

HIV among men who have sex with men in New York City, 2022

HIV Epidemiology Program

New York City Department of Health and Mental Hygiene

Published November 2023

<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.

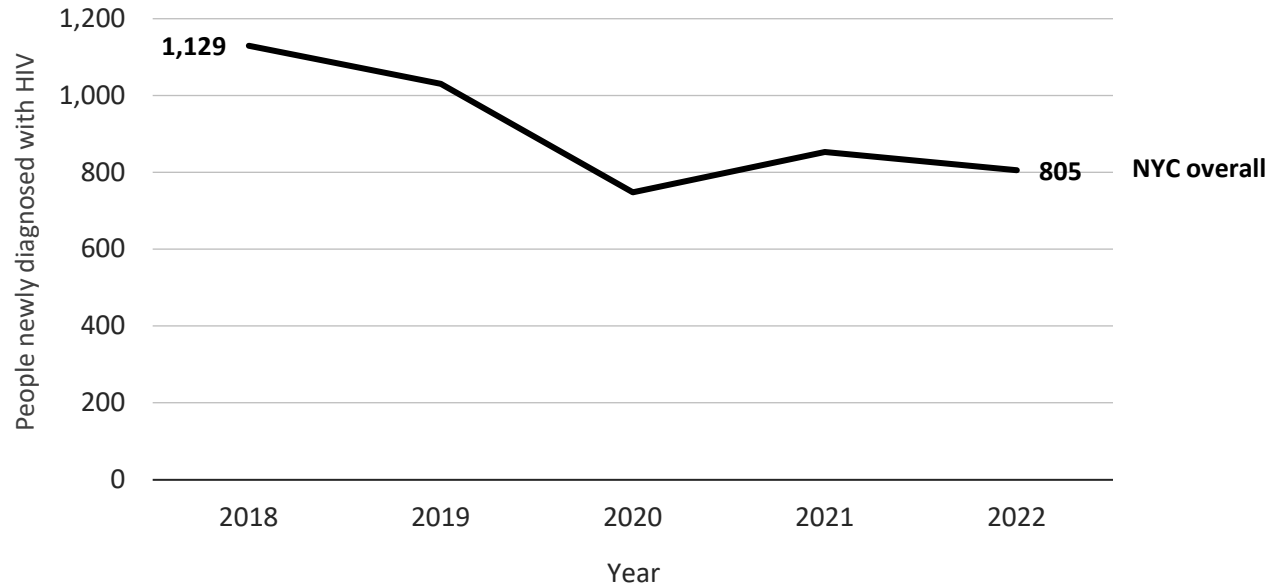
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Number of new HIV diagnoses among men who have sex with men¹ in New York City, 2018-2022



The number of new HIV diagnoses among men who have sex with men in New York City decreased by 29% from 2018 to 2022. The lowest number of diagnoses occurred in 2020, the year COVID-19 was first detected in New York City. In 2022, men who have sex with men represented 49.6% of all new HIV diagnoses in New York City, and 62.7% of new diagnoses among men.

Basic statistics of HIV among men who have sex with men¹ in New York City, 2022

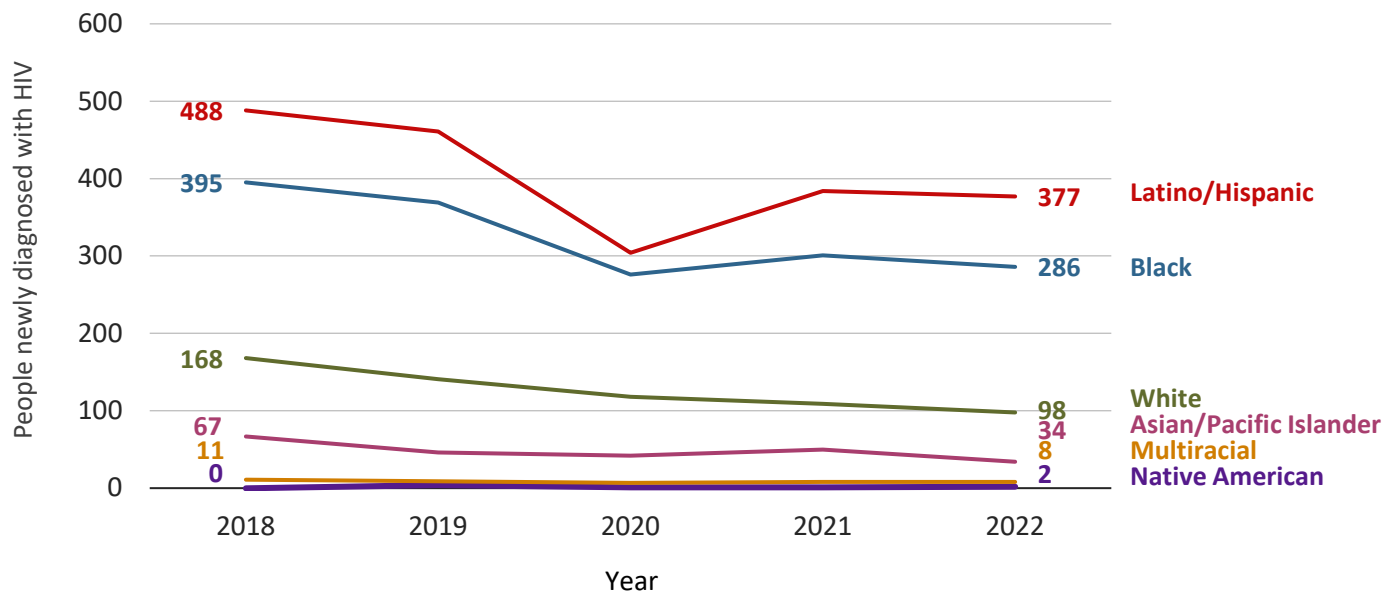
- **805 people newly diagnosed with HIV**
 - Including 128 people concurrently diagnosed with AIDS (15.9% of diagnoses)
- **439 people newly diagnosed with AIDS**
- **42,000 people with HIV²**
- **528 deaths among people with HIV**
 - 5.9 deaths per 1,000 people with HIV³

¹Includes men who have sex with men and inject drugs.

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.

