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Methods
• We calculated the rate and distribution of concurrent HIV/AIDS among incident diagnoses in 2004 by sex, race/ethnicity, age group, HIV transmission risk and country of birth.
• Univariate and multivariate logistic regression in SAS 8.02 (SAS Institute, Cary, NC) with concurrent HIV/AIDS as the outcome and age, risk and country of birth as independent variables.
• Analysis was performed on population-based surveillance data reported to the HIV Epidemiology Program of the New York City Department of Health and Mental Hygiene through September 30, 2005, in compliance with New York State public health law, which requires named reporting of HIV and AIDS diagnoses, HIV-related illness and positive Western Blot (WB) tests for HIV antibody.

Definitions
• Incident HIV diagnosis: A diagnosis of HIV confirmed by Western Blot and/or documented by a physician.
• Concurrent HIV/AIDS: A diagnosis of AIDS within 31 days of initial diagnosis of HIV.
• AIDS: CD4<200 cells/μl (<14% of total lymphocytes) and/or a CDC-defined opportunistic illness.
• Heterosexual risk: CDC-defined heterosexual risk as well as probable heterosexual risk.

Results
• Overall, 28% of persons with an incident diagnosis of HIV in 2004 were diagnosed concurrently with AIDS (within 31 days of HIV diagnosis).
• Concurrent HIV/AIDS was positively associated with age: 17% in persons 20-29 years, 26% in persons 30-39 years, 35% in persons 40-49 years, 41% in persons 50-59 years, and 45% in persons 60+ years.
• By transmission risk, MSM were least likely (21%) and males with heterosexual or unknown transmission risk most likely (42% and 38%, respectively) to be diagnosed concurrently with HIV/AIDS.

Conclusions
• Increasing age, unknown or heterosexual transmission risk among males, and foreign country of birth are associated with concurrent diagnosis of HIV/AIDS in NYC.
• Older persons, males with unknown or heterosexual transmission risk, and persons born in a foreign country may have low risk perception or low access to testing, leading to late diagnosis of HIV infection.
• The current practice of targeted HIV testing may not result in timely diagnosis for persons who do not fit a "traditional" risk and age profile or who do not actively seek testing.

Future Directions
• The NYC Commission on HIV/AIDS recommends ensuring that all people living with HIV/AIDS know their status by:
  • Streamlining the consent process and routinizing HIV testing in medical settings.
  • Increasing rapid testing.
  • Testing more in community settings.
  • Increasing partner elicitation, notification and testing.