HIV AMONG PEOPLE IDENTIFIED AS TRANSGENDER IN NEW YORK CITY, 2012-2016

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

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HOW IS TRANSGENDER STATUS\(^1\) COLLECTED BY NYC HIV/AIDS SURVEILLANCE?

- Includes people identified as transgender by diagnosing provider, self-report, or medical chart review
  - Requires accurate collection of both current gender identity and sex assigned at birth
- Since 2005, the HIV surveillance registry has been able to collect both gender identity and sex assigned at birth
  - Not all cases have accurate information on gender identity, thus the registry likely undercounts persons identified as transgender
- Gender identity options are female, male, transgender female/woman and transgender male/man
  - Surveillance classifies all transgender persons as either:
    - Transgender woman = assigned male sex at birth and currently identifies as a woman
    - Transgender man = assigned female sex at birth and currently identifies as a man
- The total population of transgender people living in NYC is unknown, though approximations\(^2\) are available

\(^1\)“Transgender status” refers to whether data indicate that a person is or is not transgender.
\(^2\) Please see The Williams Institute for more information
NEW HIV DIAGNOSES AMONG PEOPLE IDENTIFIED AS TRANSGENDER IN NYC, 2012-2016

• 236 new HIV diagnoses in 2012-2016
  – 232 transgender women (98%)
  – 4 transgender men (2%)
• Includes 20 diagnoses of HIV concurrent with AIDS\(^1\) (8%)
• Transgender people comprised 1.7% of all new HIV diagnoses

\(^1\)AIDS diagnosed within 31 days of HIV.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017
Between 2012 and 2016, 236 transgender people were newly diagnosed with HIV in NYC. This included 42-49 transgender women and 0-2 transgender men each year.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017
The majority of newly diagnosed transgender women were in their 20s at diagnosis. Newly diagnosed transgender men were in their 20s, 30s or 50s.
Ninety-two percent of transgender women newly diagnosed with HIV between 2012 and 2016 were Black or Latina/Hispanic. Newly diagnosed transgender men were Black or Latino/Hispanic.
Sex with a male was the predominant HIV risk category among newly diagnosed transgender women and transgender men.

1“HIV risk category” differs from “transmission risk” presented elsewhere. Here, anyone with a history of injecting drugs was assigned this risk. Non-injectors reporting a male sex partner were assigned “sex with male,” and non-injectors reporting female sex partners only were assigned “sex with female.”

2The injection drug use category is not designed to include injection of hormones.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017
NEW HIV DIAGNOSES AMONG PEOPLE IDENTIFIED AS TRANSGENDER BY GENDER IDENTITY AND BOROUGH IN NYC, 2012-2016

Brooklyn was the most common borough of residence among newly diagnosed transgender women in NYC. Newly diagnosed transgender men lived in the Bronx, Manhattan, or Queens.

Newly diagnosed people living outside NYC or with unknown residence are not displayed but are included in total Ns.

Borough refers to patient residence at time of HIV diagnosis.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017
NEW HIV DIAGNOSES AMONG PEOPLE IDENTIFIED AS TRANSGENDER BY UHF NEIGHBORHOOD IN NYC, 2012-2016

The neighborhoods of East New York, Bedford Stuyvesant-Crown Heights, and West Queens\(^1\) had the highest numbers of newly diagnosed transgender people.

\(^1\)Rikers Island is classified with the UHF neighborhood of West Queens. Newly diagnosed transgender people living outside NYC or with an unknown UHF are not displayed. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
Among transgender people newly diagnosed with HIV in 2012-2016, 50 (21%) were born outside the U.S., of whom more than three-quarters were from Central America (including Mexico) and the Caribbean\(^1\).

\(^1\)Excludes Puerto Rico and the US Virgin Islands.
One transgender person newly diagnosed with HIV born in Africa not shown.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017
Among the 232 newly diagnosed transgender women in 2012-2016, 49% had a history of at least one of the characteristics presented above\(^1\), compared with 31% of non-transgender people newly diagnosed with HIV (not shown).

