# HIV among people born outside of the United States 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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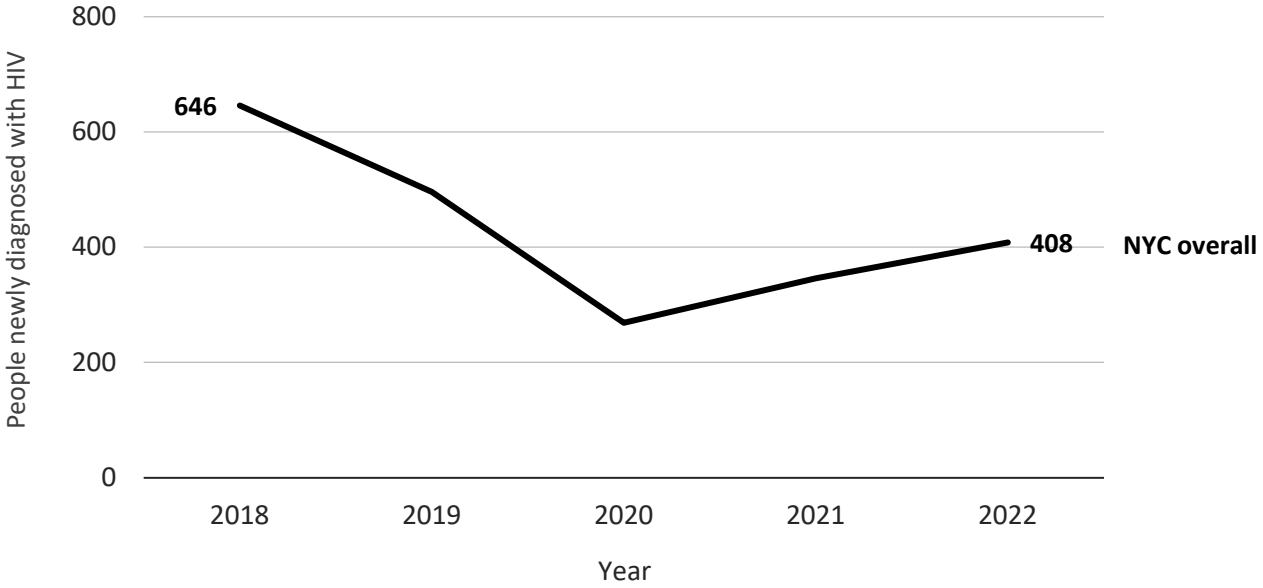
# **Number of new HIV diagnoses** among people born outside of the U.S. – New York City, 2018-2022




**The number of new HIV diagnoses among people born outside of the U.S. decreased by 37% 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.**

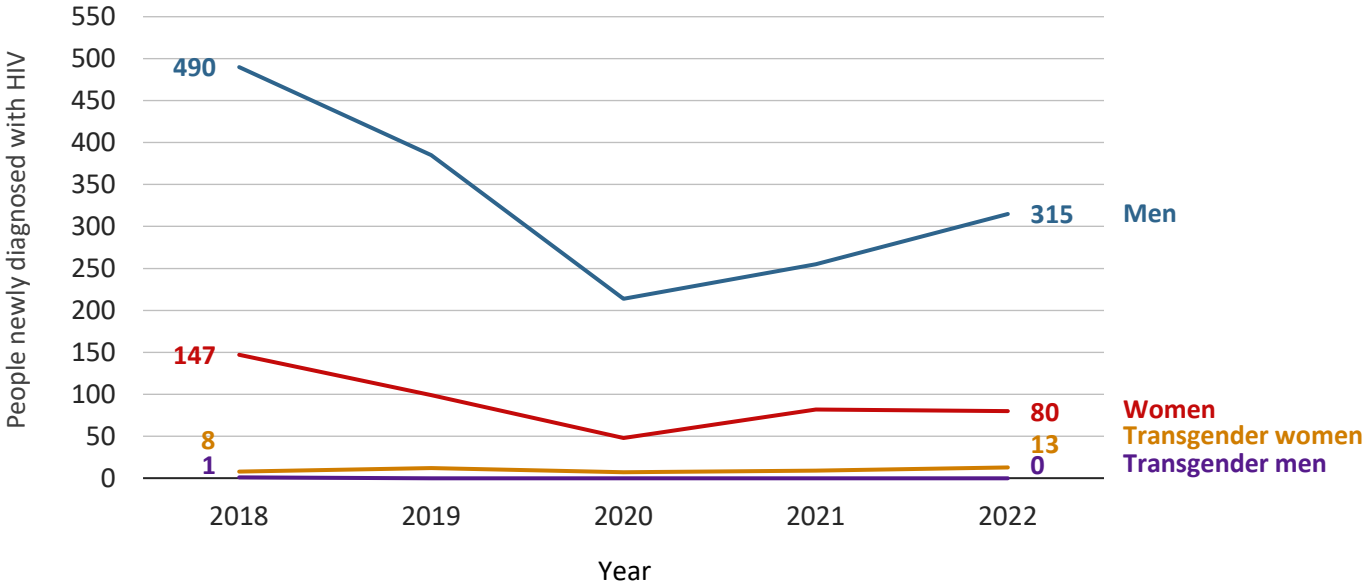
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

# **Basic statistics of HIV** among people born outside of the U.S. – New York City, 2022

- **408 people newly diagnosed with HIV**
  - Including 98 people concurrently diagnosed with AIDS (24.0% of diagnoses)
- **309 people newly diagnosed with AIDS**
- **20,500 people with HIV[1]**
- **251 deaths among people with HIV**
  - 6.0 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** among people born outside of the U.S. by gender – New York City, 2018-2022




**The number of new HIV diagnoses decreased or remained stable in all gender groups among people born outside of the U.S. between 2018 and 2022. Men consistently experienced the highest number of new HIV diagnoses, representing 77% of new diagnoses among people born outside the U.S. in 2022.**

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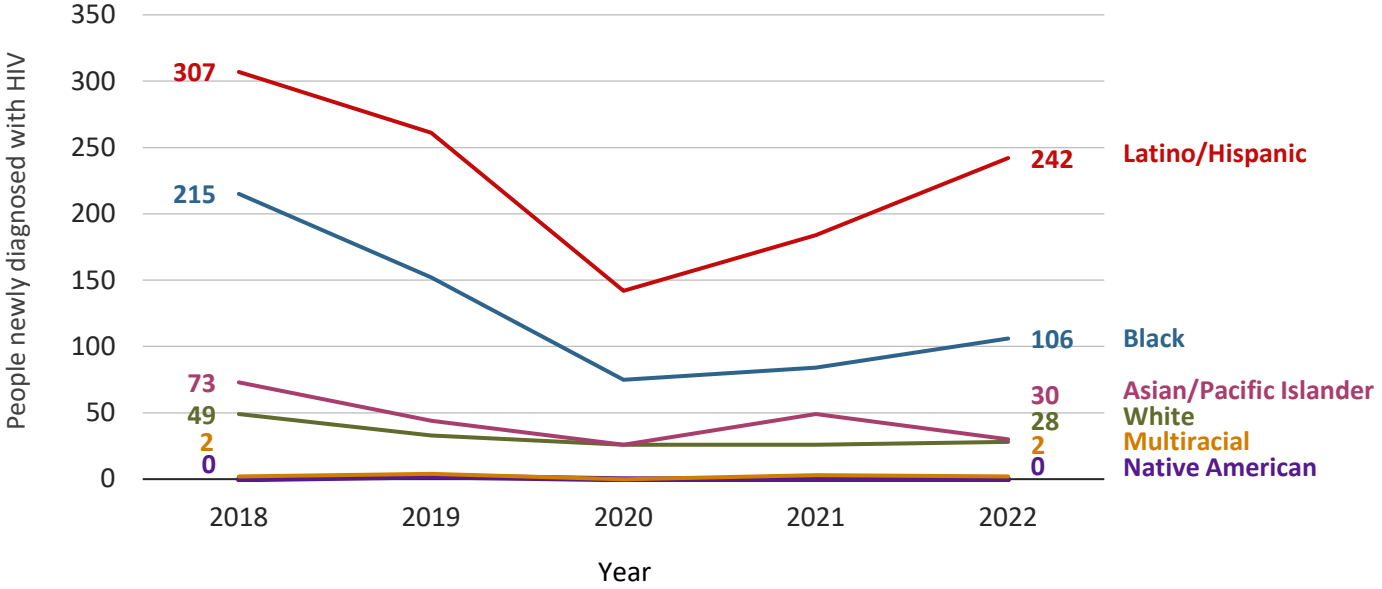
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

