

HIV/AIDS among Men Who Have Sex with Men (MSM) in New York City, 2013



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

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<http://www.nyc.gov/html/doh/html/dires/hivepi.shtml>

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HIV/AIDS among MSM* in NYC, 2013

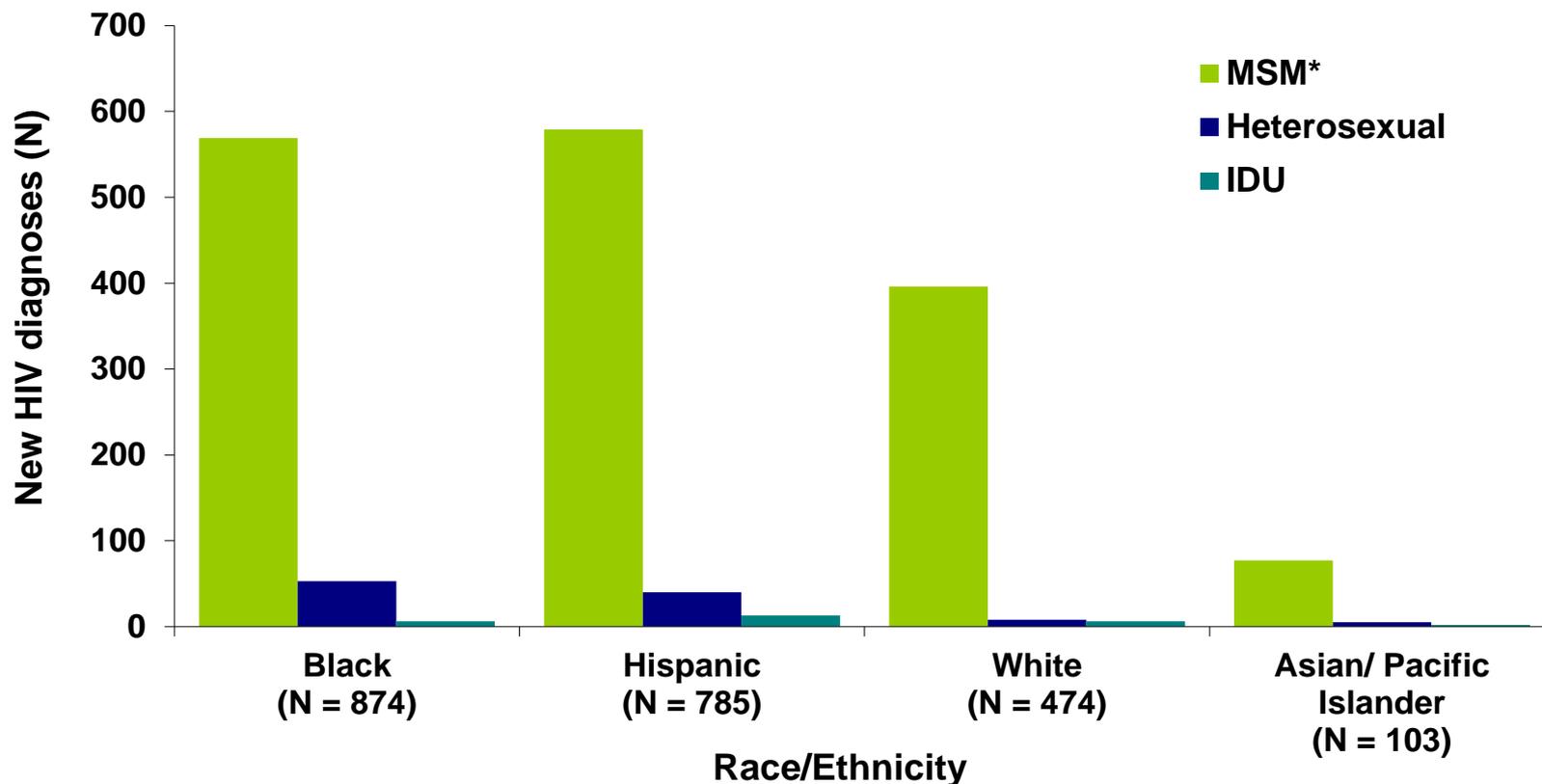
Basic Statistics

- **2,280 new HIV diagnoses among males**
- **1,649 new HIV diagnoses among MSM** (72% of male diagnoses)
 - Includes 266 HIV concurrent with AIDS diagnoses (16%)
- **786 new AIDS diagnoses among MSM**
- **46,462 MSM living with HIV/AIDS** (40% of all PLWHA)
- **354 deaths among MSM with HIV/AIDS** (6.3 deaths per 1,000 mid-year MSM living with HIV/AIDS^{**})

*MSM risk category includes men who have sex with men and inject drugs (MSM-IDU).

**Death rate is age-adjusted to the NYC Census 2010 population.

Number of New HIV Diagnoses among Males by Race/Ethnicity[^] and Transmission Risk in NYC, 2013



Of all males newly diagnosed with HIV, 50% were black or Hispanic MSM. Most newly diagnosed men reported with heterosexual transmission were black.

