

HIV/AIDS AMONG FEMALES IN NEW YORK CITY, 2015



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



Prepared: December 2016

<http://www1.nyc.gov/site/doh/data/data-sets/epi-surveillance-slide-sets.page>

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HIV/AIDS IN FEMALES* IN NYC, 2015

BASIC STATISTICS

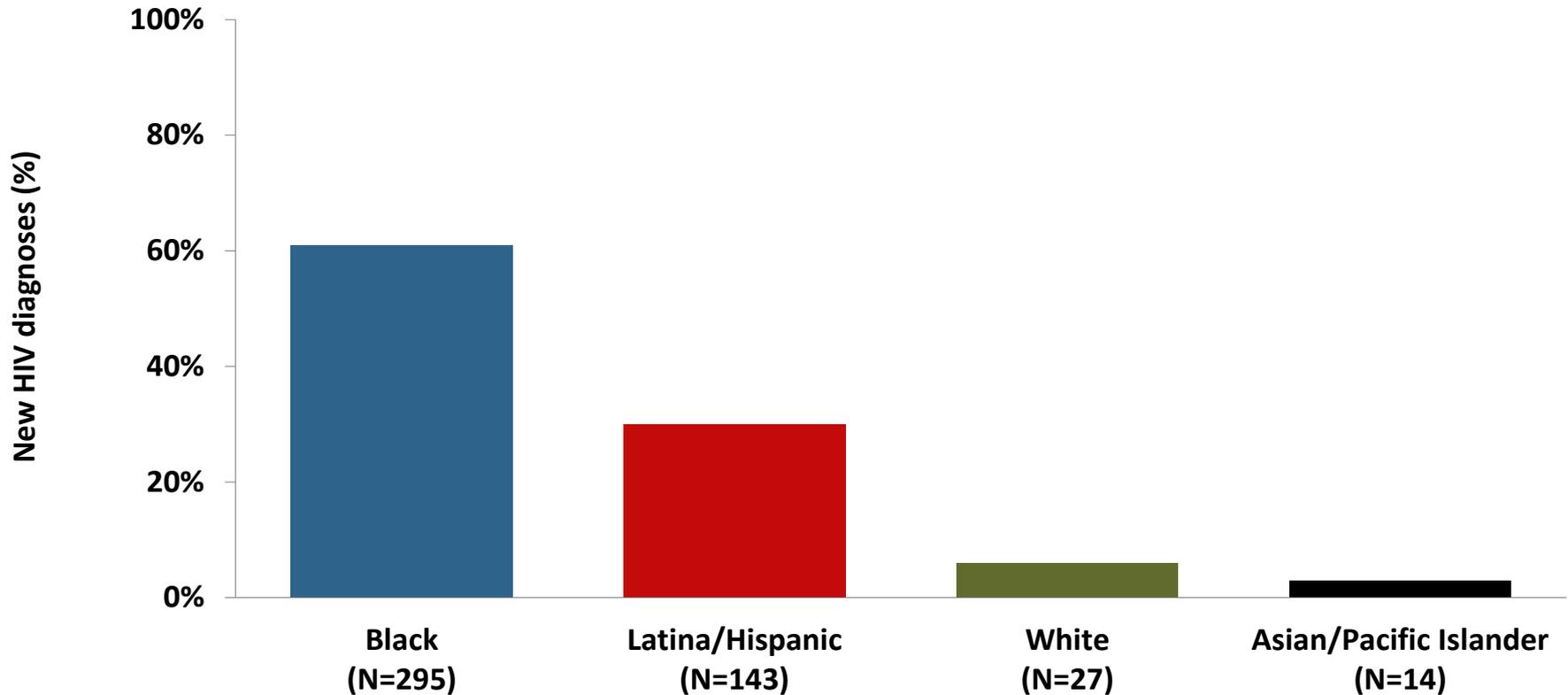
- **482 new HIV diagnoses**
 - Includes 94 HIV concurrent with AIDS diagnoses (20%)
 - Females comprised 52% of the population of NYC and 19% of new HIV diagnoses
- **328 new AIDS diagnoses**
- **493 deaths among females with HIV/AIDS**
 - 9.8 deaths per 1,000 mid-year females living with HIV/AIDS[^]

*Female includes transgender women and male includes transgender men. There were 41 new HIV diagnoses among transgender women in 2015.

[^]Rates are age-adjusted to the Census 2010 NYC population.