# **Number of new HIV diagnoses** among people born outside of the U.S. by race or ethnicity – New York City, 2018-2022




**The number of new HIV diagnoses decreased or remained stable in all race or ethnicity groups among people born outside of the U.S. between 2018 and 2022. Latino/Hispanic people consistently experienced the highest number of new HIV diagnoses, representing 59% of new diagnoses among people born outside the U.S. in 2022.**

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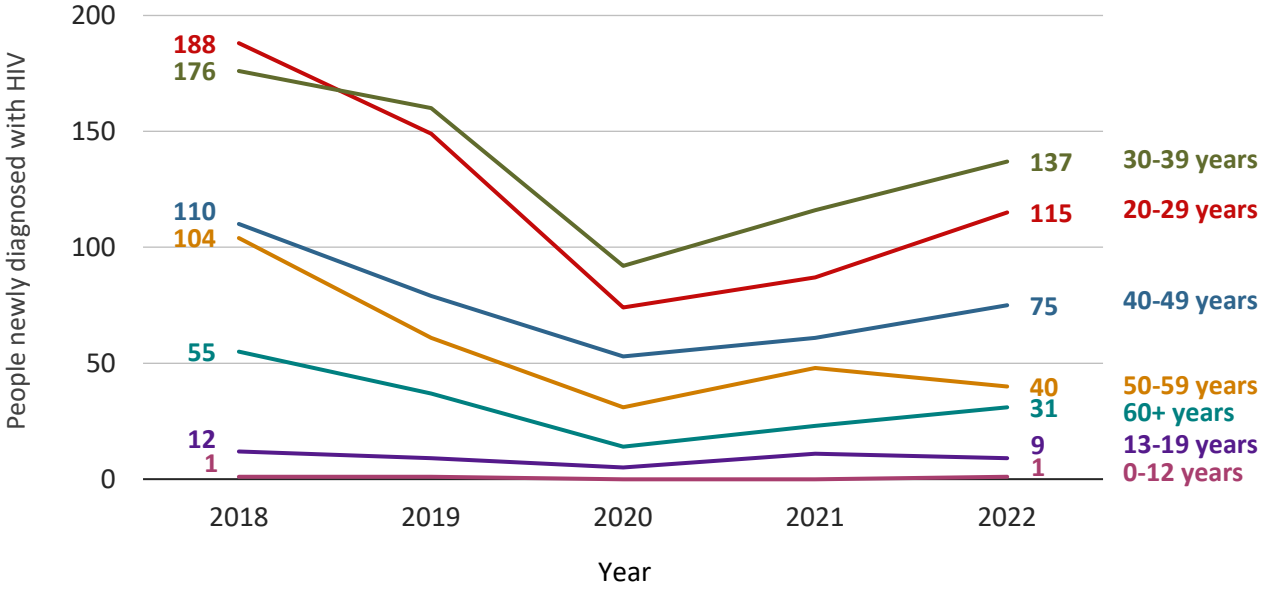
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

# **Number of new HIV diagnoses** among people born outside of the U.S. by age group – New York City, 2018-2022




**The number of new HIV diagnoses decreased or remained stable in all age groups among people born outside of the U.S. between 2018 and 2022. People aged 20 to 39 years consistently experienced the highest number of new HIV diagnoses, representing a combined 62% of new diagnoses among people born outside the U.S. 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** among people born outside of the U.S. by race or ethnicity and age group – New York City, 2022


**Latino/Hispanic people born outside the U.S. aged 20 to 39 years experienced the highest number of new HIV diagnoses in 2022, representing a combined 44% of new diagnoses among people born outside the U.S. in 2022.**

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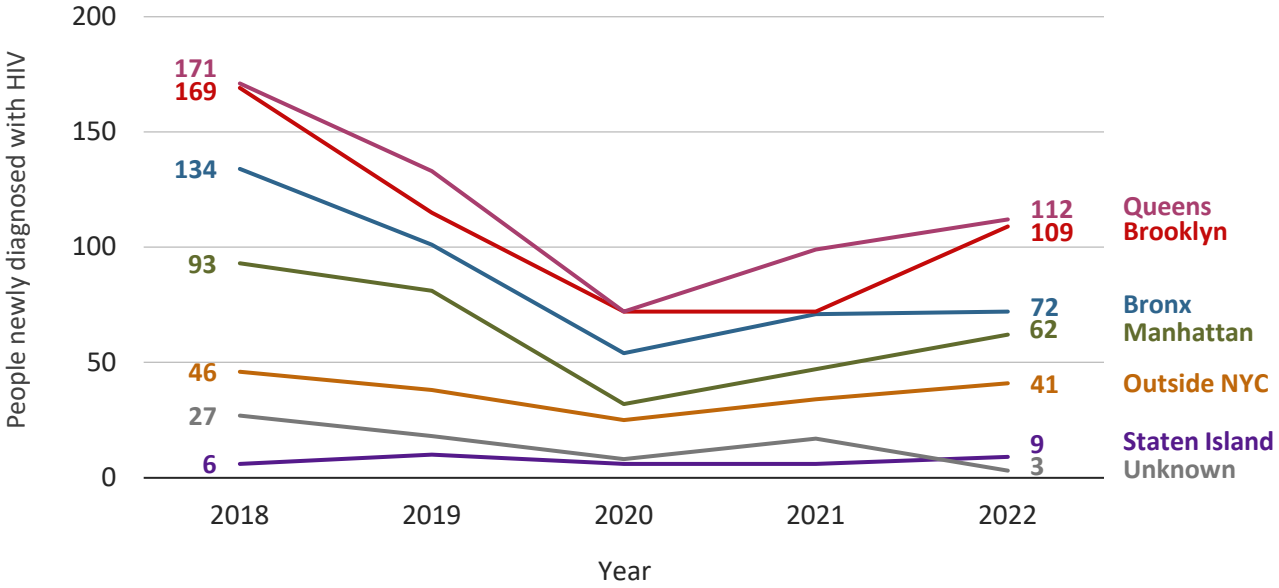
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

# **Number of new HIV diagnoses** among people born outside of the U.S. by borough of residence – New York City, 2018-2022




**The number of new HIV diagnoses decreased or remained stable in all boroughs of residence among people born outside of the U.S. between 2018 and 2022. Queens and Brooklyn consistently experienced the highest number of new HIV diagnoses, representing a combined 54% of new diagnoses among people born outside the U.S. in 2022.**

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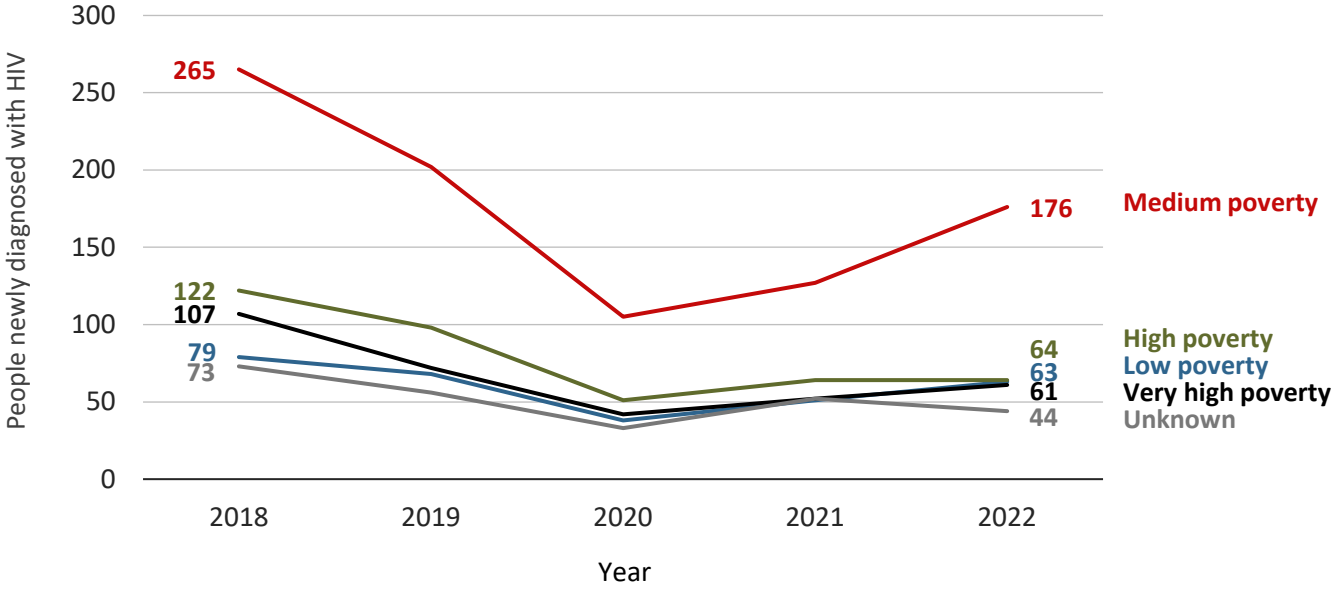
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