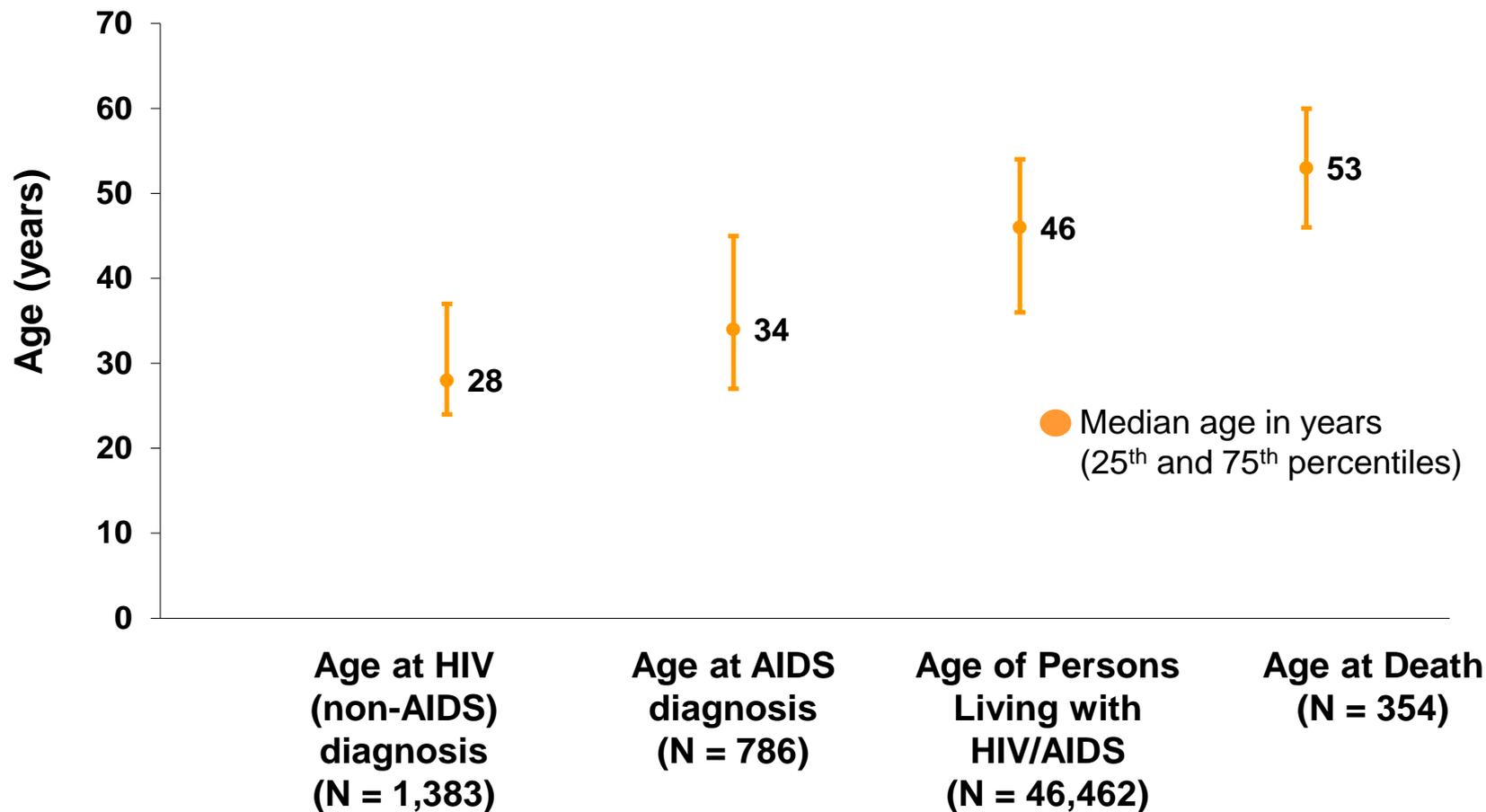
Perinatal and unknown transmission risks not shown but included in total N by race/ethnicity.

[^]Native American not shown because of small numbers.

*Includes MSM-IDU risk category.

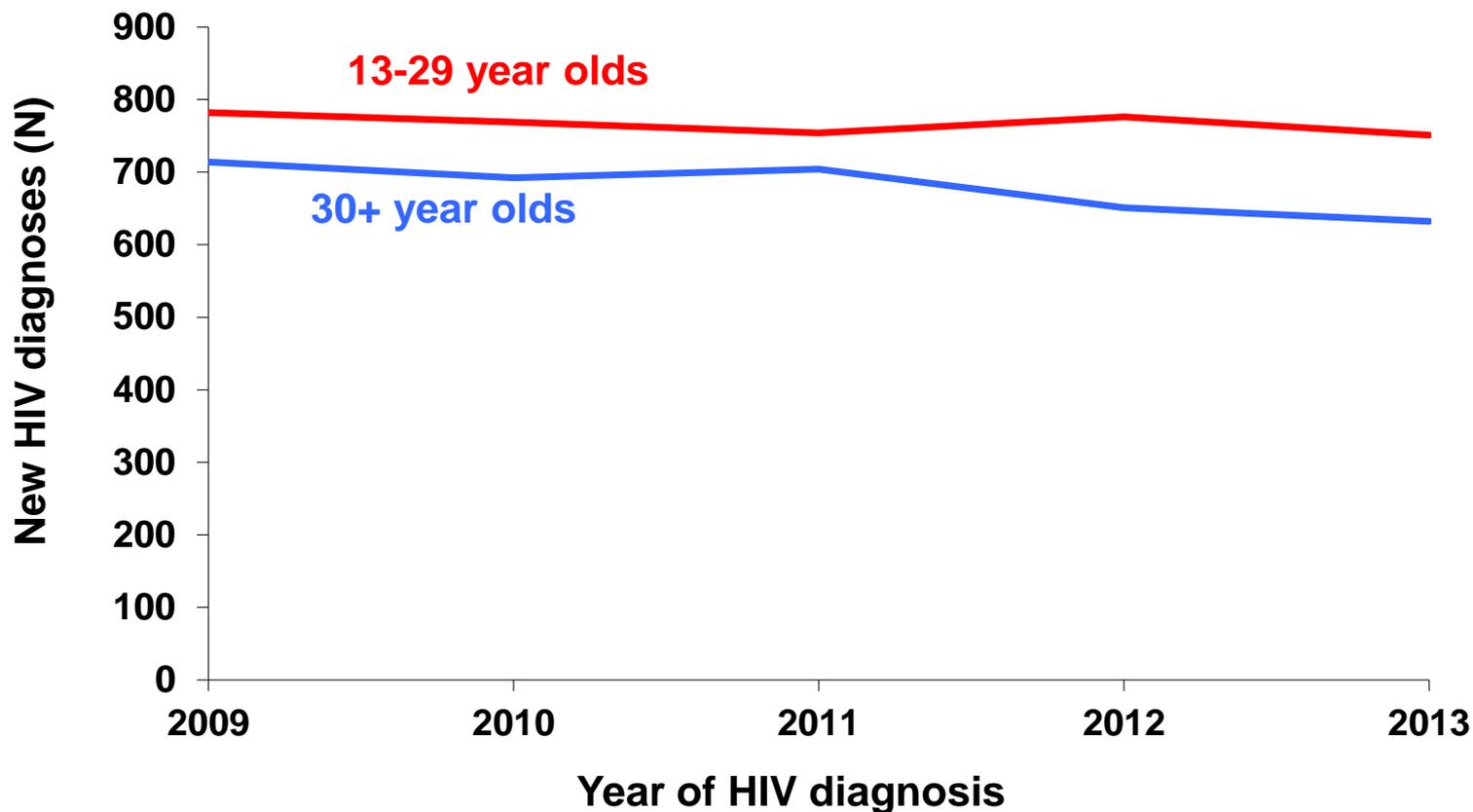
As reported to New York City Department of Health and Mental Hygiene as of June 30, 2014.