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

PERCENTAGE OF NEW HIV DIAGNOSES IN FEMALES BY RACE/ETHNICITY IN NYC, 2015



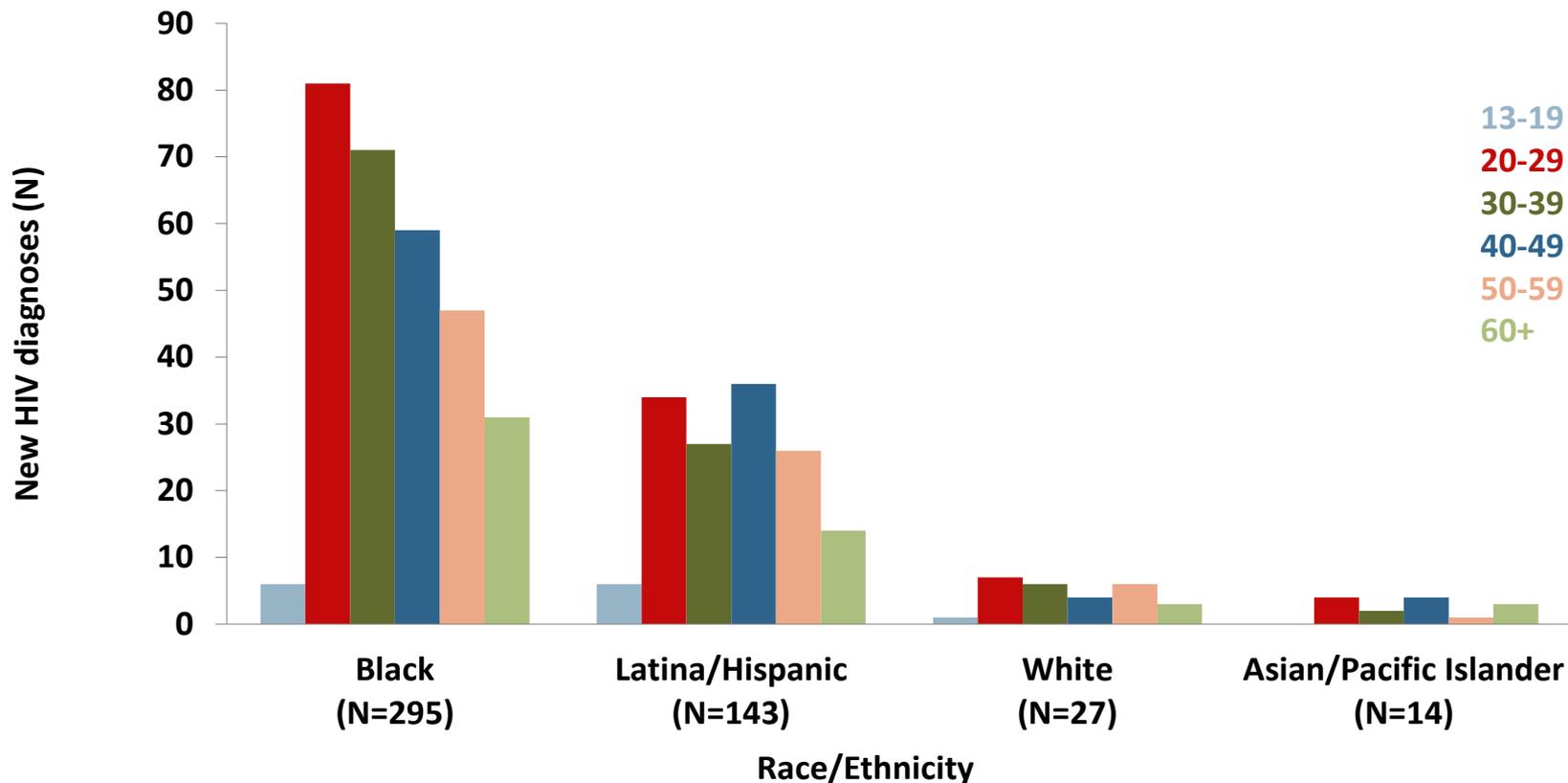
Blacks accounted for the majority (61%) of new HIV diagnoses in women in 2015.

Native American and multiracial groups not displayed because of small numbers. There were N=1 Native American and N=2 multiracial females newly diagnosed with HIV in 2015.

Female includes transgender women.