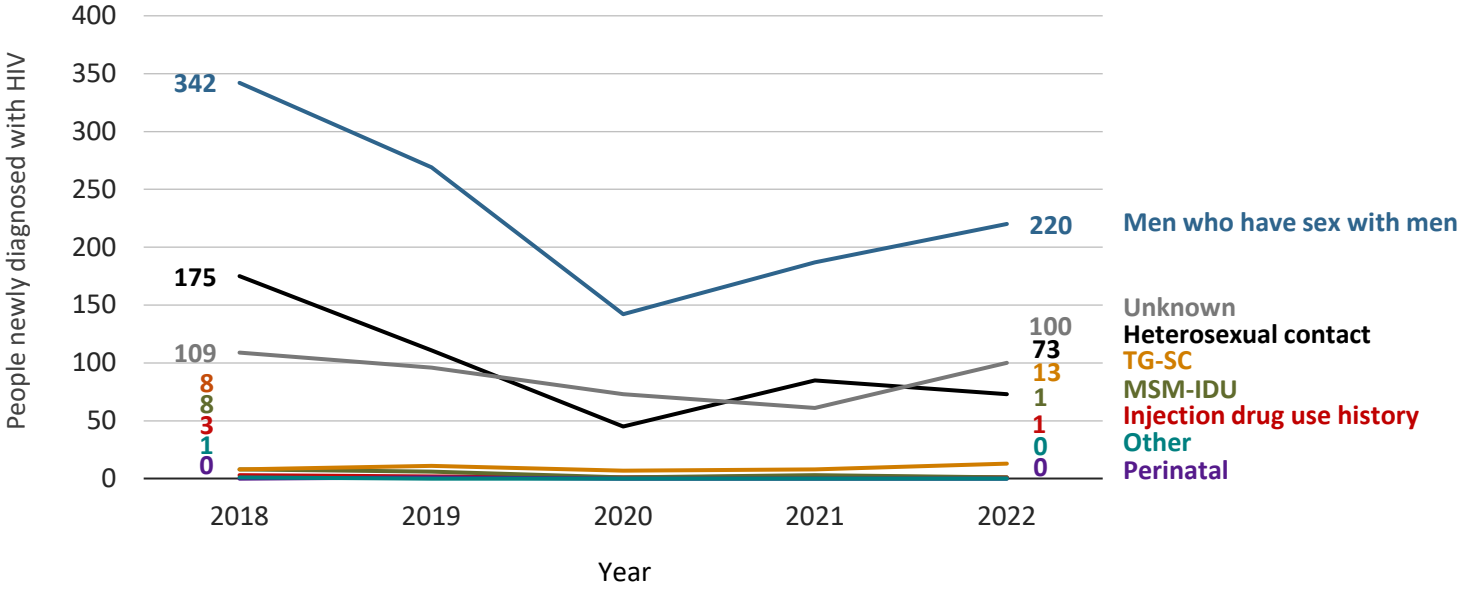
# **Number of new HIV diagnoses** among people born outside of the U.S. by area-based poverty[1] – New York City, 2018-2022




**The number of new HIV diagnoses decreased in all area-based poverty groups among people born outside of the U.S. between 2018 and 2022. Areas with medium poverty consistently experienced the highest number of new HIV diagnoses, representing 43% of new diagnoses among people born outside the U.S. 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** among people born outside of the U.S. by transmission category – New York City, 2018-2022




**The number of new HIV diagnoses decreased or remained stable for all transmission categories among people born outside of the U.S. between 2018 and 2022. Men who have sex with men consistently experienced the highest number of new HIV diagnoses, representing 54% of new diagnoses among people born outside the U.S. in 2022.**

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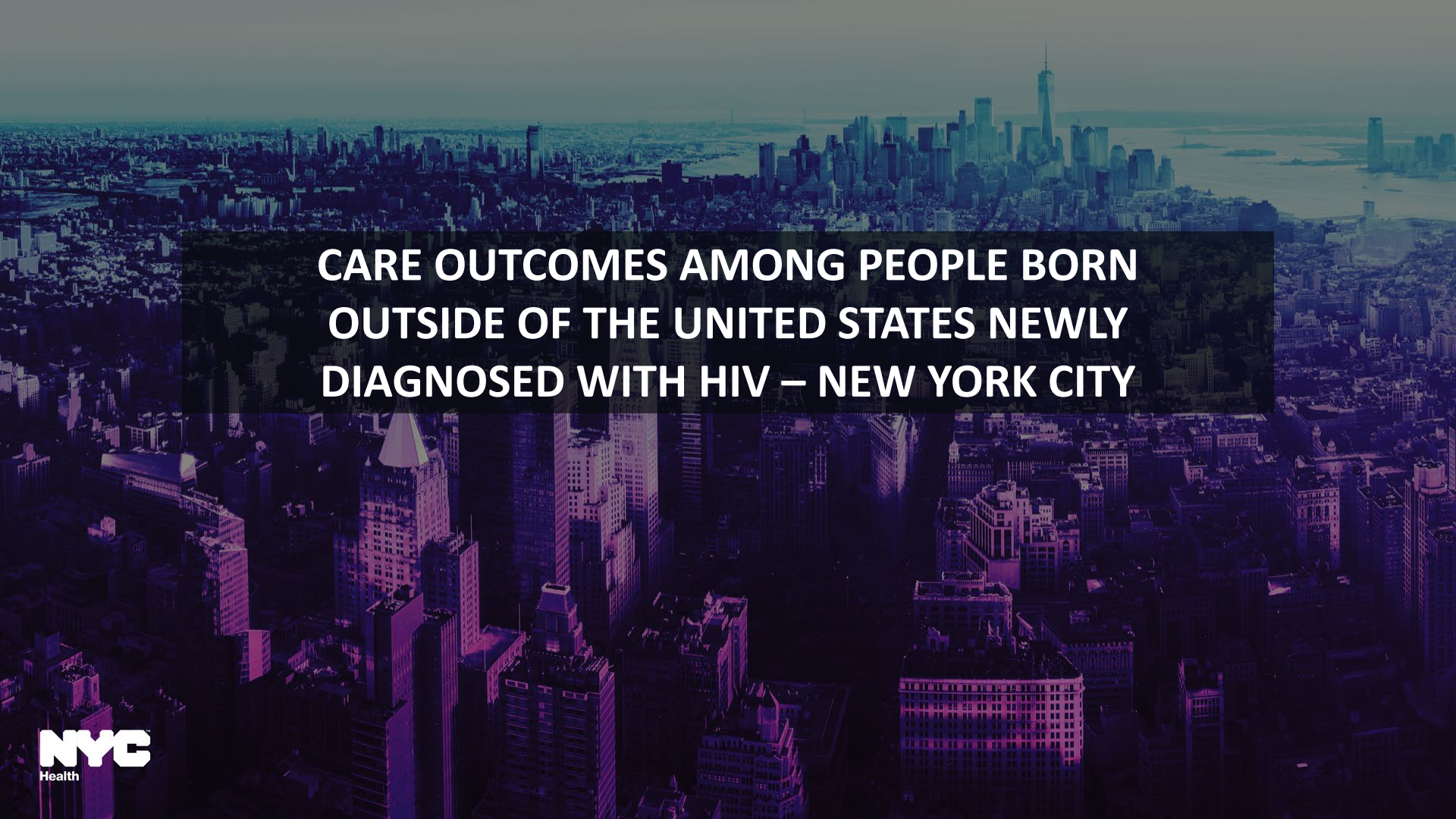
MSM-IDU=men who have sex with men with an injection drug use history; TG-SC=transgender people with sexual contact.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.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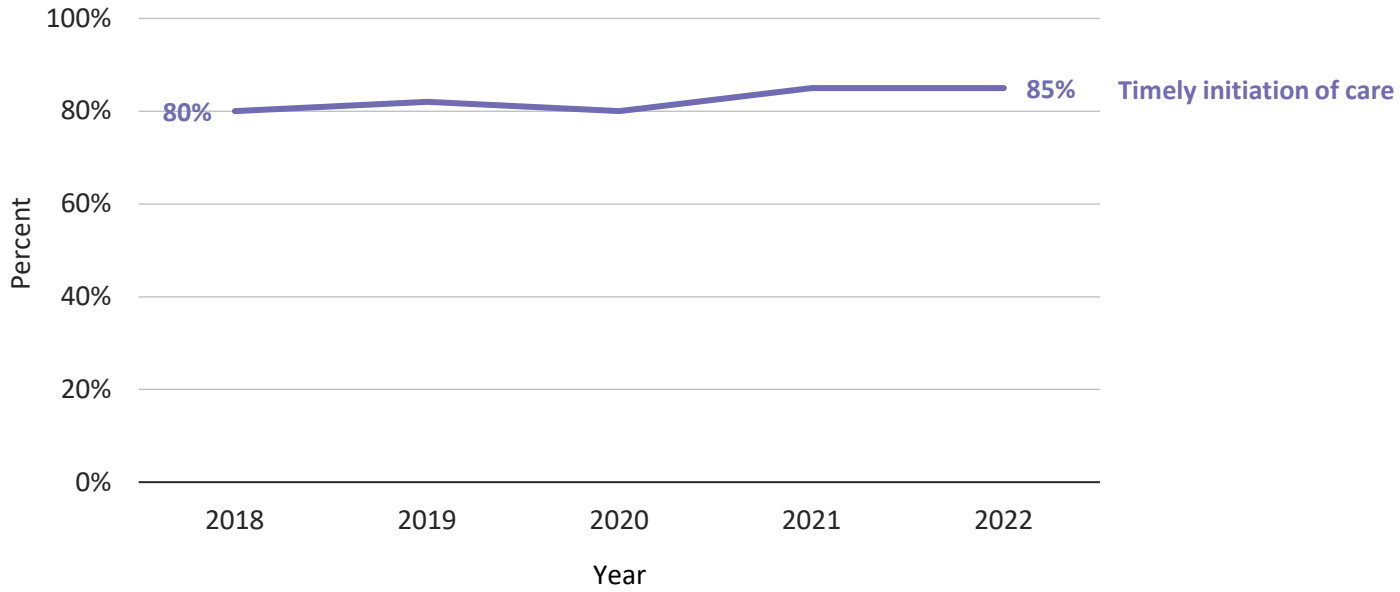
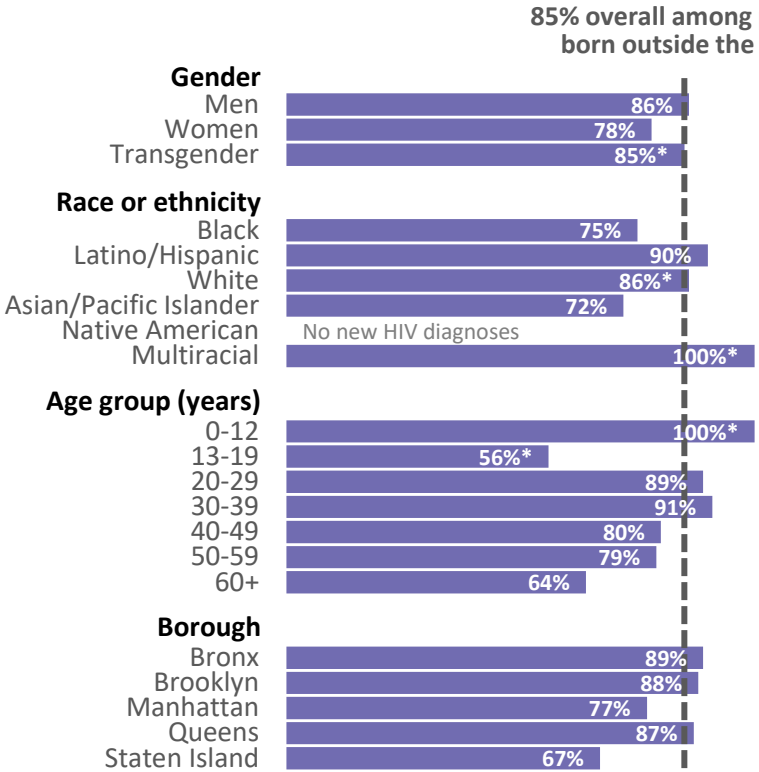
# **Timely initiation of care**[1] among people born outside of the U.S. newly diagnosed with HIV – New York City, 2018-2022