HIV/AIDS among MSM* by Age in NYC, 2013



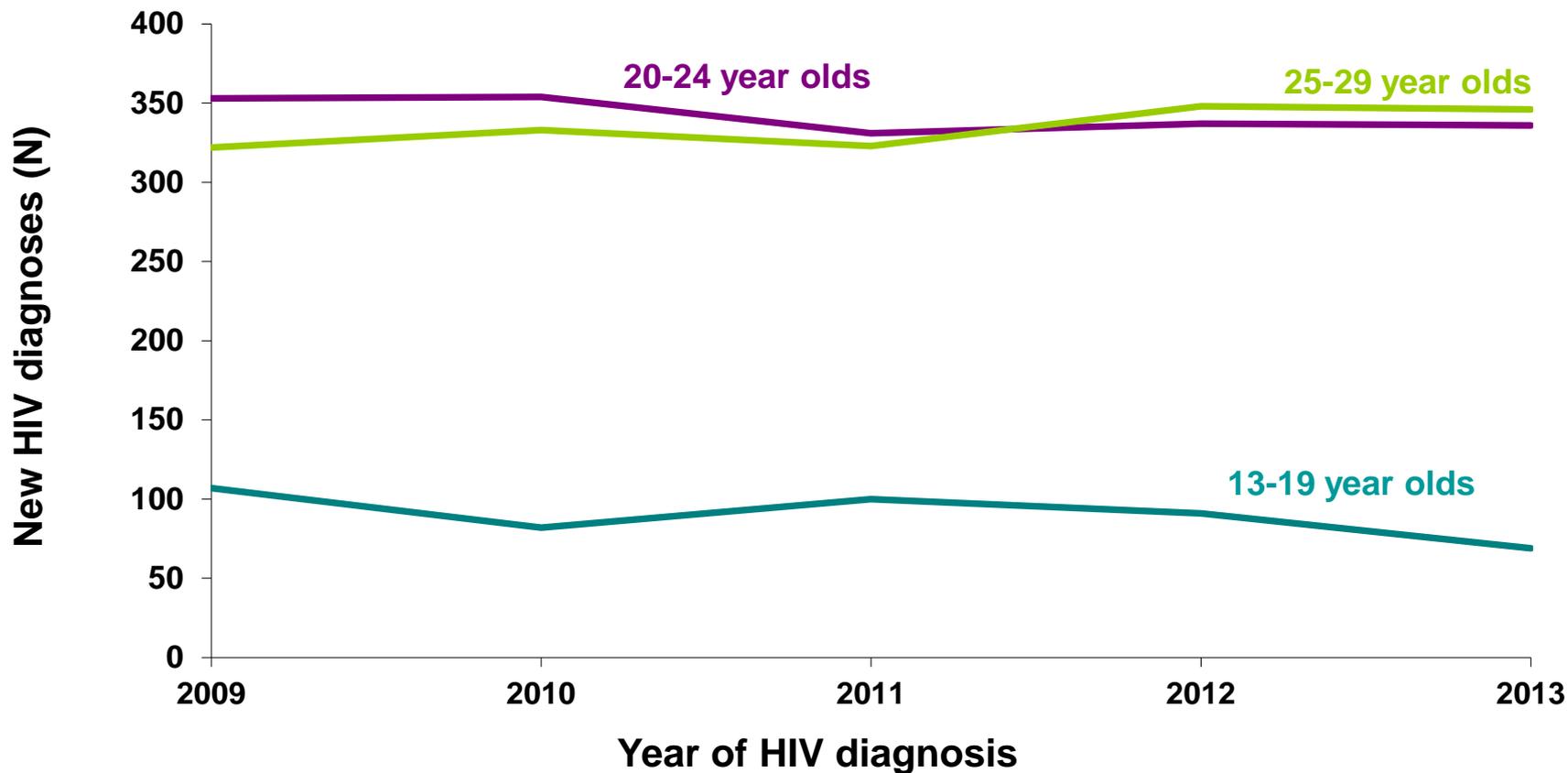
In 2013, MSM of all ages were impacted by HIV and AIDS.