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

NUMBER OF NEW HIV DIAGNOSES IN FEMALES BY RACE/ETHNICITY AND AGE IN NYC, 2015



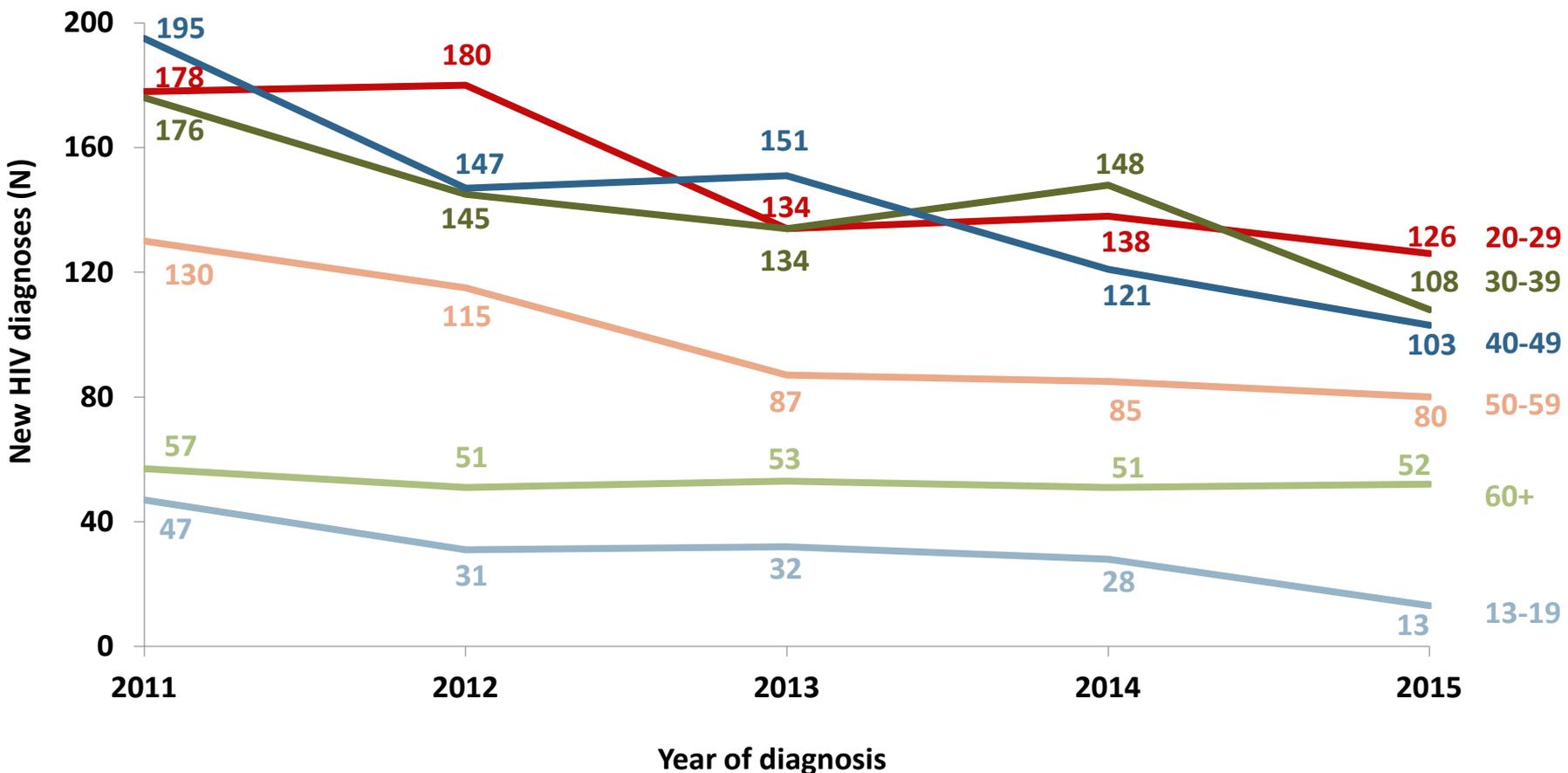
Among Black females, those ages 20 to 29 comprised the largest proportion of new HIV diagnoses.

Native American and multiracial groups not displayed because of small numbers. There were a total N=1 Native Americans and N=2 multiracial females newly diagnosed with HIV in 2015.

Female includes transgender women.

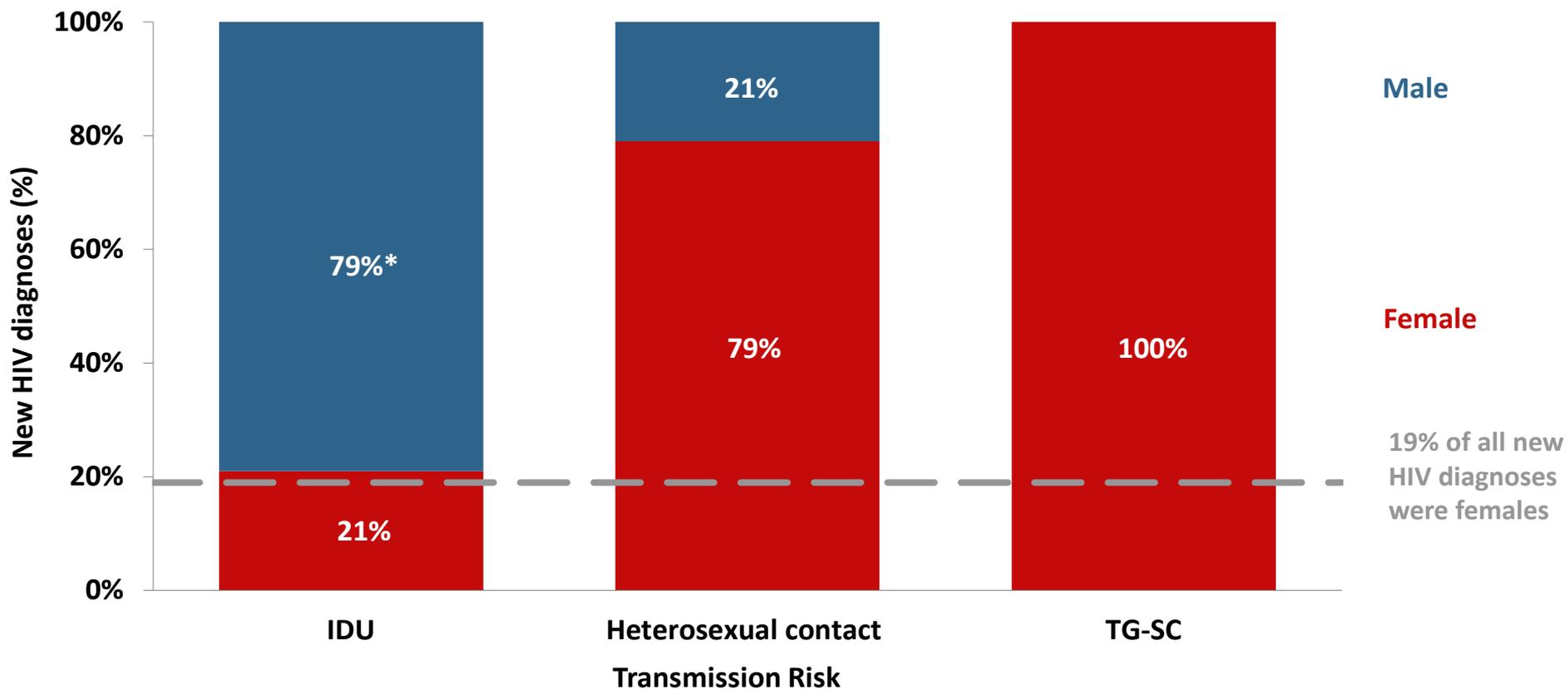
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