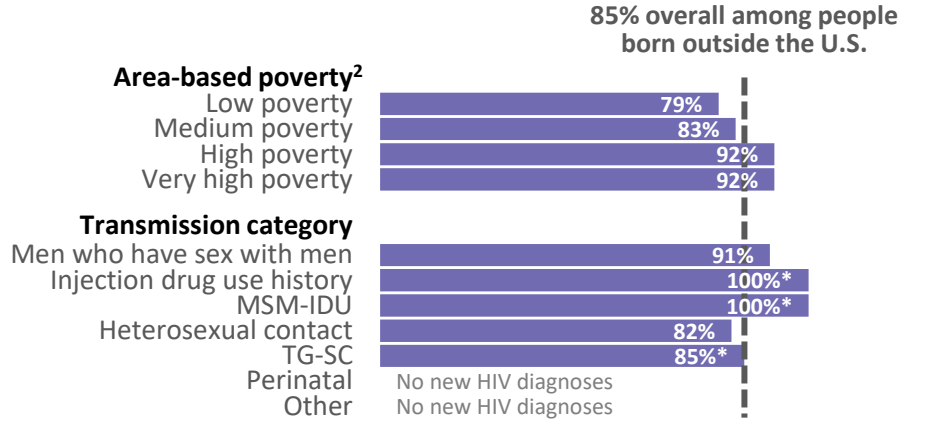



**Timely initiation of care among people born outside of the U.S. increased five percentage points from 2018 to 2022 in New York City .**

[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 born outside of the U.S. newly diagnosed with HIV by demographic groups – New York City, 2022

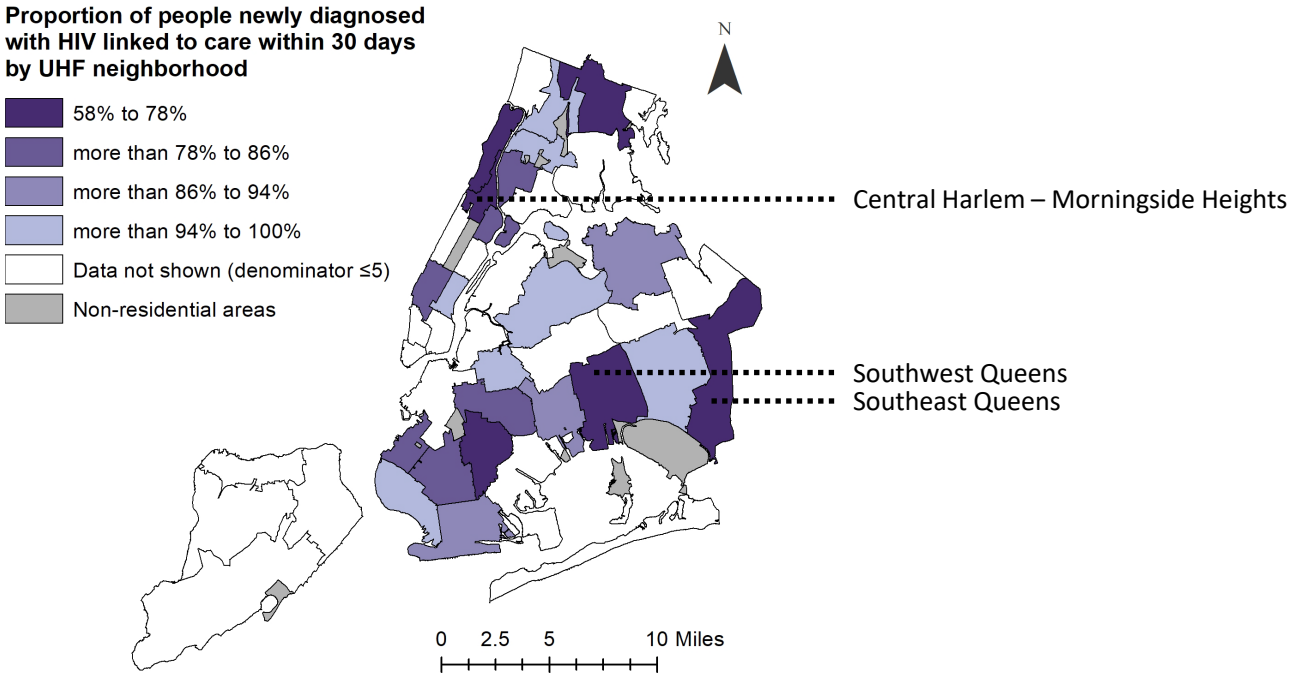



**In New York City, inequities in timely initiation of care exist across demographic groups among people born outside of the U.S.**

*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.