Number of New HIV (Non-AIDS) Diagnoses among MSM* by Age in NYC, 2009-2013



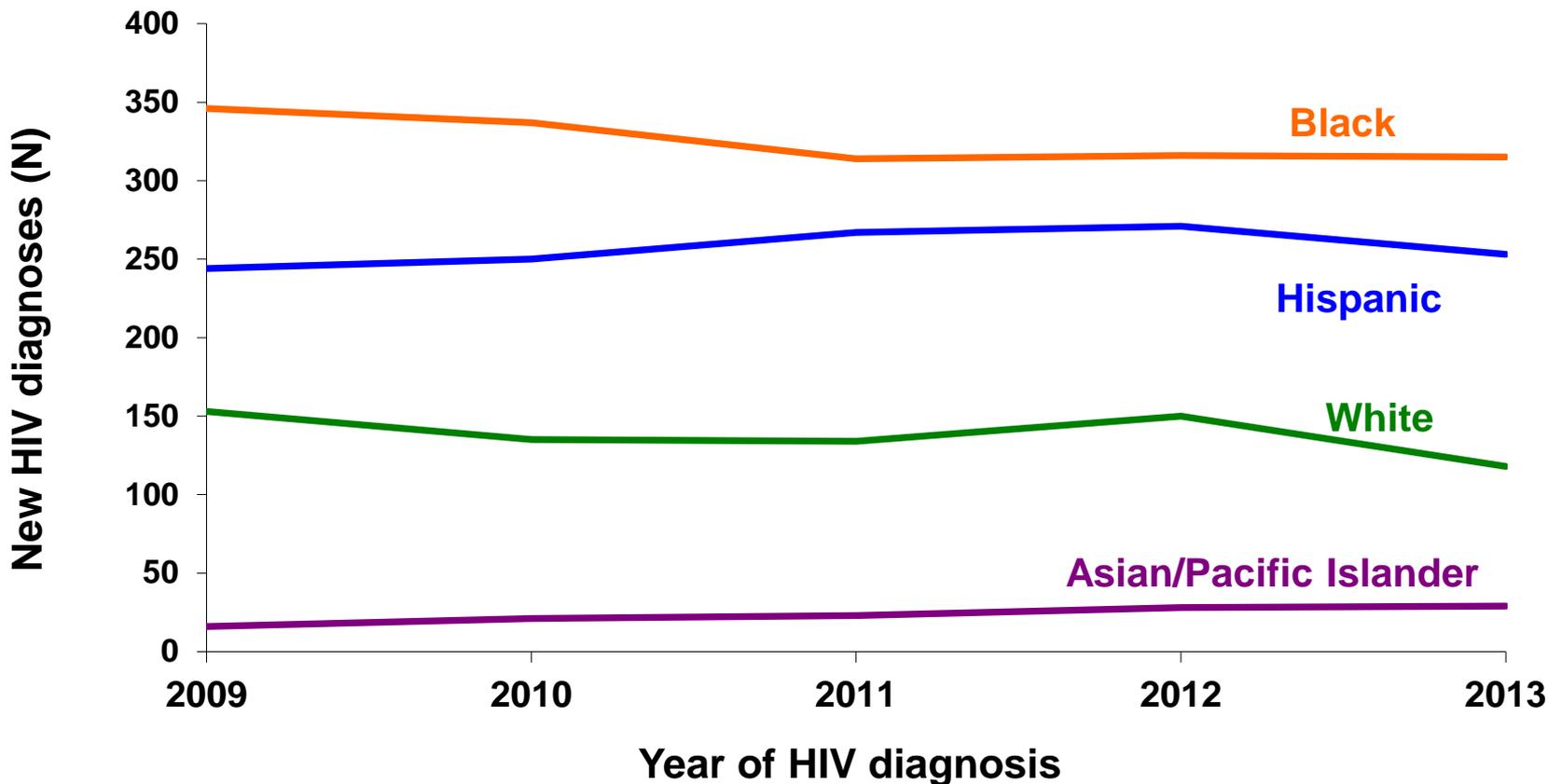
Since 2009, over half of new HIV diagnoses among MSM have occurred in young men ages 13-29.

Number of New HIV (Non-AIDS) Diagnoses among Young MSM* in NYC, 2009-2013



Numbers of new HIV diagnoses among MSM age groups under 30 have been relatively stable since 2009.

Number of New HIV (Non-AIDS) Diagnoses among Young MSM* by Race/Ethnicity, NYC 2009-2013