PERCENTAGE OF NEW HIV DIAGNOSES IN FEMALES BY AGE IN NYC, 2011-2015



Between 2011 and 2015, the number of new diagnoses among females in each age group decreased. The largest decrease (47%) was among females ages 40 to 49.

PERCENTAGE OF NEW HIV DIAGNOSES BY TRANSMISSION CATEGORY IN NYC, 2015



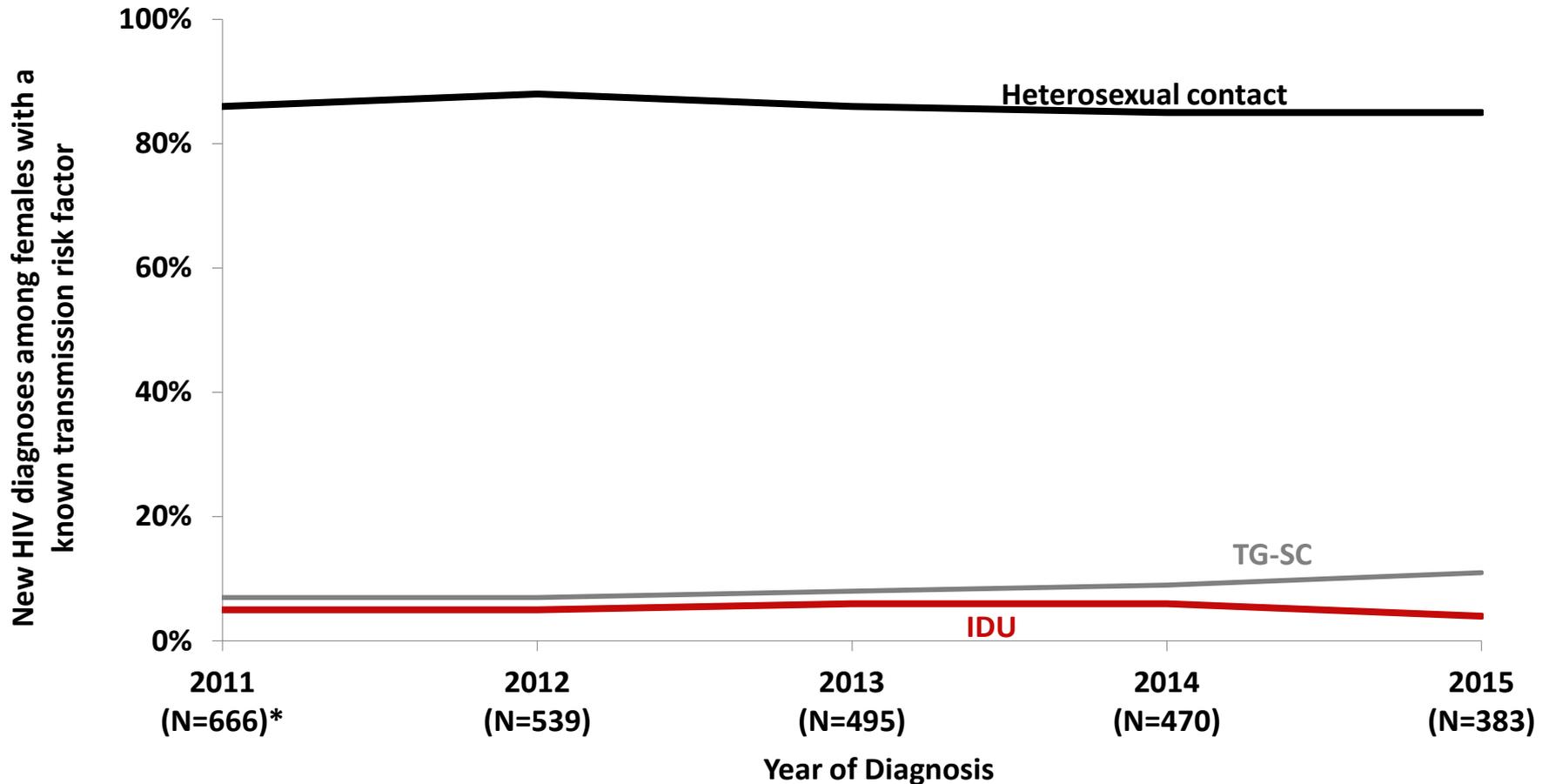
Females comprised a greater proportion of new HIV diagnoses among people in the heterosexual contact and TG-SC risk categories than in the IDU category.

