HIV/AIDS reporting in NYC:
- 1982-2003: AIDS-defining illnesses (reportable, infections non-reportable)
- 1993-2008: Additional conditions and CD4 counts below 200 cell/μl, reportable
- June 1, 2000 - present: Addition of positive Western Blot, HIV RNA ≥ 100,000 viral, detectable viral loads, and all HIV-related clinical courses reportable

HIV in New York City, 2001:
- 6.3% new HIV diagnoses reported in NYC during 2001 (as of 12/31/2004)
- 1.7% concurrently diagnosed with AIDS
- 64% (2003) of new diagnoses were male
- 36% (2003) were black
- 14.7% (2003) were MSM
- 12.7% (2003) were reported by a public

Formulation:
- 2.47 million living in 2001 among known persons living with HIV/AIDS

The need for incidence data:
- HIV epidemic in NYC has been continuously evolving
- New HIV diagnoses are not means non-reportable
- HIV testing is highly sensitive, allowing early identification
- STARHS data may be used to derive population-based estimates of HIV incidence in New York City.

Objectives:
- Combine HIV reporting data with STARHS to derive population-based estimates of HIV incidence in New York City.
- Characterize groups at highest risk for incident HIV in NYC so that prevention resources can be targeted to them.
- Establish baseline incidence rates for monitoring progress in reducing incident infections.

Methodology:
- STARHS method to estimate stage of infection using a single diagnostic specimen
- Estimating HIV incidence by transmission risk
- Transmission risk was estimated for 35% of new HIV diagnoses tested with the less sensitive EIA
- Risk factor removed from NYC and NYS PHL HIV testing algorithm forms in 2000 - no risk data available for HIV-confirmed
- To approximate number of HIV person in NYC, data from the 2002 NYC Community Health Survey
- STARHS based HIV surveillance system

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Poisson regression analysis

Conclusions
- Overall HIV incidence estimate among testers is 0.29 per year
- There are significant differences among racial and gender categories
- Overall incidence estimate is higher in some subgroups, and these subgroup may be good candidates for enhanced prevention strategy and targeted diagnostic testing.

Future HIV incidence surveillance in NYC
- NYC currently working with CDC toward testing 100% of new non-AIDS HIV diagnoses using STARHS for more representative incidence estimate
- Enhancements to collection of risk data being incorporated into HIV surveillance and HIV Laboratory testing
- Collection of important data on testing history and frequency will become routine part of future HIV incidence surveillance
- CDC is working to develop successors to the NSVD which would better capture current HIV incidence in the early stages

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