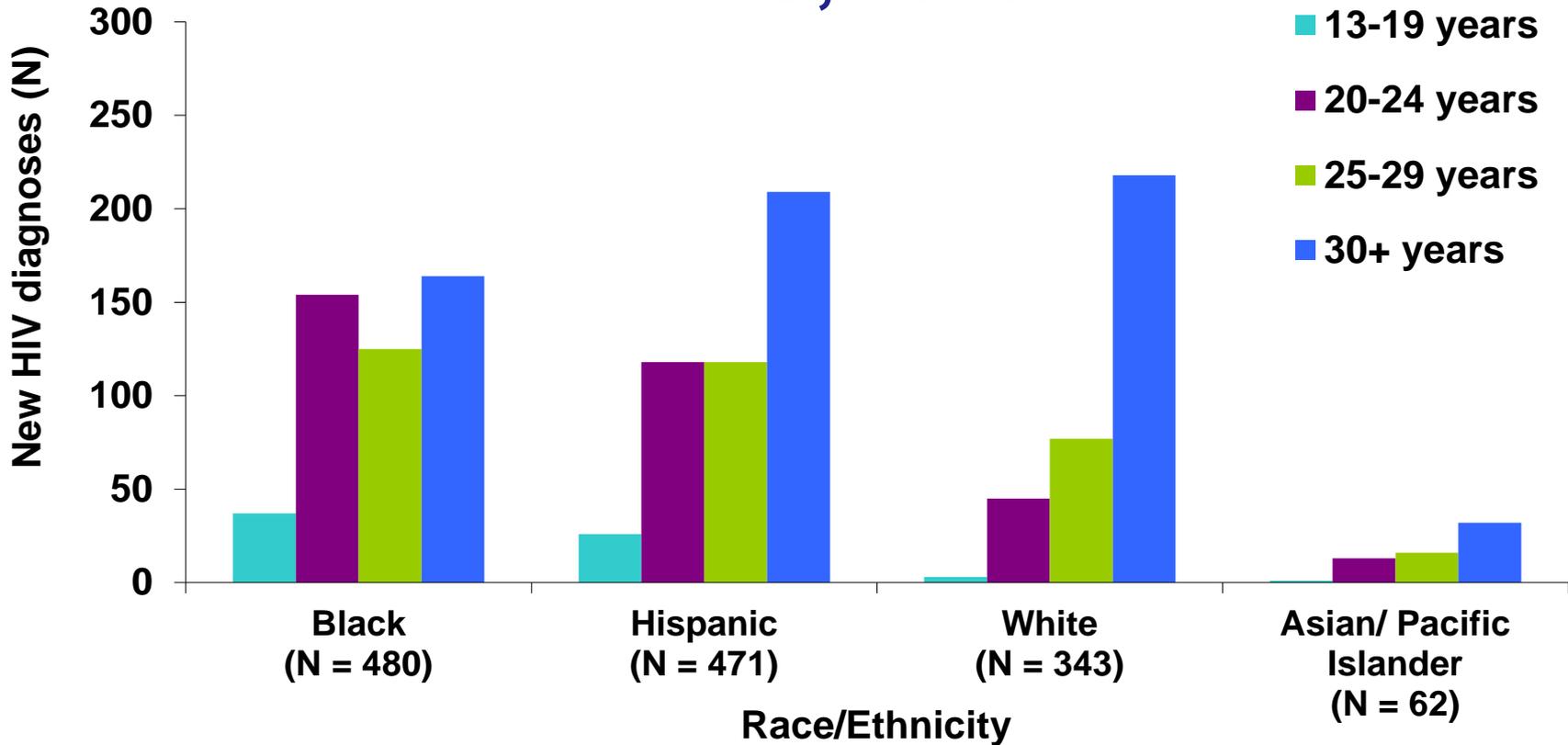
Since 2009, diagnoses have decreased overall among black and white young MSM and increased among Hispanic and Asian/Pacific Islander young MSM.

*Young MSM are those 13-29 years old and include MSM-IDU risk category.

^Native American not shown due to small numbers.

As reported to New York City Department of Health and Mental Hygiene as of June 30, 2014.

Number of New HIV (Non-AIDS) Diagnoses among MSM* by Race/Ethnicity^ and Age in NYC, 2013



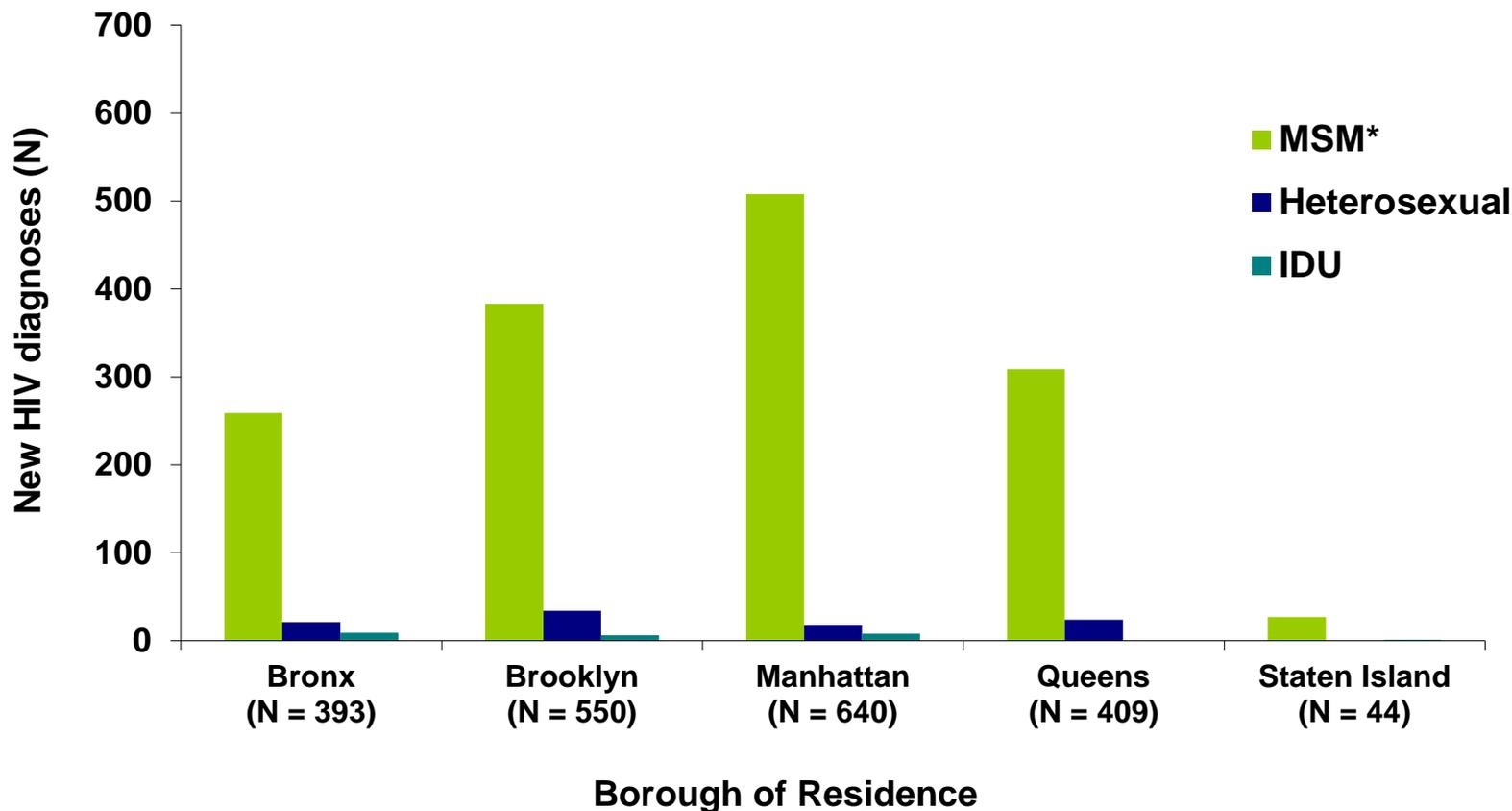
Young MSM account for a larger proportion of new HIV (non-AIDS) diagnoses among MSM of color than among white MSM.