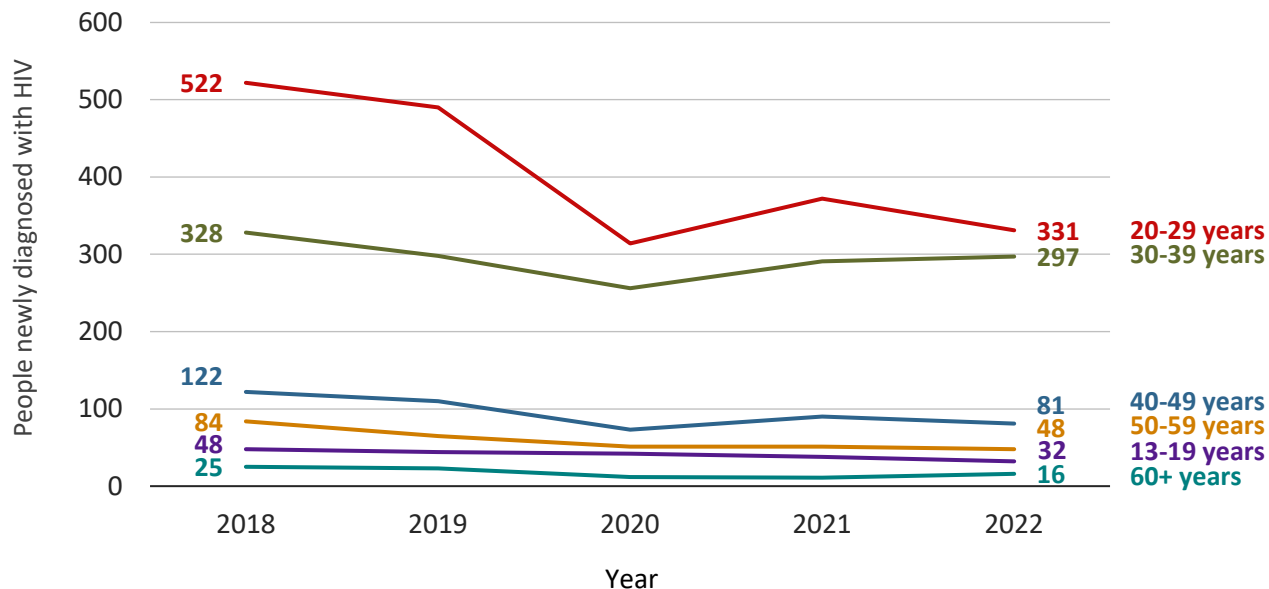
³Age-adjusted to the 2000 U.S. Standard Population. People newly diagnosed with HIV at death were excluded from the analysis. Death data for 2022 are incomplete. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

Number of new HIV diagnoses among men who have sex with men¹ 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 men who have sex with men between 2018 and 2022. Black and Latino/Hispanic people consistently experienced the highest number of new HIV diagnoses, representing a combined 82% of new diagnoses among men who have sex with men in 2022.

Number of new HIV diagnoses among men who have sex with men¹ in New York City by age group, 2018-2022



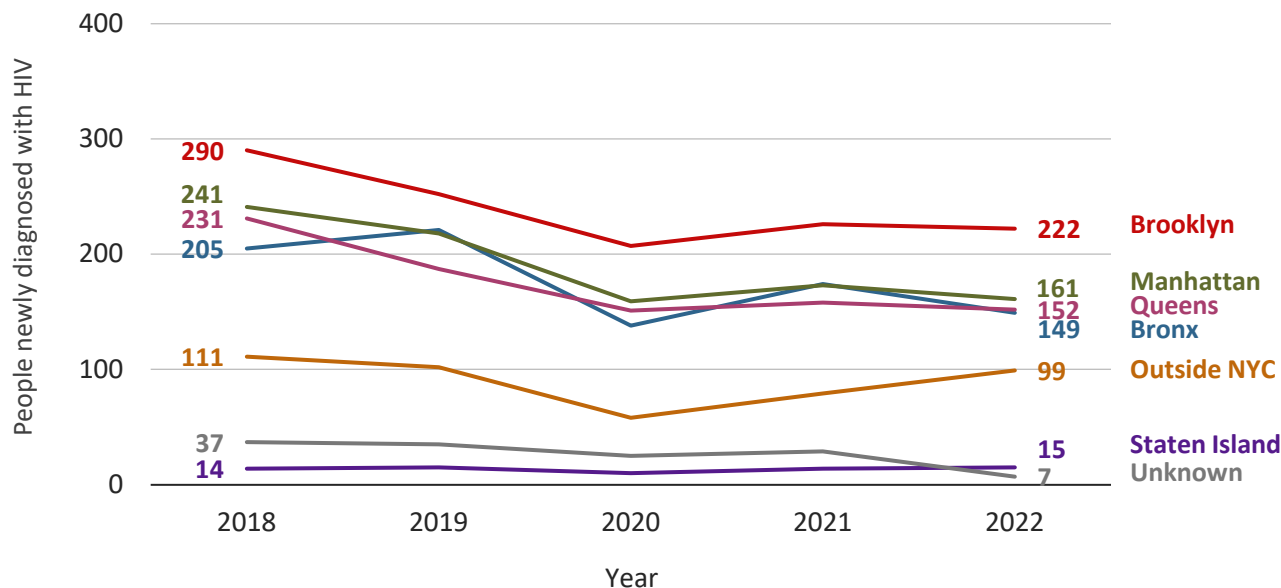
The number of new HIV diagnoses decreased or remained stable in all age groups among men who have sex with men between 2018 and 2022. People aged 20 to 39 years consistently experienced the highest number of new HIV diagnoses, representing a combined 78% of new diagnoses among men who have sex with men in 2022.

Number of new HIV diagnoses among men who have sex with men¹ in New York City by race or ethnicity and age group, 2022



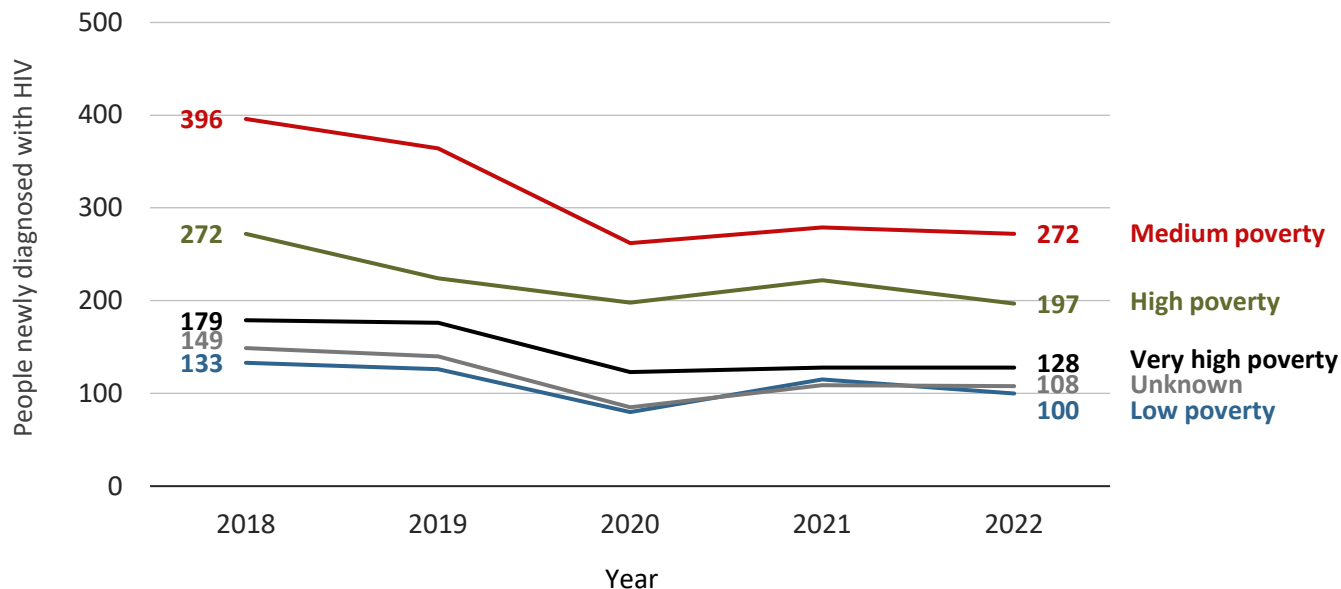
Among men who have sex with men, Black and Latino/Hispanic people aged 20 to 39 years experienced the highest number of new HIV diagnoses in 2022, representing a combined 66% of new diagnoses among men who have sex with men in 2022.