\(^1\)Characteristics documented in medical record. People may have reported more than one characteristic. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
TRANSGENDER AND NON-TRANSGENDER PEOPLE NEWLY DIAGNOSED WITH HIV IN NYC, 2012-2016

<table>
<thead>
<tr>
<th>Age at diagnosis</th>
<th>Transgender (N=236)</th>
<th>Non-transgender¹ (N=13,289)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-12</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>13-19</td>
<td>9%</td>
<td>4%</td>
</tr>
<tr>
<td>20-29</td>
<td>60%</td>
<td>35%</td>
</tr>
<tr>
<td>30-39</td>
<td>21%</td>
<td>25%</td>
</tr>
<tr>
<td>40-49</td>
<td>8%</td>
<td>19%</td>
</tr>
<tr>
<td>50-59</td>
<td>3%</td>
<td>11%</td>
</tr>
<tr>
<td>60+</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>Area of birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US</td>
<td>68%</td>
<td>53%</td>
</tr>
<tr>
<td>US dependency</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Outside US</td>
<td>21%</td>
<td>32%</td>
</tr>
<tr>
<td>Unknown</td>
<td>8%</td>
<td>12%</td>
</tr>
<tr>
<td>Injection drug use²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>No</td>
<td>95%</td>
<td>98%</td>
</tr>
<tr>
<td>HIV diagnoses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concurrent³</td>
<td>8%</td>
<td>19%</td>
</tr>
<tr>
<td>Not concurrent</td>
<td>92%</td>
<td>81%</td>
</tr>
</tbody>
</table>

Newly diagnosed transgender people were more likely than newly diagnosed non-transgender people to be under 30 years of age and born in the US, and less likely to be concurrently diagnosed with AIDS.

¹People diagnosed with HIV not identified as transgender.
²The injection drug use category is not designed to include injection of hormones.
³HIV diagnosed concurrently with AIDS (within 31 days of HIV diagnosis).

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017
TRANSGENDER AND NON-TRANSGENDER PEOPLE NEWLY DIAGNOSED WITH HIV IN NYC, 2012-2016

<table>
<thead>
<tr>
<th>Borough of Residence</th>
<th>Transgender (N=236)</th>
<th>Non-transgender¹ (N=13,289)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronx</td>
<td>19%</td>
<td>19%</td>
</tr>
<tr>
<td>Brooklyn</td>
<td>26%</td>
<td>26%</td>
</tr>
<tr>
<td>Manhattan</td>
<td>19%</td>
<td>23%</td>
</tr>
<tr>
<td>Queens</td>
<td>17%</td>
<td>17%</td>
</tr>
<tr>
<td>Staten Island</td>
<td>1%</td>
<td>2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Transgender (N=236)</th>
<th>Non-transgender¹ (N=13,289)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>44%</td>
<td>42%</td>
</tr>
<tr>
<td>Latino/Hispanic</td>
<td>48%</td>
<td>34%</td>
</tr>
<tr>
<td>White</td>
<td>4%</td>
<td>18%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area-Based Poverty Level</th>
<th>Transgender (N=236)</th>
<th>Non-transgender¹ (N=13,289)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low poverty (&lt;10% below FPL)</td>
<td>3%</td>
<td>8%</td>
</tr>
<tr>
<td>Medium poverty (10 to &lt;20% below FPL)</td>
<td>23%</td>
<td>27%</td>
</tr>
<tr>
<td>High poverty (20 to &lt;30% below FPL)</td>
<td>19%</td>
<td>23%</td>
</tr>
<tr>
<td>Very high poverty (≥30% below FPL)</td>
<td>35%</td>
<td>28%</td>
</tr>
</tbody>
</table>

Newly diagnosed transgender people were less likely than newly diagnosed non-transgender people to be White, more likely to be Latino/Hispanic, and more likely to live in very high poverty neighborhoods.

¹People diagnosed with HIV not identified as transgender.
FPL = Federal Poverty Level. Area-based poverty based on NYC ZIP code of residence at diagnosis. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
• 46 new HIV diagnoses among transgender individuals in 2016
  – 46 transgender women (100%)
  – Includes 3 diagnoses of HIV concurrent with AIDS\(^1\) (7%)

• Transgender people comprised 2% of all new HIV diagnoses in NYC in 2016

\(^1\)AIDS diagnosed within 31 days of HIV diagnosis
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017
Among people newly diagnosed with HIV in NYC in 2016, transgender people were more likely to have timely initiation of care than non-transgender people.

Timely initiation of care is defined as first CD4 or VL drawn within 3 months (91 days) of HIV diagnosis, following a 7-day lag (Sabharwal CJ, Braunstein SL, Robbins RS, Shepard CW. *JAIDS* 2014;65(5):571-578.)

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
Among people newly diagnosed with HIV in NYC in 2016, there were no differences by gender in having achieved viral suppression within 6 months of diagnosis.