*Includes MSM-IDU risk category.

^Native American not shown due to small numbers.

As reported to New York City Department of Health and Mental Hygiene as of June 30, 2014.

Number of New HIV Diagnoses among Males by Borough and Transmission Risk in NYC, 2013



In all NYC boroughs, most diagnoses among males are attributable to MSM transmission risk. Manhattan has the largest number of MSM diagnoses.

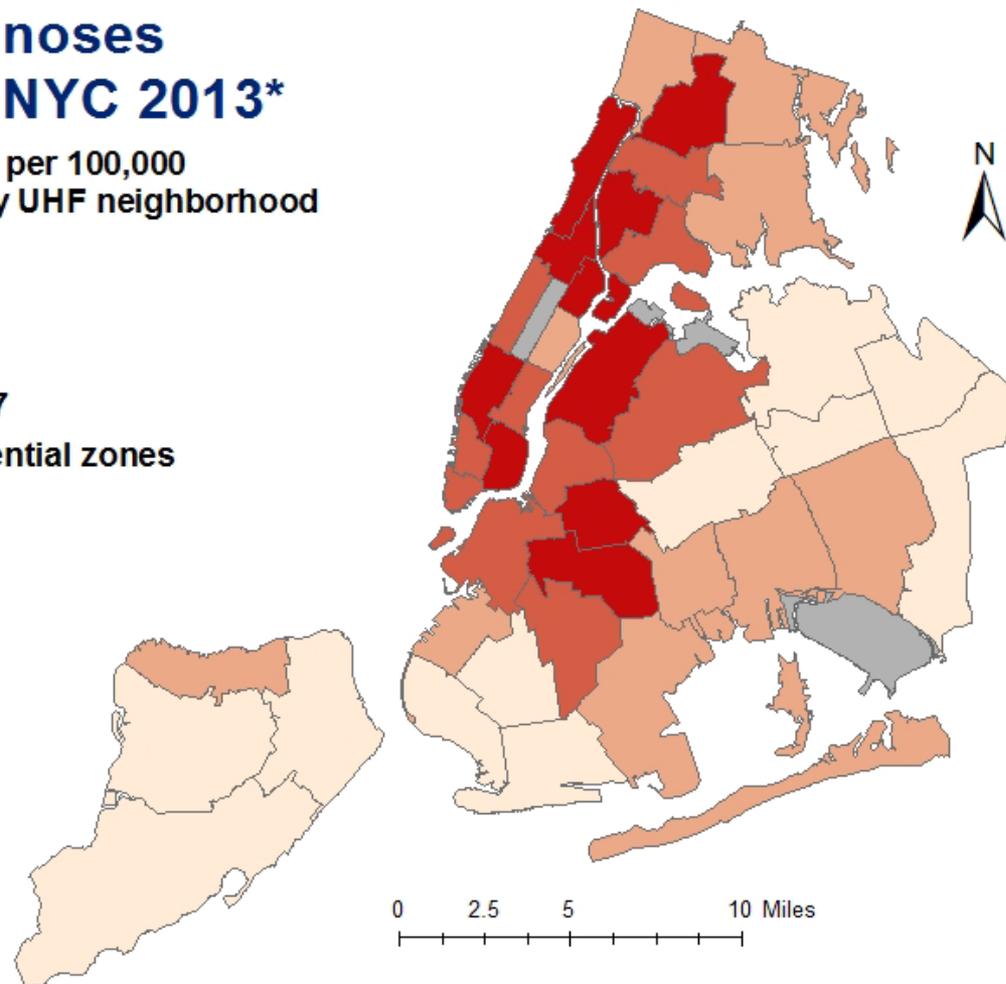
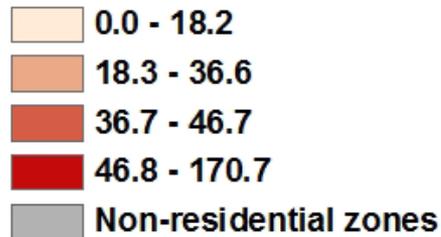
Perinatal and unknown transmission risks not shown but included in total N by borough.