Number of new HIV diagnoses among men who have sex with men¹ in New York City by borough of residence, 2018-2022



The number of new HIV diagnoses decreased or remained stable in all boroughs of residence among men who have sex with men between 2018 and 2022. Brooklyn consistently experienced the highest number of new HIV diagnoses, representing 28% of new diagnoses among men who have sex with men in 2022.

Number of new HIV diagnoses among men who have sex with men¹ 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 men who have sex with men between 2018 and 2022. Areas with medium poverty consistently experienced the highest number of new HIV diagnoses, representing 34% of new diagnoses among men who have sex with men in 2022.



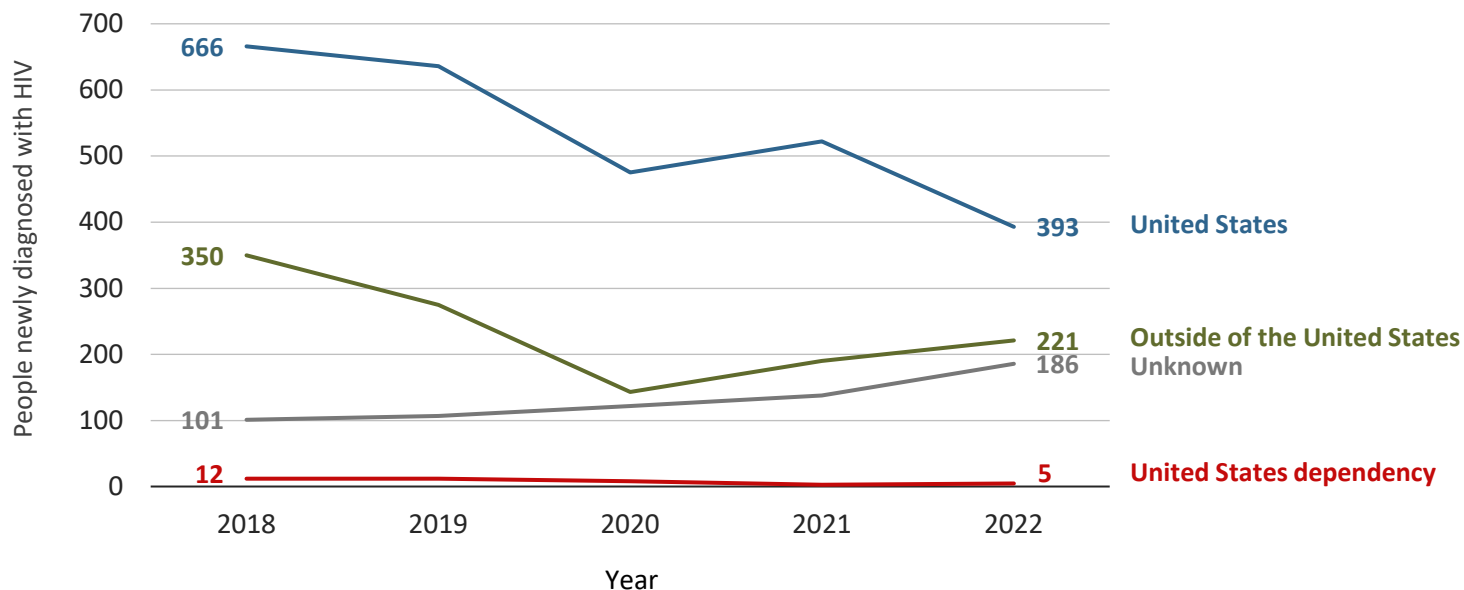
¹Includes men who have sex with men and inject drugs.

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 men who have sex with men¹ in New York City by place of birth, 2018-2022



Between 2018 and 2022, there was an 84% increase in men who have sex with men 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. People born in the United States consistently experienced the highest number of new HIV diagnoses, representing 49% of new diagnoses among men who have sex with men in 2022.

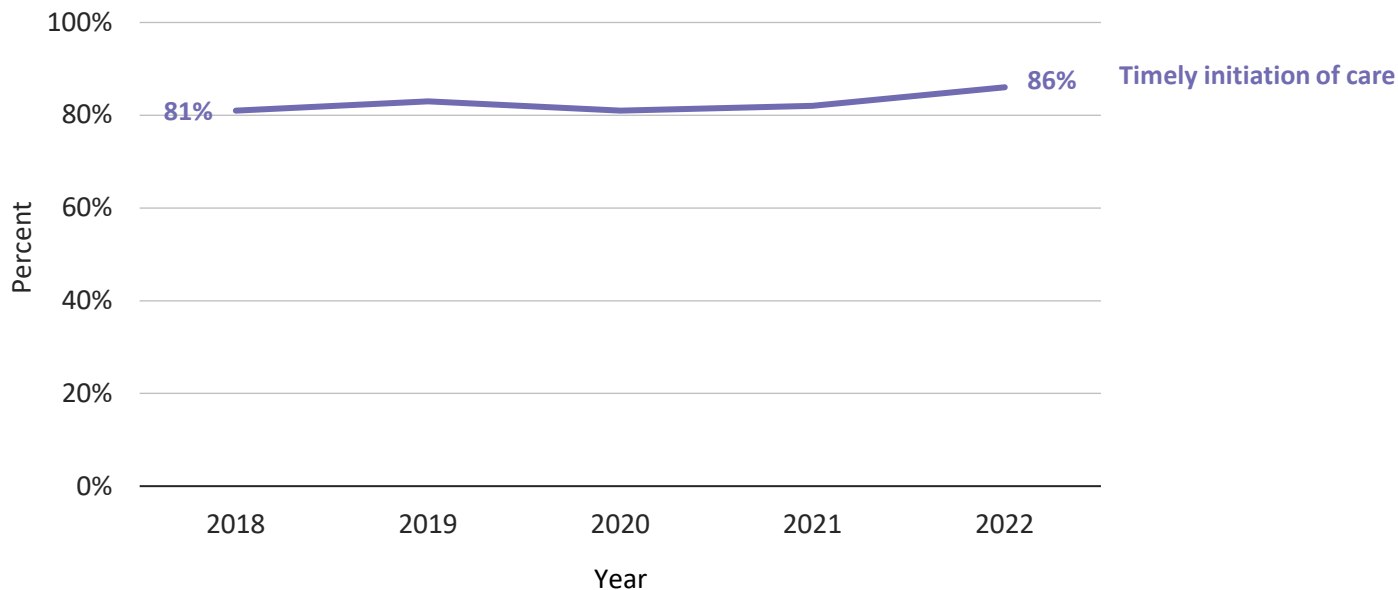
¹Includes men who have sex with men and inject drugs.

