new infection, and we cannot estimate HIV incidence using the new diagnoses routinely reported to the Health Department. The Centers for Disease Control (CDC) has introduced a new laboratory test that can distinguish whether a diagnostic Western Blot specimen represents a recent (<6 months) or a more longstanding (6+ months) infection. NYC used this test and CDC's recently published statistical technique (Stratified Extrapolation Approach)¹ to estimate the number of persons locally who were newly infected in 2006. This new methodology will enable us to track the leading edge of HIV over time and to adjust our prevention, treatment and care programs to respond to it.

HIV Incidence in New York City by Sex and Age, 2006²



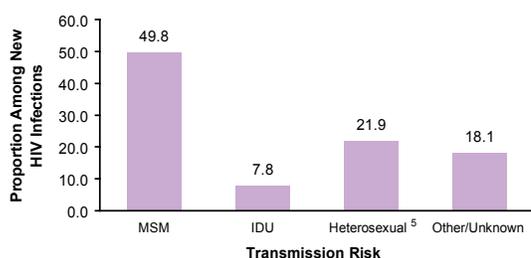
- In 2006, an estimated 4,762 (72/100,000 population) New Yorkers were recently infected with HIV.
- Men accounted for 75.5% (117.3/100,000) and women for 24.6% (33.3/100,000) of recent infections.
- 61.8% of new infections were in persons ≥ 30 years.

HIV Incidence in New York City by Race and Sex, 2006²

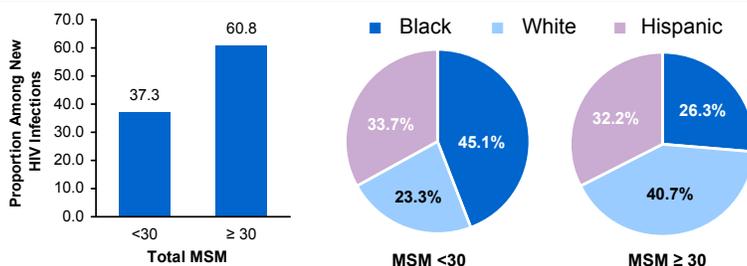


- Blacks accounted for 46.3% (142.3/100,000) and Hispanics for 32.2% (91.9/100,000) of recent infections.
- Black and Hispanic men have incidence rates of 231.1/100,000 and 141.6/100,000, respectively.

Proportion of New HIV Infection in New York City by Risk, 2006^{2,4}



Proportion of New HIV Infection in Men Who Have Sex with Men in New York City by Age Group and Race, 2006^{2,4}



- Men who have sex with men (MSM) accounted for 49.8% of all new HIV infections.
- MSM aged 30 years and over made up almost two thirds (60.8%) of the newly infected MSM.
- Note the generational divide between younger and older MSM – almost half of the newly infected MSM under 30 were black (45.1%). In contrast, the largest group among MSM aged 30+ was white (40.7%).

This is the first citywide estimate of HIV incidence. The findings show that black and Hispanic New Yorkers, men, persons aged 30 years and over, and MSM were at highest risk for incident HIV infection in 2006. The need for increased condom distribution and HIV testing in New York City continues. Using this method to estimate incidence in the years to come will allow the Health Department to monitor and respond to changes in the leading edge of the epidemic.

¹ Hall HI, Song R, Rhodes P, et al., Estimation of HIV incidence in the United States. JAMA 2008; 300(5): 520-529.

² Numbers in breakdowns will not add to total due to size of strata generated by the multi-stage imputation process and/or elimination of cells not meeting minimum cell size criteria. Percentages are similarly affected and may not add to 100%.

³ Case numbers for white women were too low to calculate incidence.

⁴ Incidence rates not calculated due to lack of population data for risk factor categories.

⁵ Heterosexual risk category includes persons classified as probable heterosexual risk by NYCDOHMH as well as those meeting the strict CDC definition of heterosexual risk.