*Includes MSM-IDU risk category.

As reported to New York City Department of Health and Mental Hygiene as of June 30, 2014.

New HIV Diagnoses among MSM, NYC 2013*

HIV diagnosis rate per 100,000 male population by UHF neighborhood



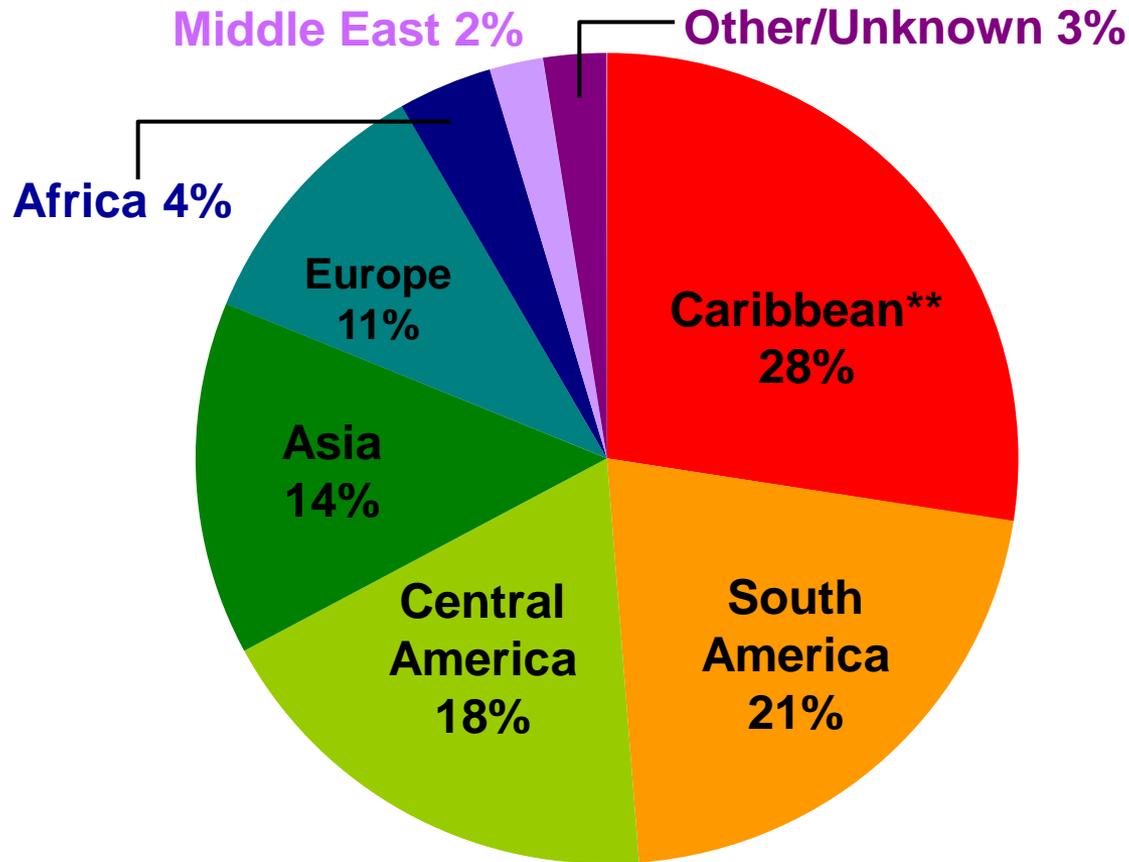
The neighborhoods with the highest rates of new HIV diagnoses among MSM are Chelsea-Clinton and Central Harlem-Morningside Heights.

Diagnosis rates calculated using the intercensal 2013 NYC population estimate.

*Includes MSM-IDU risk category.

As reported to New York City Department of Health and Mental Hygiene as of June 30, 2014.

Percentage of New HIV Diagnoses among Foreign-born MSM* by Region of Birth, NYC 2013