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.

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

**CARE OUTCOMES AMONG MEN NEWLY
DIAGNOSED WITH HIV WHO HAVE SEX WITH MEN
IN NEW YORK CITY**

Timely initiation of care¹ among men newly diagnosed with HIV who have sex with men² in New York City, 2018-2022



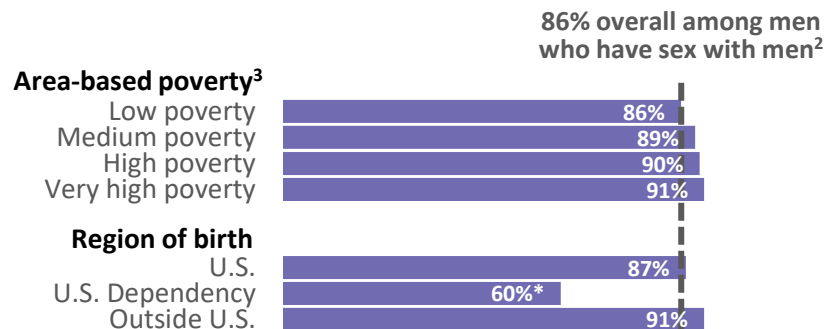
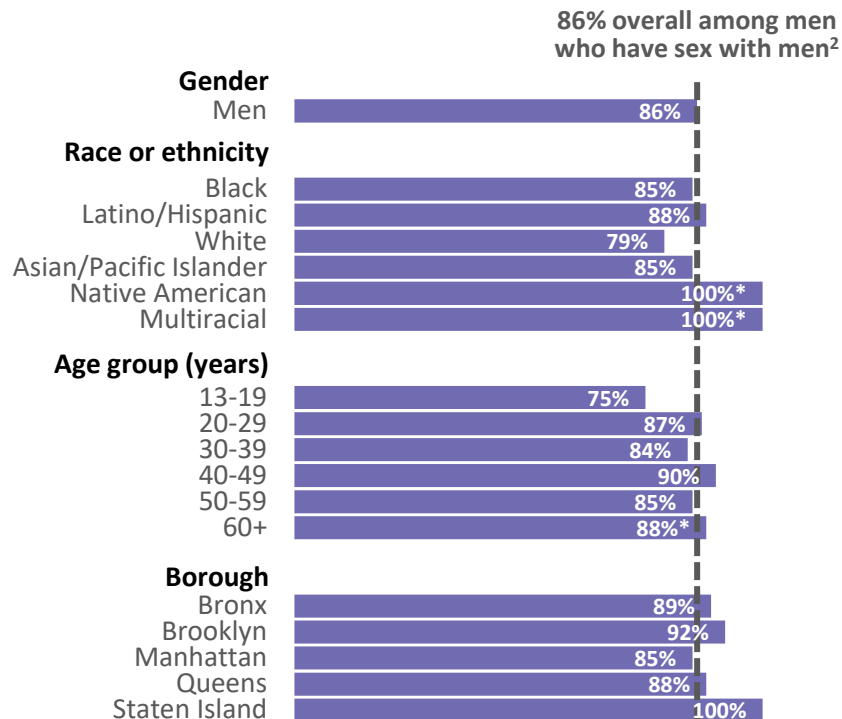
Timely initiation of care among men who have sex with men increased by five percentage points from 2018 to 2022.

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.

²Includes men who have sex with men and inject drugs.

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

Timely initiation of care¹ among men newly diagnosed with HIV who have sex with men² in New York City by demographic groups, 2022



Inequities in timely initiation of care exist across demographic groups among men who have sex with men in New York City.

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

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.

²Includes men who have sex with men and inject drugs.

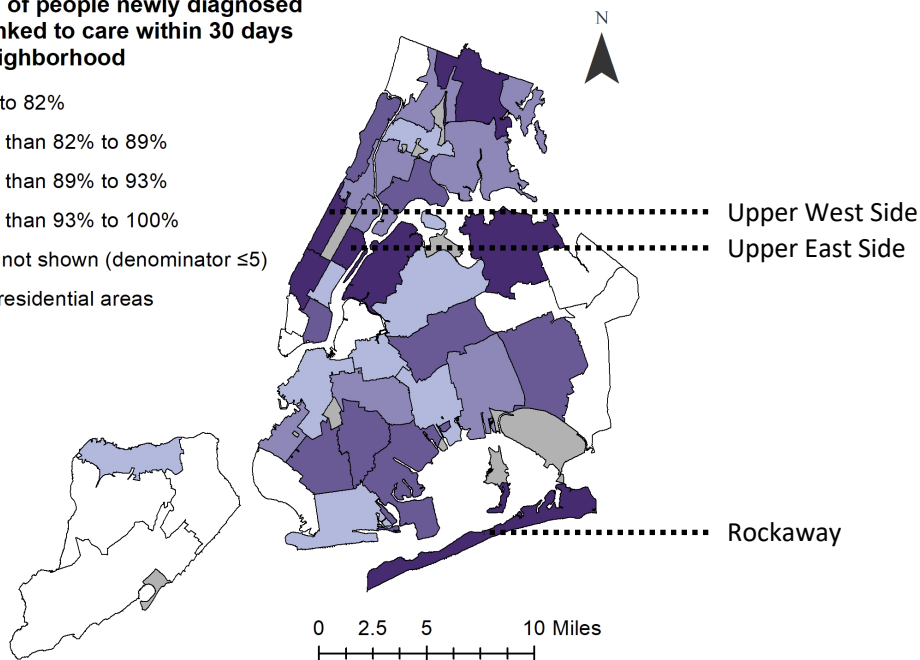
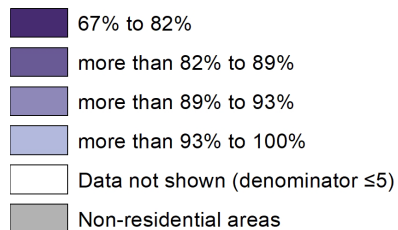
³Area-based poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.

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.