*The male IDU risk category includes men who have sex with men and inject drugs (MSM-IDU). TG-SC = Transgender people with sexual contact.

Female includes transgender women and male includes transgender men.

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

PERCENTAGE OF NEW HIV DIAGNOSES IN FEMALES BY TRANSMISSION CATEGORY IN NYC, 2011-2015



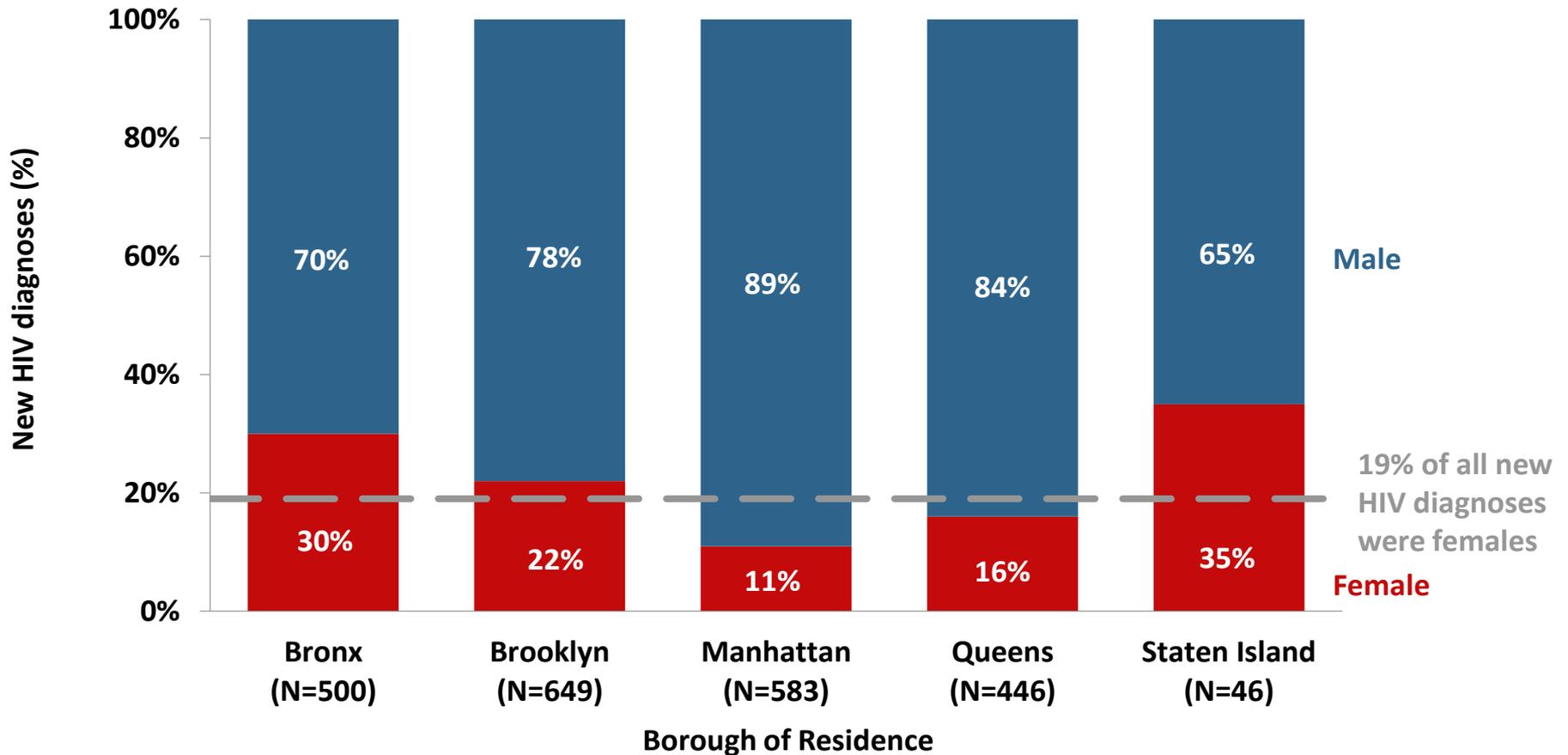
In 2015, 85% of new HIV diagnoses among females with known risk were attributed to heterosexual contact transmission risk.

*Unknown transmission risk excluded from the total Ns and from percentage calculations. TG-SC = Transgender people with sexual contact.