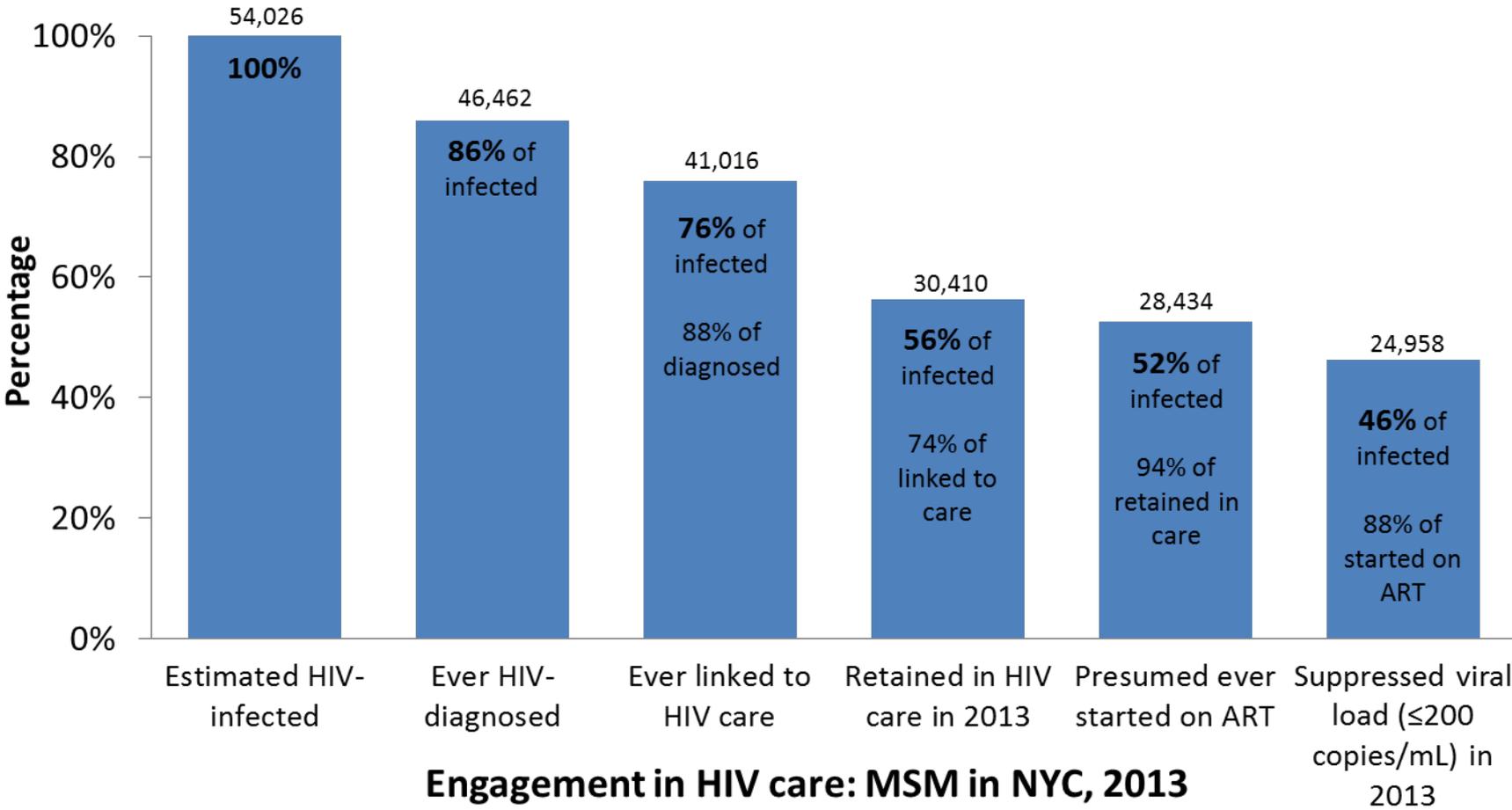
The foreign-born account for 34% of new HIV diagnoses overall, and 29% among MSM. The Caribbean** and Central and South America accounted for 67% of new HIV diagnoses among foreign-born MSM in 2013.

*Includes MSM-IDU risk category.

**Excludes Puerto Rico and the US Virgin Islands.

As reported to New York City Department of Health and Mental Hygiene as of June 30, 2014.

Number and proportion of MSM* diagnosed with HIV in New York City engaged in selected stages of the continuum of care at the end of 2013



Engagement in HIV care: MSM in NYC, 2013

For definitions of the stages of the continuum of care, see Appendix (2).

*Includes MSM-IDU risk category.

As reported to New York City Department of Health and Mental Hygiene as of June 30, 2014.



Appendix (1)

Definitions and Statistical Notes

Definitions:

- “HIV diagnoses” include diagnoses of HIV (non-AIDS) 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.
- Data presented by “Transmission risk” categories include only individuals with known or identified transmission risk, except when an “unknown” category is presented.
- “PWHHA” refers to persons with HIV or AIDS during the reporting period (note: includes persons with HIV/AIDS who remained alive or died during the reporting period); “PLWHA” refers to persons living with HIV or AIDS during the reporting period.
- “NYC” refers to New York City.

Statistical notes:

- Death rates among MSM are presented as deaths per 1,000 *HIV-infected* MSM because the total population of MSM in NYC is unknown.
- HIV diagnosis rates were calculated using Intercensal 2013 NYC male population estimates
- 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 (2)

Technical notes

- Technical notes and definitions for Slide 13, “NYC Continuum of care”:
 - “Estimated HIV-infected”: equal to the number of persons diagnosed with and presumed living with HIV in NYC at the end of 2013 (PLWHA), divided by the estimated proportion of all HIV-infected persons in NYC who have been diagnosed. CDC and a recent local emergency room serosurvey estimated this proportion to be 86%. Sources:
 - Bradley H, Hall HI, Wolitski RJ, *et. al.* Vital Signs: HIV Diagnosis, Care, and Treatment Among Persons Living with HIV - United States, 2011. *MMWR Morb Mortal Wkly Rep.* 2014 Nov 28;63(47):1113-7.
 - Eavey JJ, Torian LV, Jablonsky A, *et. al.* Undiagnosed HIV Infection in a New York City Emergency Room: Results of a Blinded Serosurvey, December 2009-January 2010. 19th International AIDS Conference, 2012, Washington, DC. Abstract# TUPE282.
 - “HIV diagnosed”: PLWHA as of 12/31/2013, per surveillance case reporting.
 - “Ever linked to HIV care”: Any viral load (VL) or CD4 count drawn in the years 2001-2013 and received after HIV diagnosis following a 7-day lag, and reported to DOHMH HIV surveillance.
 - “Retained in HIV care in 2013”: VL or CD4 count or CD4 percent drawn in 2013, and reported to DOHMH HIV surveillance.
 - “Presumed ever started on ART”: Suppressed VL (≤ 200 copies/mL) reported to DOHMH HIV surveillance at any point from 2001-2013.
 - “Suppressed viral load in 2013”: Most recent VL drawn in 2013 and reported to NYC DOHMH HIV surveillance was ≤ 200 copies/mL.