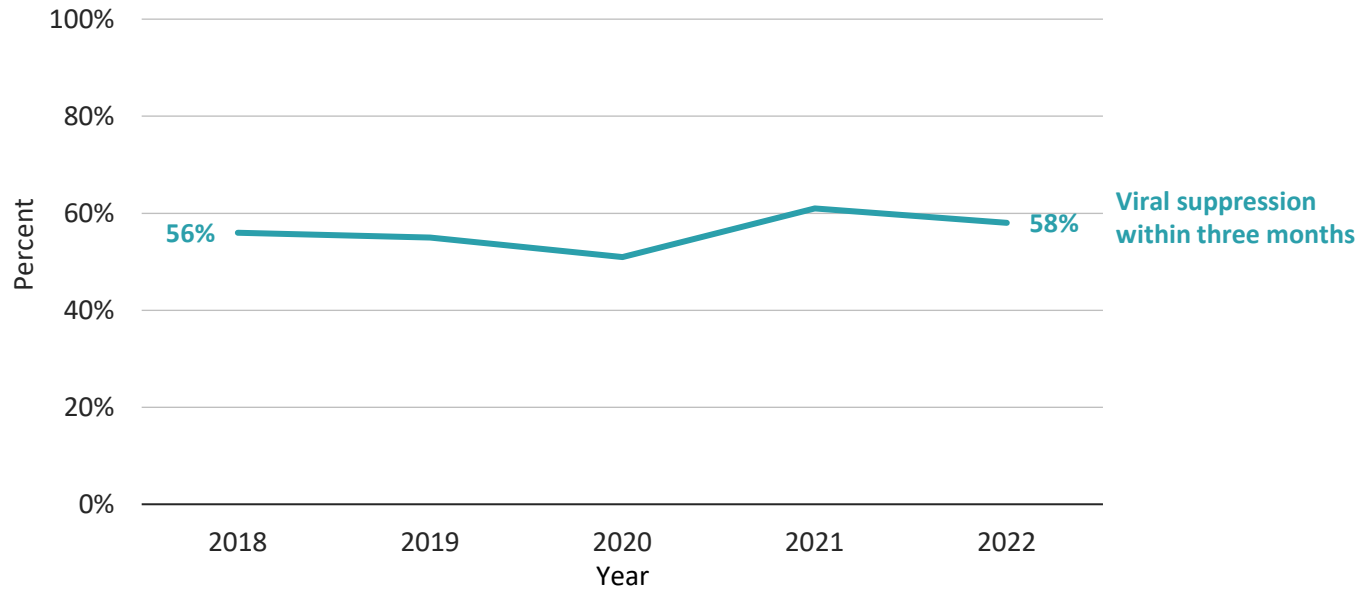
Timely initiation of care¹ among men newly diagnosed with HIV who have sex with men² in New York City by United Hospital Fund neighborhood, 2022

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



The neighborhoods with the lowest proportions of men who have sex with men linked to care within 30 days were Upper West Side (67%), Rockaway (67%), and Upper East Side (71%).

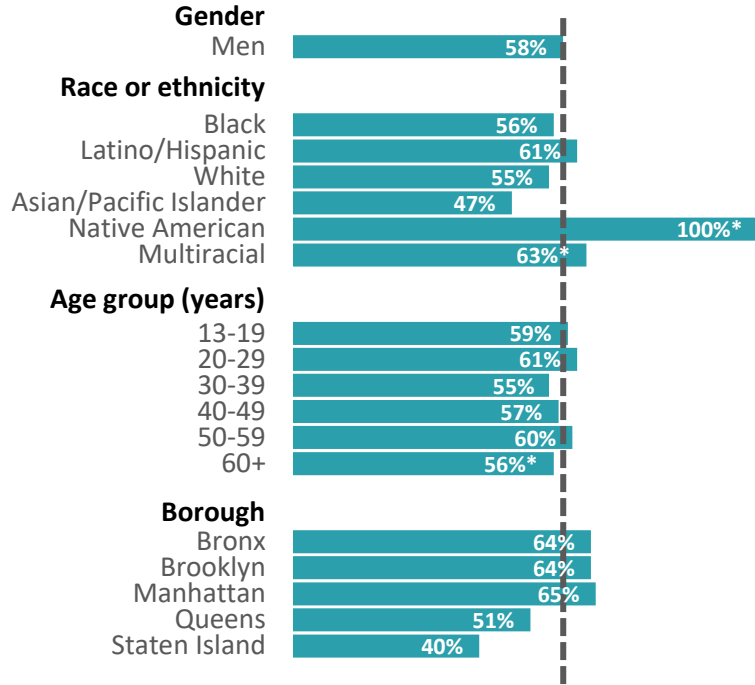
Viral suppression¹ within three months among men newly diagnosed with HIV who have sex with men² in New York City, 2022



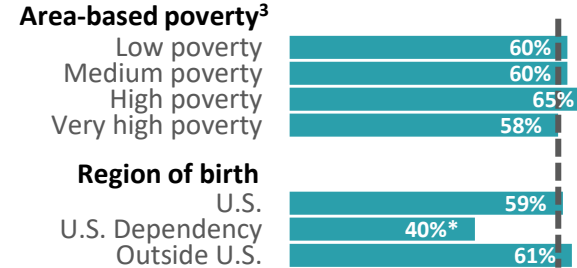
Viral suppression within three months of an HIV diagnosis among men who have sex with men remained relatively flat in New York City from 2018 to 2022.

Viral suppression¹ within three months among men newly diagnosed with HIV who have sex with men² in New York City by demographic group, 2022

58% overall among men who have sex with men²



58% overall among men who have sex with men²



Inequities in viral suppression within three months of an HIV diagnosis exist across demographic groups among men who have sex with men in New York City.

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

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.

²Includes men who have sex with men and inject drugs.

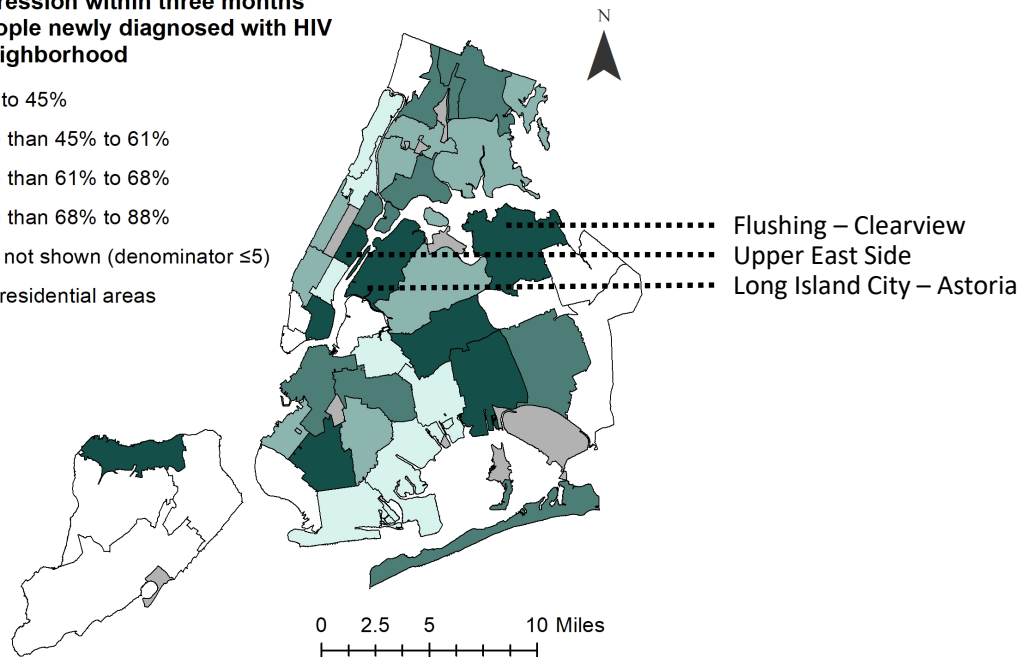
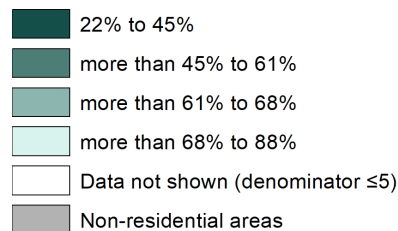
³Area-based poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.