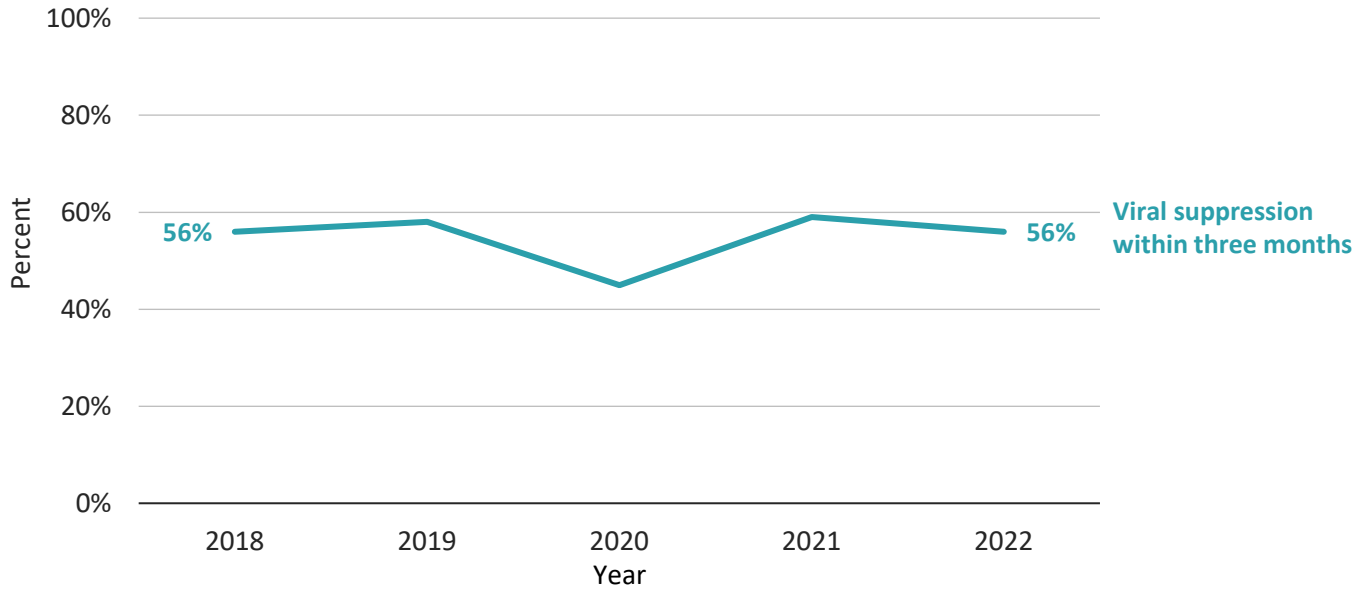
# **Timely initiation of care**[1] among people born outside of the U.S. newly diagnosed with HIV by United Hospital Fund neighborhood – New York City, 2022




**The neighborhoods with the lowest proportions of people born outside of the U.S. linked to care within 30 days were Southwest Queens (58%), Southeast Queens (67%), and Central Harlem – Morningside Heights (75%).**

[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.

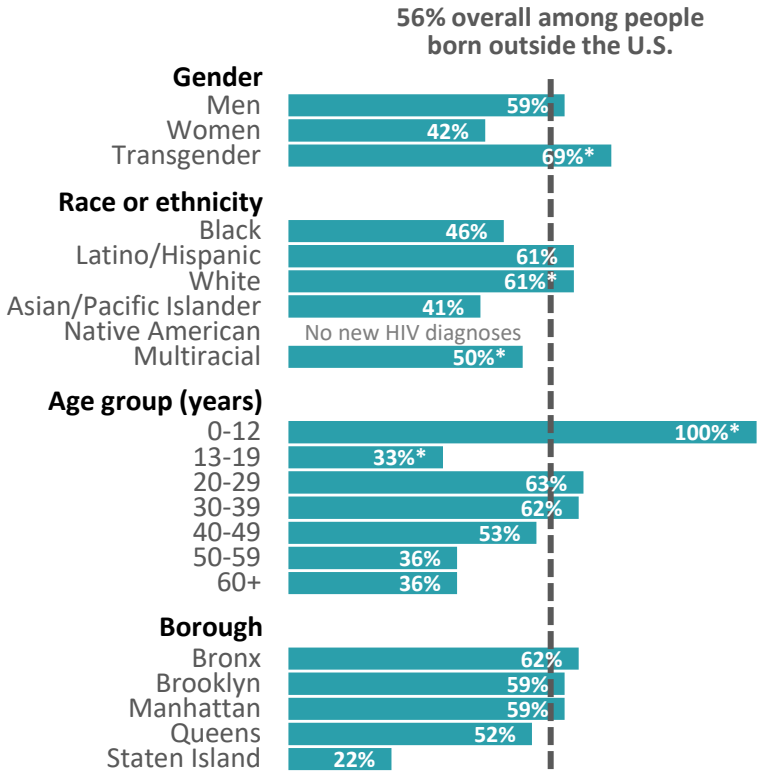
# **Viral suppression**[1] **within three months** among people born outside of the U.S. newly diagnosed with HIV – New York City, 2018-2022

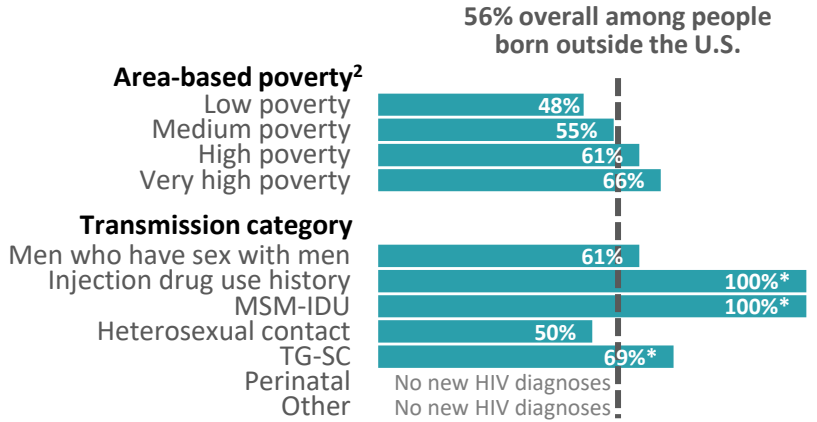



**Viral suppression within three months of an HIV diagnosis among people born outside of the U.S. remained relatively flat in New York City from 2018 to 2022.**

[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 born outside of the U.S. newly diagnosed with HIV by demographic group – New York City, 2022




**In New York City, inequities in viral suppression within three months of an HIV diagnosis exist across demographic groups among people born outside of the U.S.**

*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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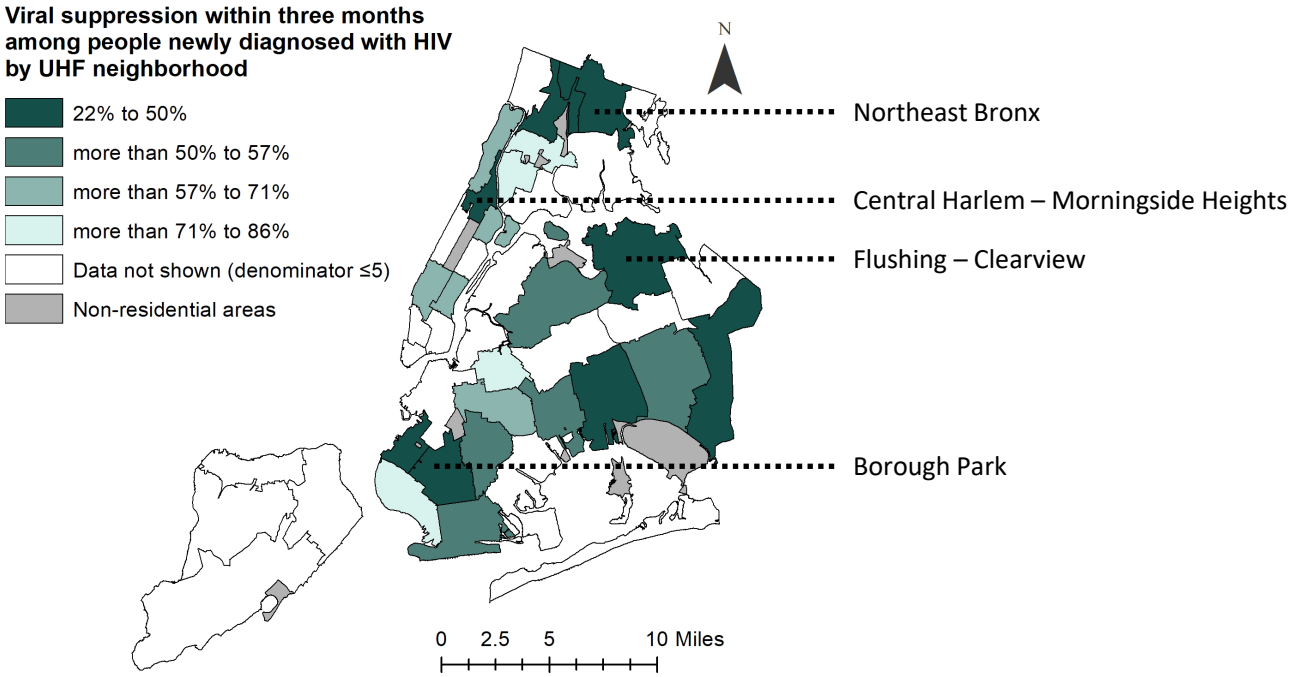
# **Viral suppression**[1] **within three months** among people born outside of the U.S. newly diagnosed with HIV by United Hospital Fund neighborhood – New York City, 2022