Viral suppression is defined as viral load ≤200 copies/mL. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
PEOPLE IDENTIFIED AS TRANSGENDER LIVING WITH HIV IN NYC, 2016

• Approximately 1,100 transgender people known to be living with HIV in NYC at the end of 2016
  – 99% transgender women and 1% transgender men
  – 47% Black and 44% Latino/Hispanic

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017
Among diagnosed PLWHA in NYC, transgender people had a lower viral suppression proportion than non-transgender people.

Viral suppression is defined as most recent viral load in 2016 was ≤200 copies/mL. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
Of the approximately 1,100 transgender people infected with HIV and living in NYC in 2016, 70% had a suppressed viral load.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.

For definitions of the stages of the continuum of care, see Appendix 2.
HIV AMONG PEOPLE IDENTIFIED AS TRANSGENDER IN NYC
SUMMARY

• Among 236 transgender people newly diagnosed with HIV between 2012 and 2016:
  – 60% were ages 20 to 29.
  – 44% were Black and 48% were Latino/Hispanic.
  – 99% were transgender women.

• Compared with non-transgender people, transgender people newly diagnosed with HIV between 2012 and 2016 were:
  – More likely to be under 30 years old, Latino/Hispanic, and live in very high-poverty neighborhoods.
  – Less likely to be concurrently diagnosed with AIDS.

• Compared with non-transgender people, transgender people newly diagnosed with HIV in 2016 were more likely to initiate HIV care within 3 months of diagnosis.

• Among all people living with HIV in NYC, transgender people were less likely to be virally suppressed compared with non-transgender people.
APPENDIX 1:
METHODOLOGY AND DEFINITIONS

Surveillance for HIV among transgender people:
• Collected routinely since 2005 for newly reported cases.
• NYC HIV Surveillance considers people whose current gender identity differs from their sex assigned at birth to be transgender. “Sex assigned at birth” refers to male or female sex that was assigned to a person at birth based on their anatomy. Sex and gender information are collected from people’s self-report, their diagnosing provider, or medical chart review. This information may or may not reflect the individual’s self-identity.
• Transgender status in surveillance refers to whether data indicate that a person is or is not transgender. Ascertainment of transgender status requires accurate collection of both sex assigned at birth and current gender identity.
• Surveillance classifies all transgender people as one of the following:
  – Transgender woman = assigned male sex at birth and currently identifies as a woman
  – Transgender man = assigned female sex at birth and currently identifies as a man
• People identified as transgender may or may not have received hormone therapy or gender affirming surgeries.
• People identified as transgender can be of any sexual orientation.

General HIV surveillance:
• “HIV diagnoses” include diagnoses of HIV (non-AIDS) and HIV concurrent with AIDS (AIDS diagnosed within 31 days of HIV), unless otherwise specified.
• “PLWHA” refers to people living with HIV or AIDS during the reporting period and alive at the end of the reporting period.
• Area-based poverty is based on NYC ZIP code of residence and is defined as the percent of the population in a given ZIP code whose household income is below the Federal Poverty Level. This measure is not available for people missing ZIP code information or living outside NYC. Income data used for analyses in this report are from the 2007-2011 American Community Survey (ACS) for events occurring in 2006-2009, ACS 2008-2012 for events occurring in 2010, ACS 2009-2013 for events occurring in 2011, and ACS 2010-2014 for events occurring in 2012, and ACS 2011-2015 for events occurring in 2013-2016. Cut-points for categories of area-based poverty in NYC were defined by a NYC DOHMH workgroup.
APPENDIX 2:
TECHNICAL NOTES: NYC HIV CARE CONTINUUM

- “HIV-infected”: calculated as “HIV-diagnosed” divided by the estimated proportion of people living with HIV/AIDS (PLWHA) who had been diagnosed (95.0%), based on a back-calculation method.

- “HIV-diagnosed”: calculated as PLWHA “retained in care” plus the estimated number of PLWHA who were out of care, based on a statistical weighting method. This estimated number aims to account for out-migration from NYC, and therefore is different from the total number of people diagnosed and reported with HIV/AIDS in NYC.

- “Retained in care”: PLWHA with ≥1 VL or CD4 count or CD4 percent drawn in 2016, and reported to NYC HIV surveillance.
  - Source: NYC HIV Surveillance Registry.

- “Prescribed ART”: calculated as PLWHA “retained in care” multiplied by the estimated proportion of PLWHA prescribed ART in the previous 12 months (93.5%), based on the weighted proportion of NYC Medical Monitoring Project participants whose medical record included documentation of ART prescription.

- “Virally suppressed”: calculated as PLWHA in care with a most recent viral load measurement in 2016 of ≤200 copies/mL, plus the estimated number of out-of-care 2016 PLWHA with a viral load ≤200 copies/mL, based on a statistical weighting method.