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 men newly diagnosed with HIV who have sex with men² 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 men who have sex with men virally suppressed within three months of an HIV diagnosis were Flushing – Clearview (22%), Upper East Side (29%), and Long Island City – Astoria (31%)

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.

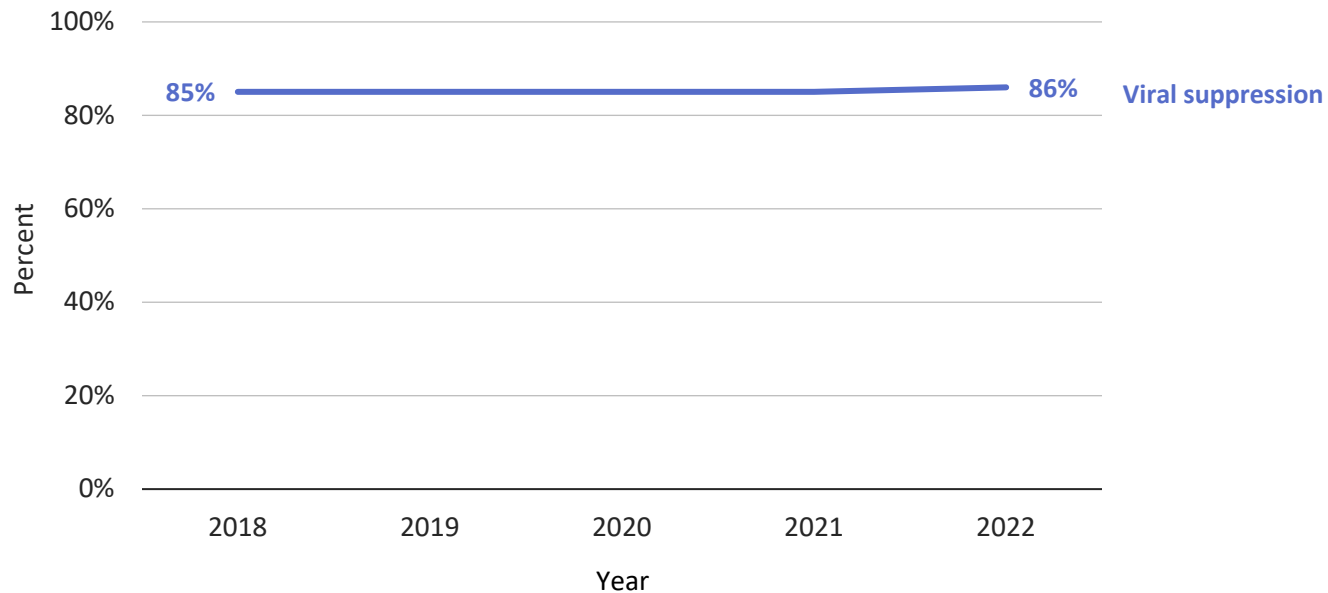
²Includes men who have sex with men and inject drugs.

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



**CARE OUTCOMES AMONG MEN WITH HIV WHO
HAVE SEX WITH MEN IN NEW YORK CITY**

Viral suppression¹ among men with diagnosed HIV who have sex with men² in New York City, 2018-2022



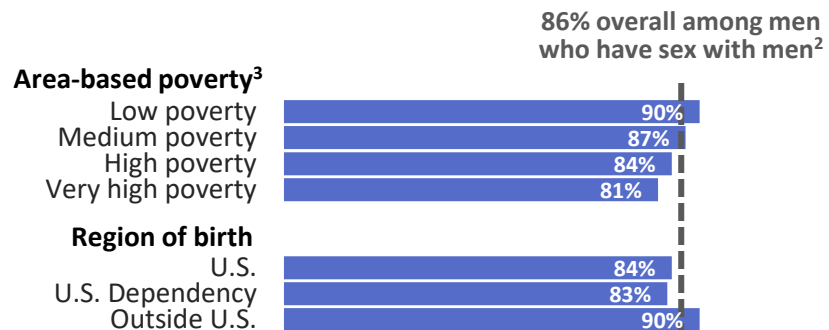
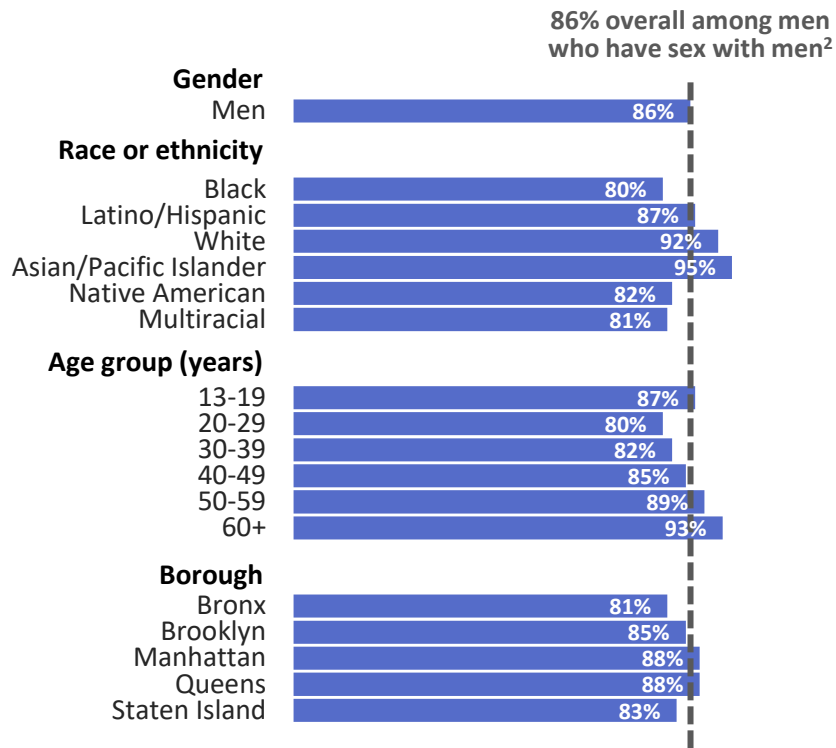
Viral suppression among men who have sex with men remained relatively flat in New York City from 2018 to 2022.

¹Viral suppression is defined as the last HIV viral load in the calendar year <200 copies/mL.

²Includes men who have sex with men and inject drugs.

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

Viral suppression¹ among men with diagnosed HIV who have sex with men² in New York City by demographic group, 2022



Inequities in viral suppression exist across demographic groups among men who have sex with men in New York City.

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

²Includes men who have sex with men and inject drugs.