Female includes transgender women.

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

PERCENTAGE OF NEW HIV DIAGNOSES BY GENDER AND BOROUGH IN NYC, 2015



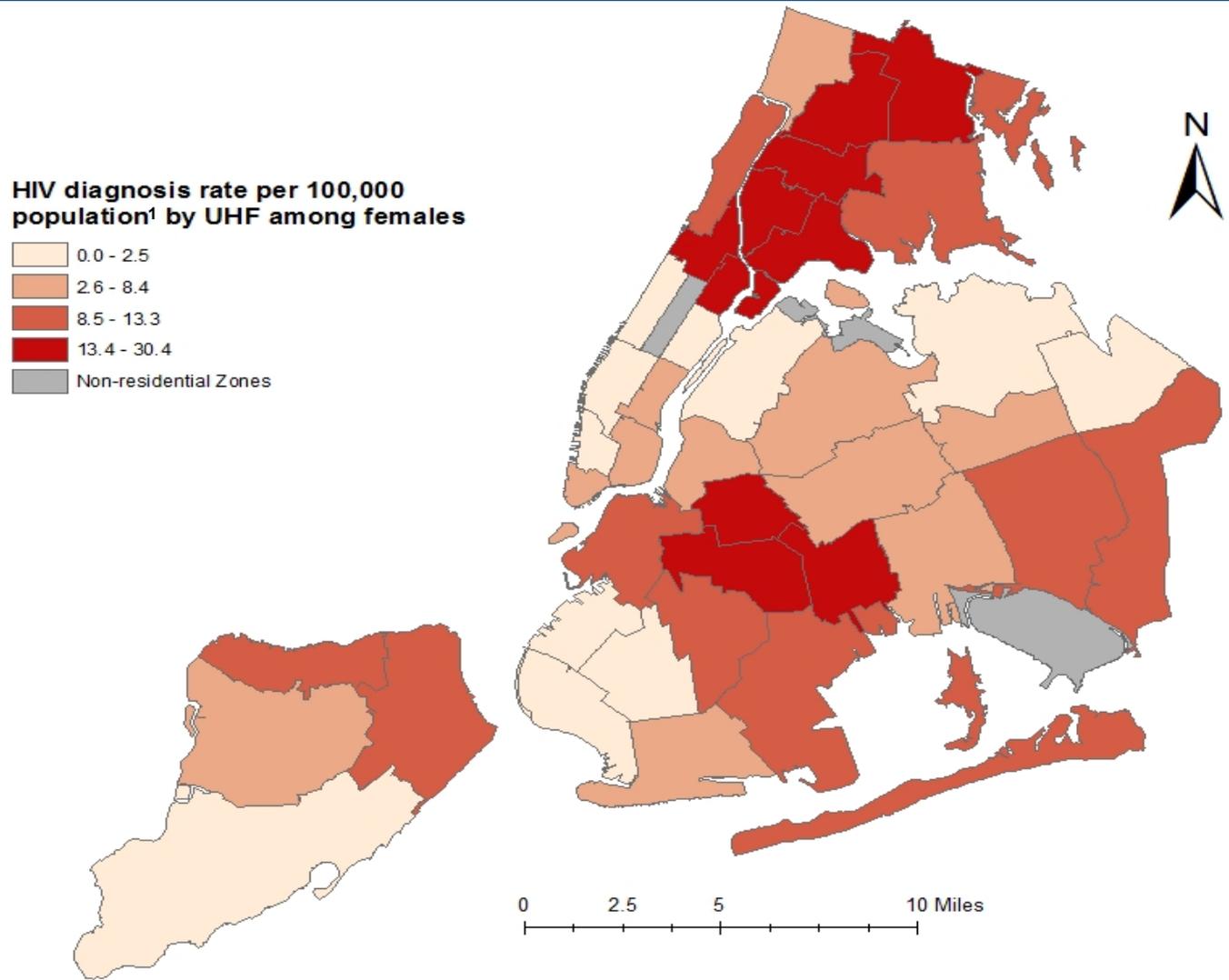
In 2015, females comprised a higher proportion of new HIV diagnoses in the Bronx and Staten Island compared with other boroughs.

Female includes transgender women and male includes transgender men.

New HIV diagnoses residing outside of NYC or with an unknown borough of residence not shown.