**The neighborhoods with the lowest proportions of people born outside of the U.S. virally suppressed within three months of an HIV diagnosis were Northeast Bronx (22%), Borough Park (23%), Central Harlem – Morningside Heights (38%), and Flushing – Clearview (38%).**

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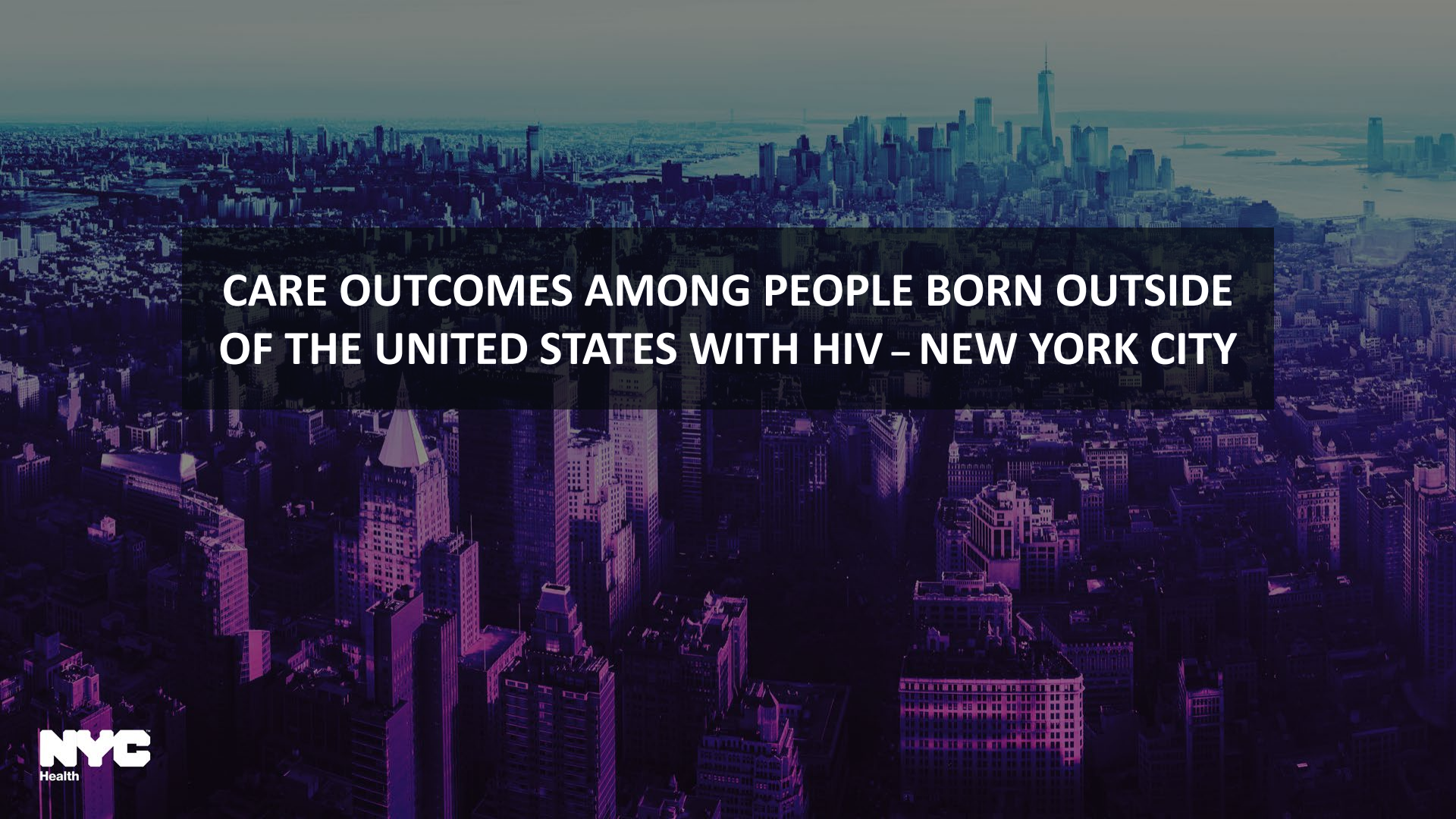
[1]Viral suppression is defined as an HIV viral load in the calendar year <200 copies/mL within three months of diagnosis. People diagnosed at death have been excluded.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.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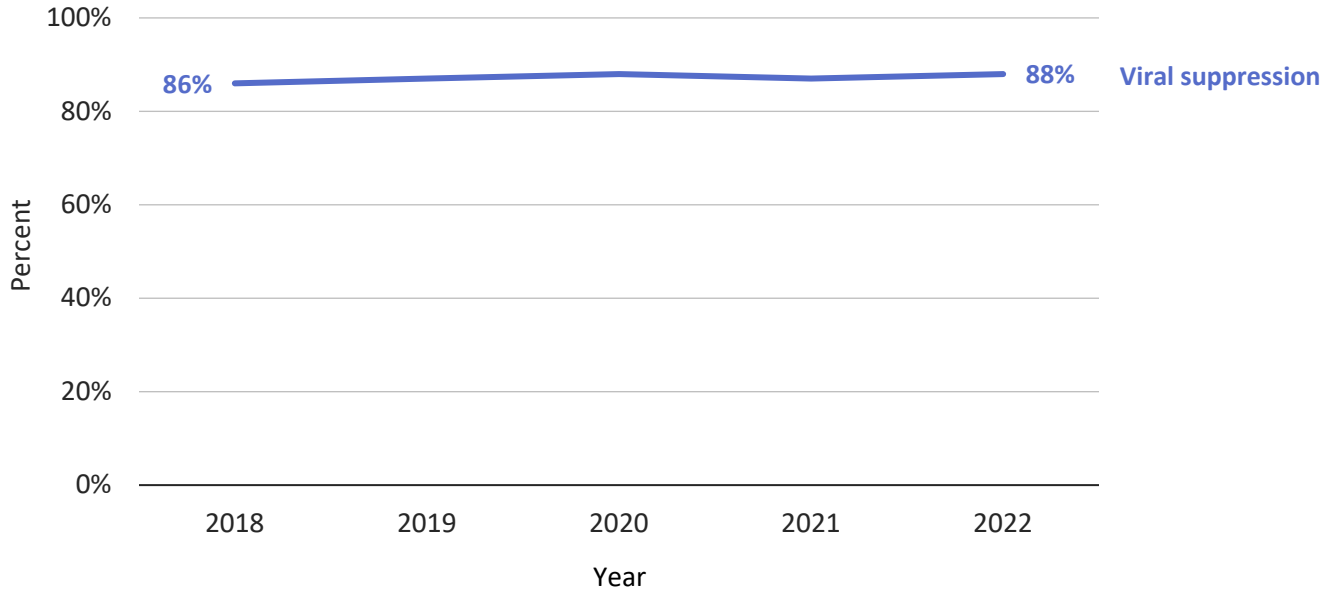
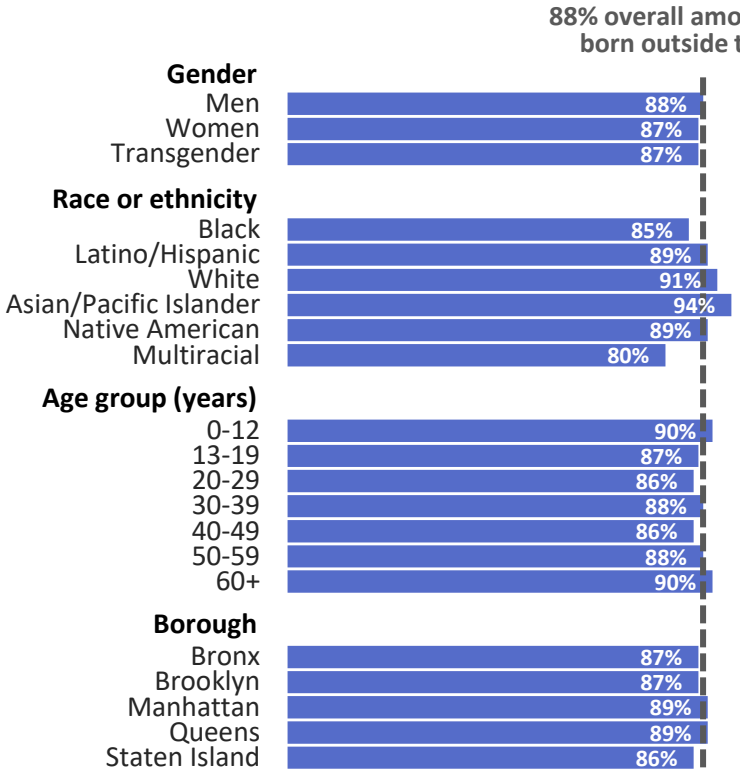
# **Viral suppression**[1] among people born outside of the U.S. with diagnosed HIV – New York City, 2018-2022