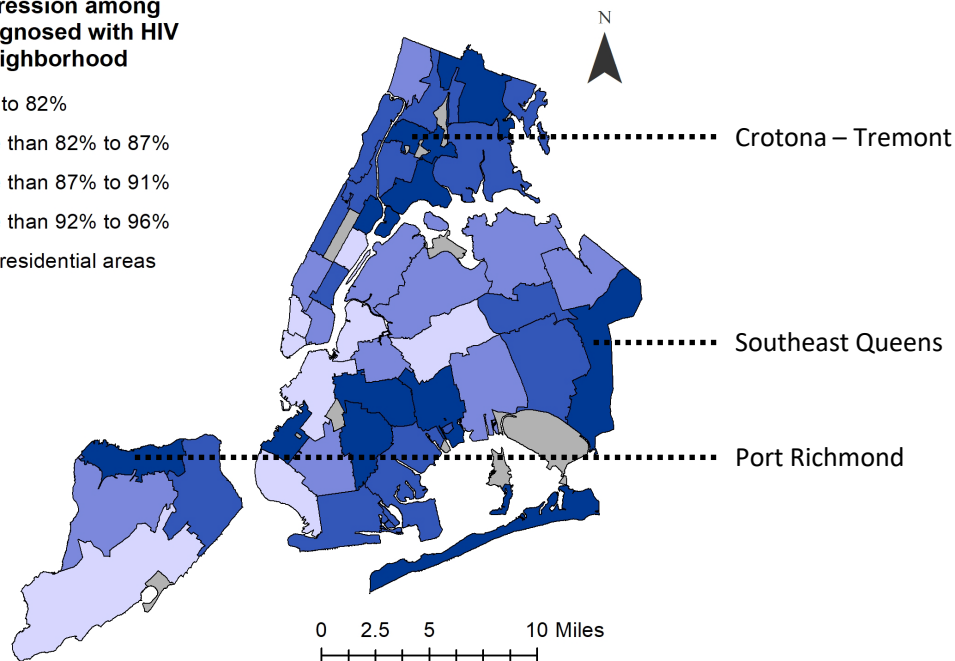
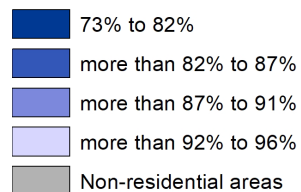
³Area-based poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.

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

Viral suppression¹ among men with diagnosed HIV who have sex with men² in New York City by United Hospital Fund neighborhood, 2022

Viral suppression among people diagnosed with HIV by UHF neighborhood



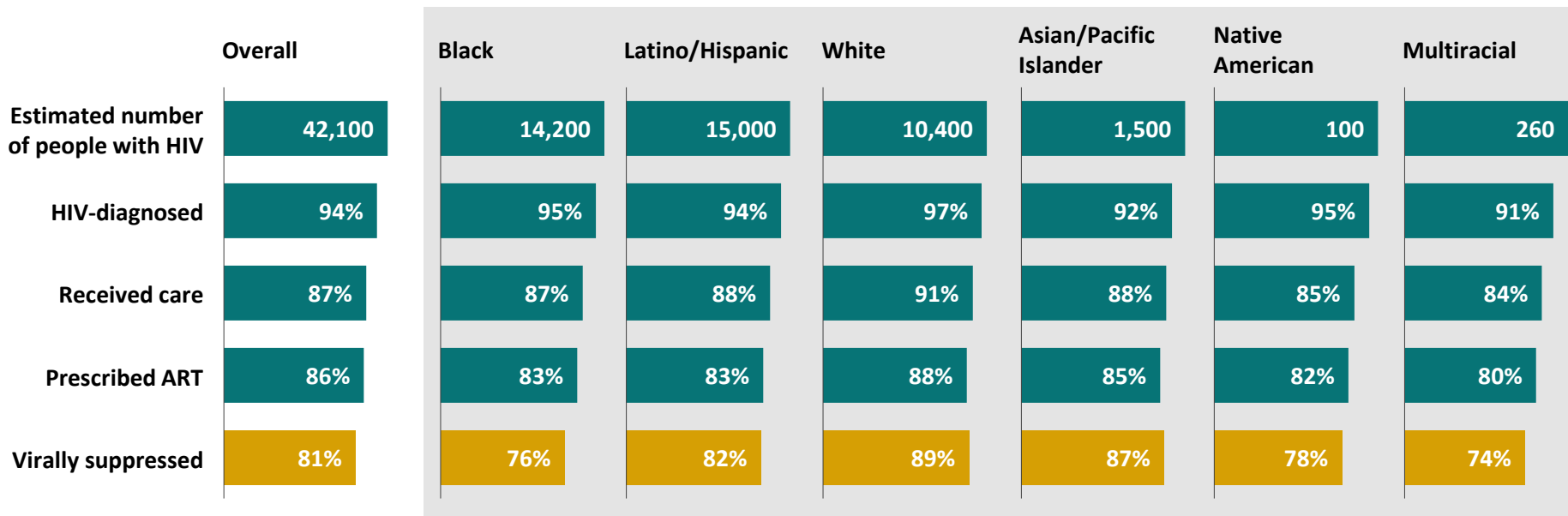
The neighborhoods with the lowest proportions of men who have sex with men virally suppressed were Port Richmond (73%), Southeast Queens (77%), and Crotona – Tremont (77%)

¹Viral suppression is defined as the last HIV viral load in the calendar year <200 copies/mL.

²Includes men who have sex with men and inject drugs.

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

Proportion of men with HIV who have sex with men¹ in stages of the HIV care continuum^{2,3} in New York City overall and by race or ethnicity,⁴ 2022



Of approximately 42,100 men who have sex with men with HIV in New York City in 2022, 81% had a suppressed viral load. There were inequities in the HIV care continuum among men who have sex with men by race or ethnicity in 2022 in New York City.

¹Includes men who have sex with men and inject drugs.

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.

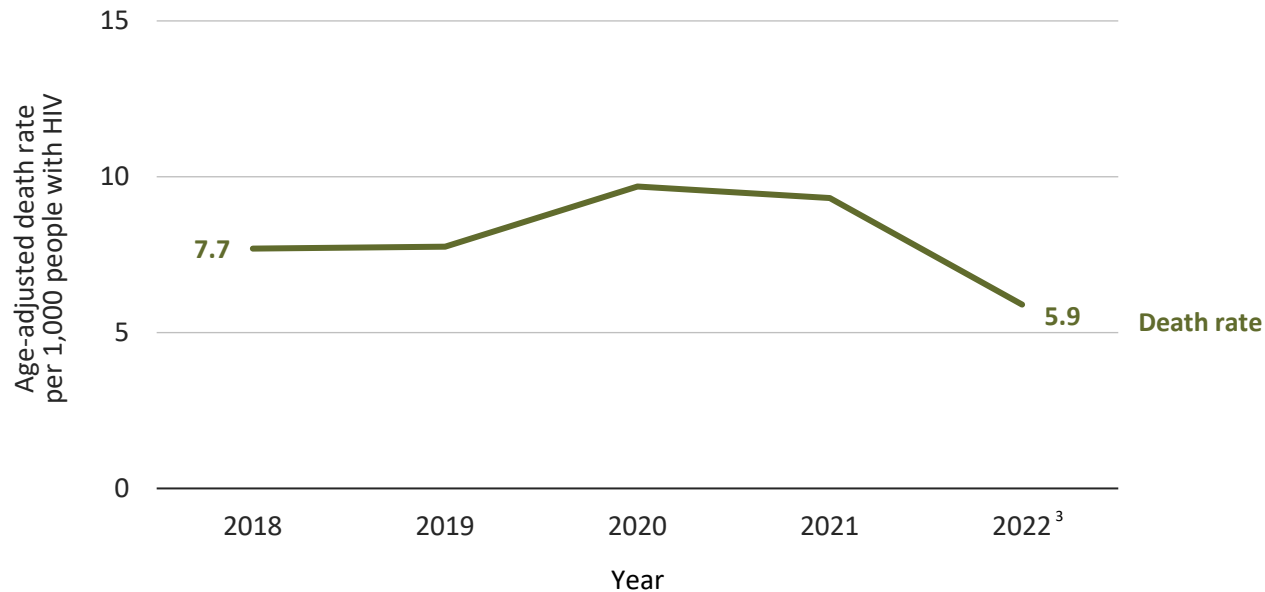
³Proportions in the care continuum may not align between stages due to the use of multiple data sources in calculations (e.g., proportion prescribed ART may be lower than the proportion virally suppressed)