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

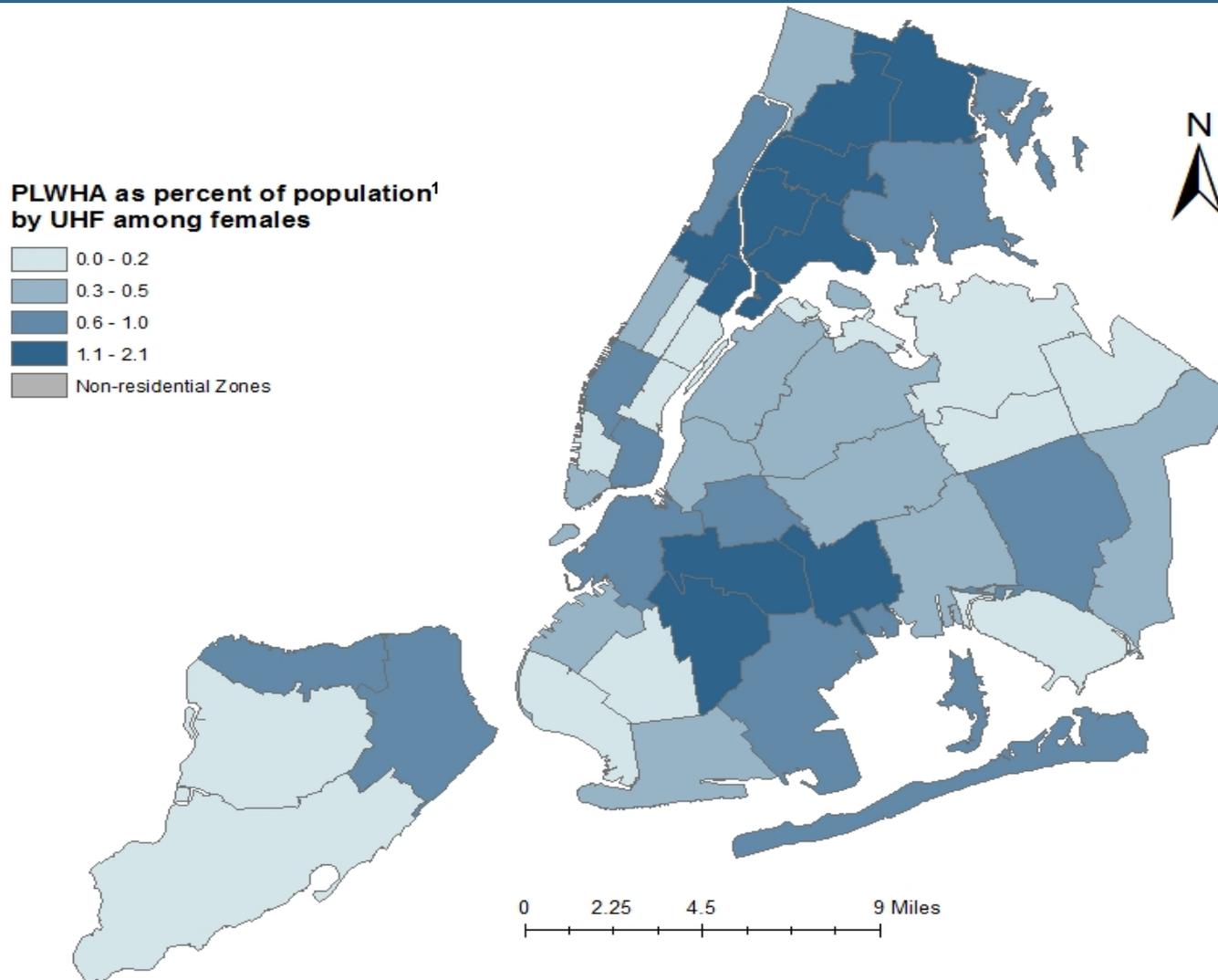
HIV DIAGNOSIS RATE BY UHF AMONG FEMALES IN NYC, 2015



Rates of new HIV diagnoses among females were highest in Hunts Point-Mott Haven, East New York, and Crotona-Tremont.

¹Rates calculated using the intercensal 2015 NYC population.
Female includes transgender women.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

HIV PREVALENCE BY UHF AMONG FEMALES IN NYC, 2015



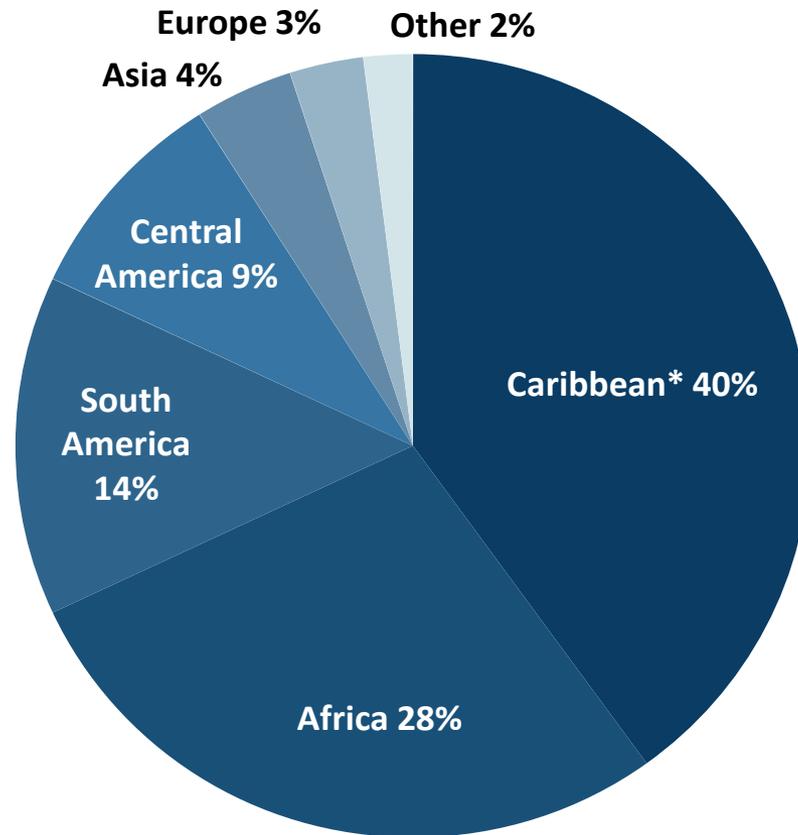
The neighborhoods with the highest HIV/AIDS prevalence among females were Crotona-Tremont, High Bridge-Morrisania, and Hunts Point-Mott Haven.