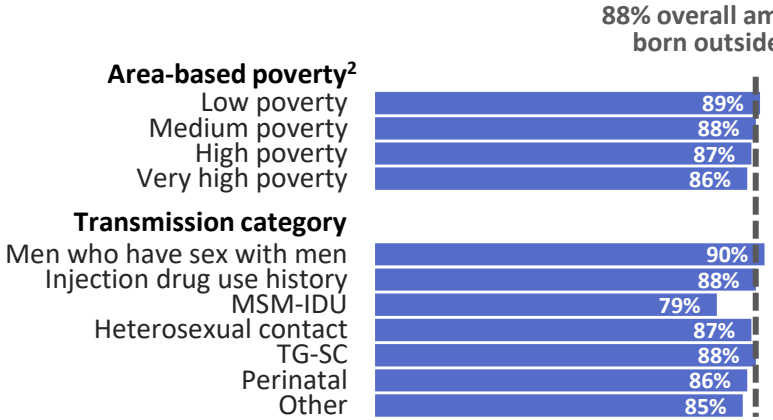



**Viral suppression among people born outside of the U.S. increased two percentage points in New York City from 2018 to 2022.**

[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 born outside of the U.S. with diagnosed HIV by demographic group – New York City, 2022

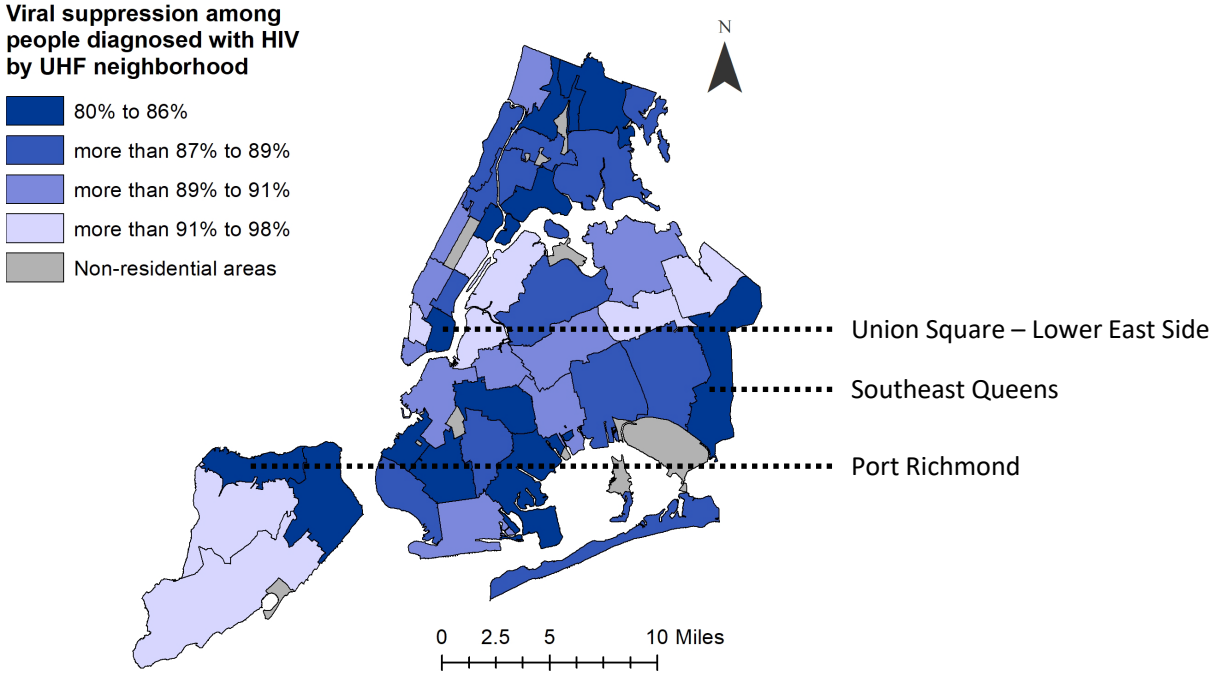



**In New York City, inequities in viral suppression exist across demographic groups among people born outside of the U.S.**

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.

# **Viral suppression**[1] among people born outside of the U.S. with diagnosed HIV by United Hospital Fund neighborhood – New York City, 2022




**The neighborhoods with the lowest proportions of people born outside of the U.S. virally suppressed were Union Square – Lower East Side (80%), Southeast Queens (81%), and Port Richmond (81%).**

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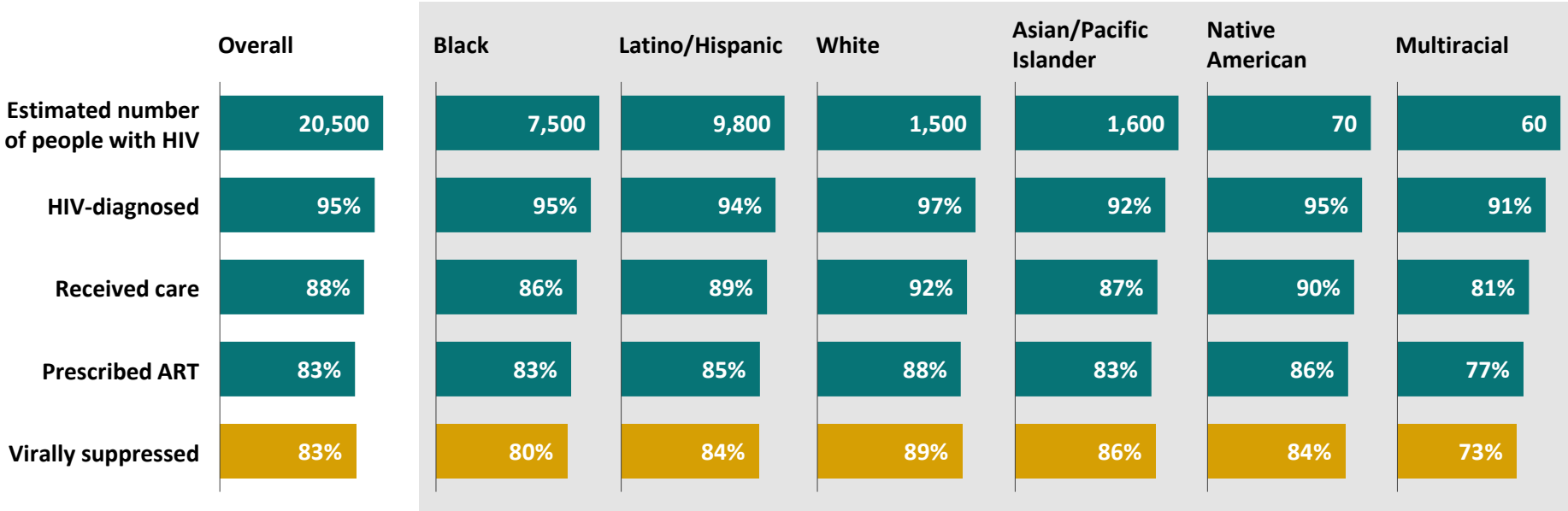
[1]Viral suppression is defined as the last HIV viral load in the calendar year <200 copies/mL.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