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 men with HIV who have sex with men² in New York City, 2018-2022



The age-adjusted death rate among men with HIV who have sex with men declined by 23% since 2018 and by 39% since its recent peak in 2020 and is lower than the citywide death rate of 7.6 per 1,000 people with HIV.

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

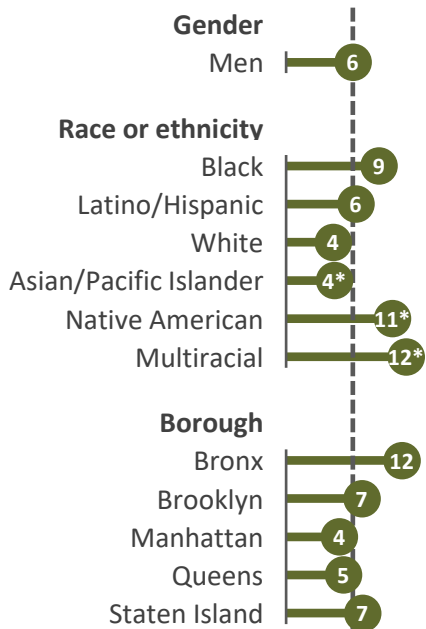
²Includes men who have sex with men and inject drugs.

³Death data for 2022 are incomplete.

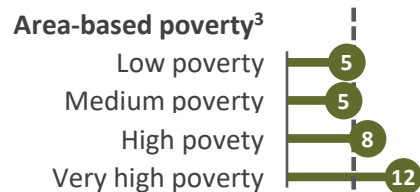
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

Age-adjusted¹ death rate per 1,000 men with HIV who have sex with men² in New York City by demographic group, 2022

5.9 deaths per 1,000 men with HIV who have sex with men overall



5.9 deaths per 1,000 men with HIV who have sex with men overall



Inequities in the age-adjusted death rate exist across demographic groups among men who have sex with men 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.

²Includes men who have sex with men and inject drugs.

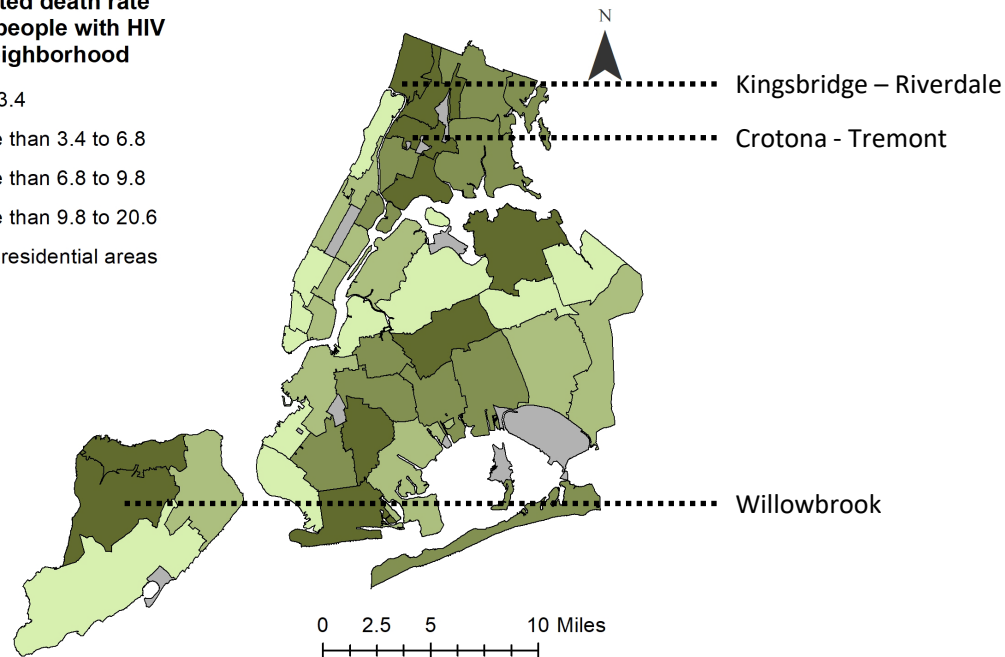
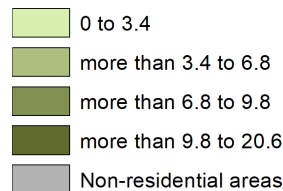
³Area-based poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.

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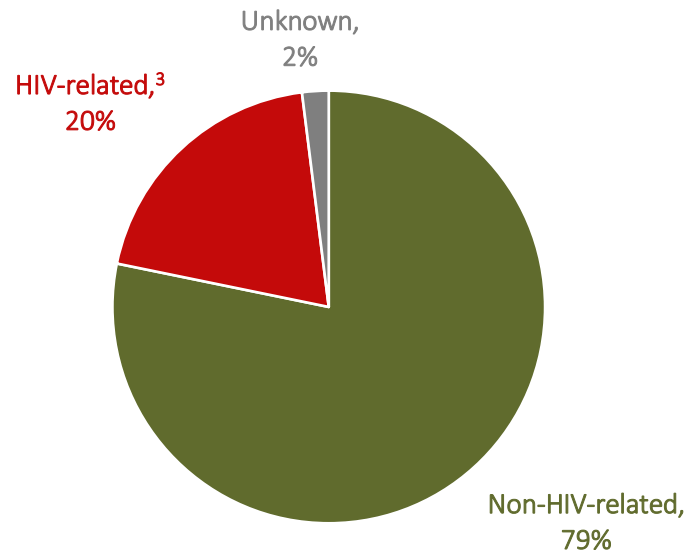
Age-adjusted¹ death rate per 1,000 men with HIV who have sex with men² in New York City by United Hospital Fund neighborhood, 2022

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



The neighborhoods with the highest age-adjusted death rates among men who have sex with men were Kingsbridge – Riverdale (20.6 per 1,000), Willowbrook (19.3 per 1,000), and Crotona – Tremont (15.3 per 1,000).

Proportion of deaths among men with HIV who have sex with men¹ in New York City by cause of death, 2021²



In 2021, 79% of deaths among people with HIV were due to non-HIV-related causes. Among these, the top causes were cardiovascular disease (24%), non-HIV-related cancers (15%), and accidents (11%)

¹Includes men who have sex with men and inject drugs.

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.