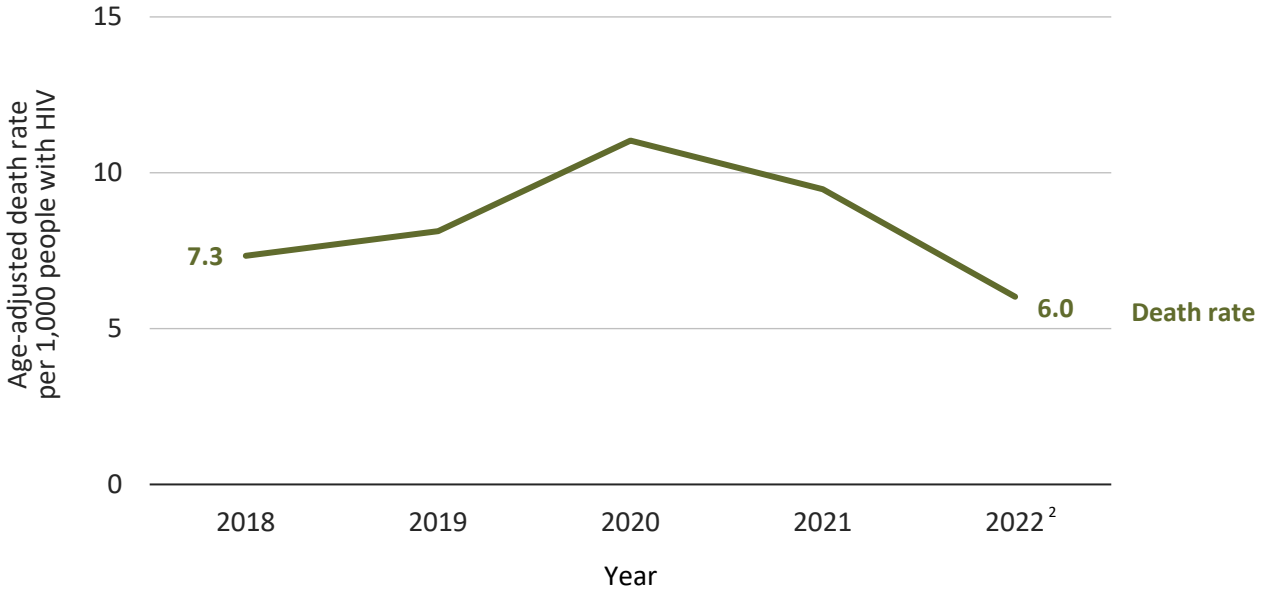
# Proportion of people born outside of the U.S. with HIV in stages of the HIV care continuum[1,2] overall and by race or ethnicity[3] – New York City, 2022




**In New York City, of approximately 20,500 people with HIV born outside of the U.S., 83% had a suppressed viral load in 2022. There were inequities in the HIV care continuum among people born outside the U.S. 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. For definitions of the stages of the continuum of care, see Technical Notes.
[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.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

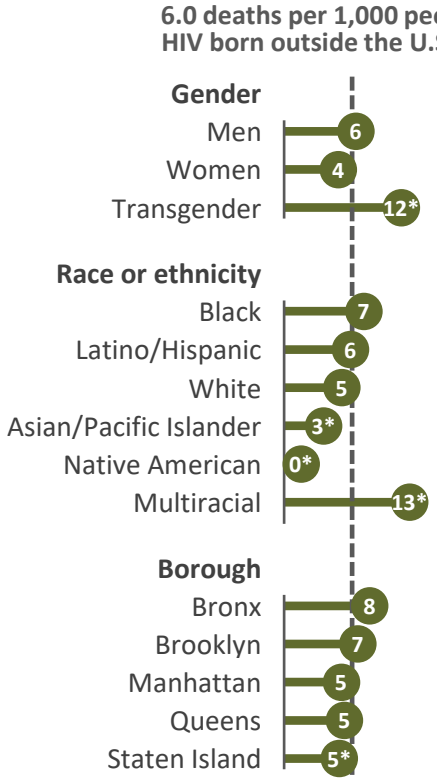
# **Age-adjusted**[1] **death rate** per 1,000 people born outside of the U.S. with HIV – New York City, 2018-2022

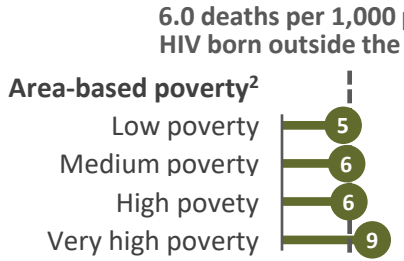



**The age-adjusted death rate declined by 18% since 2018 and 46% since its recent peak in 2020.**

[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 born outside of the U.S. with HIV by demographic group – New York City, 2022

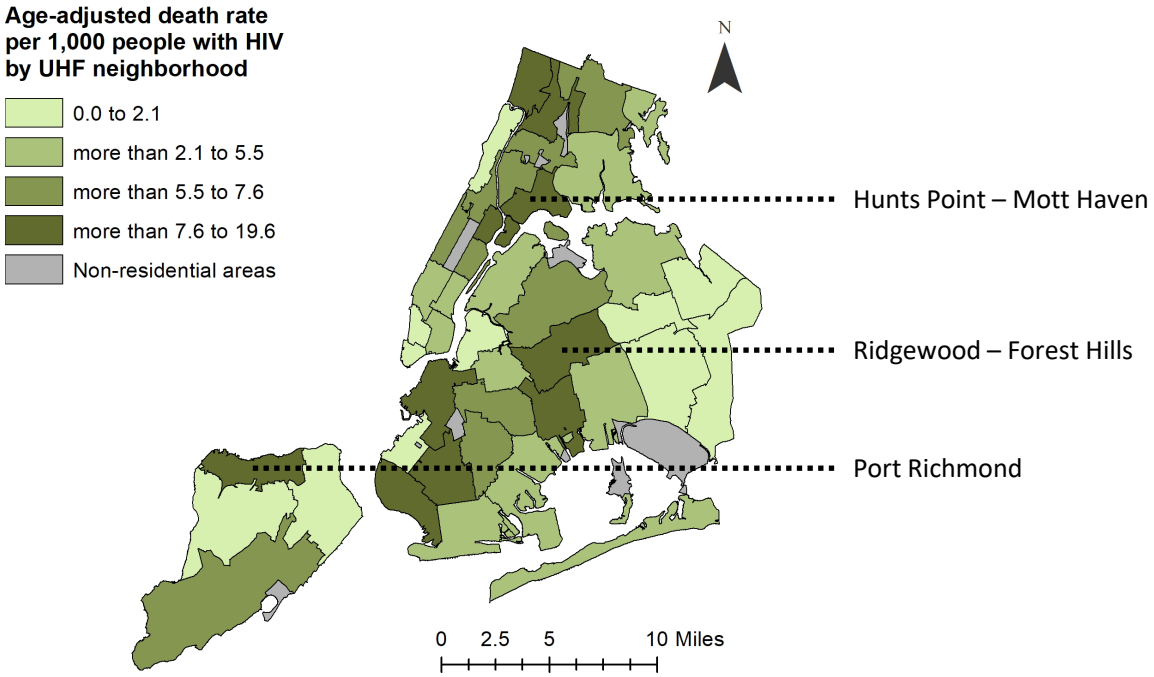



**In New York City, inequities in the age-adjusted death rate exist across demographic groups among people born outside of the U.S.**

*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.

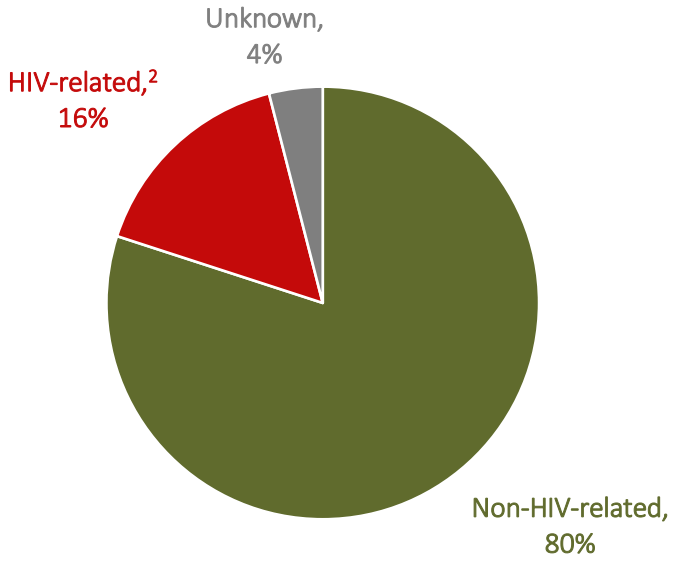
# **Age-adjusted**[1] **death rate** per 1,000 people born outside of the U.S. with HIV by United Hospital Fund neighborhood – New York City, 2022




**The neighborhoods with the highest age-adjusted death rates among people born outside of the U.S. were Port Richmond (19.6 per 1,000), Ridgewood – Forest Hills (16.0 per 1,000), and Hunts Point – Mott Haven (14.9 per 1,000).**

[1]Age-adjusted to the standard 2000 U.S. population. People newly diagnosed with HIV at death were excluded from the numerator.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2023.

# **Proportion of deaths** among people born outside the U.S. with HIV by cause of death – New York City, 2021[1]




**In 2021, 80% of deaths among people with HIV were due to non-HIV-related causes. Among these, the top causes were cardiovascular disease (28%), non-HIV-related cancers (17%), and COVID-19 (14%).**

[1]Cause of death data are not yet available for 2022.
[2]ICD10 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

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# **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.