¹Rates calculated using the intercensal 2015 NYC population.

Female includes transgender women.

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

PERCENTAGE OF NEW HIV DIAGNOSES AMONG FOREIGN-BORN FEMALES BY REGION OF BIRTH, NYC 2015



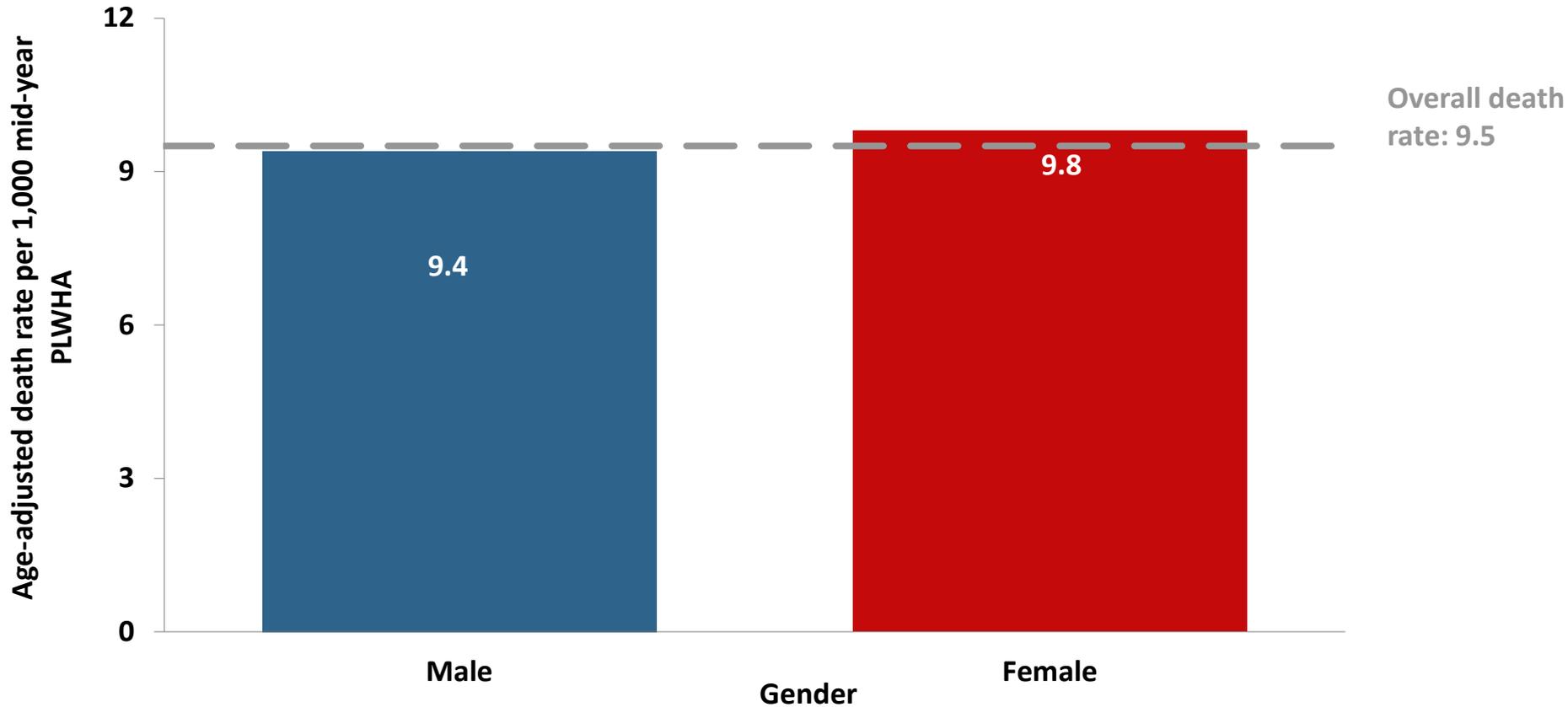
Among all new 2015 HIV diagnoses in females, 34% were foreign-born. Of those, females born in the Caribbean* or Africa accounted for 68% of new diagnoses.

*Excludes Puerto Rico and the US Virgin Islands.

Female includes transgender women.

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

AGE-ADJUSTED DEATH RATES* PER 1,000 MID-YEAR PLWHA BY GENDER IN NYC, 2015



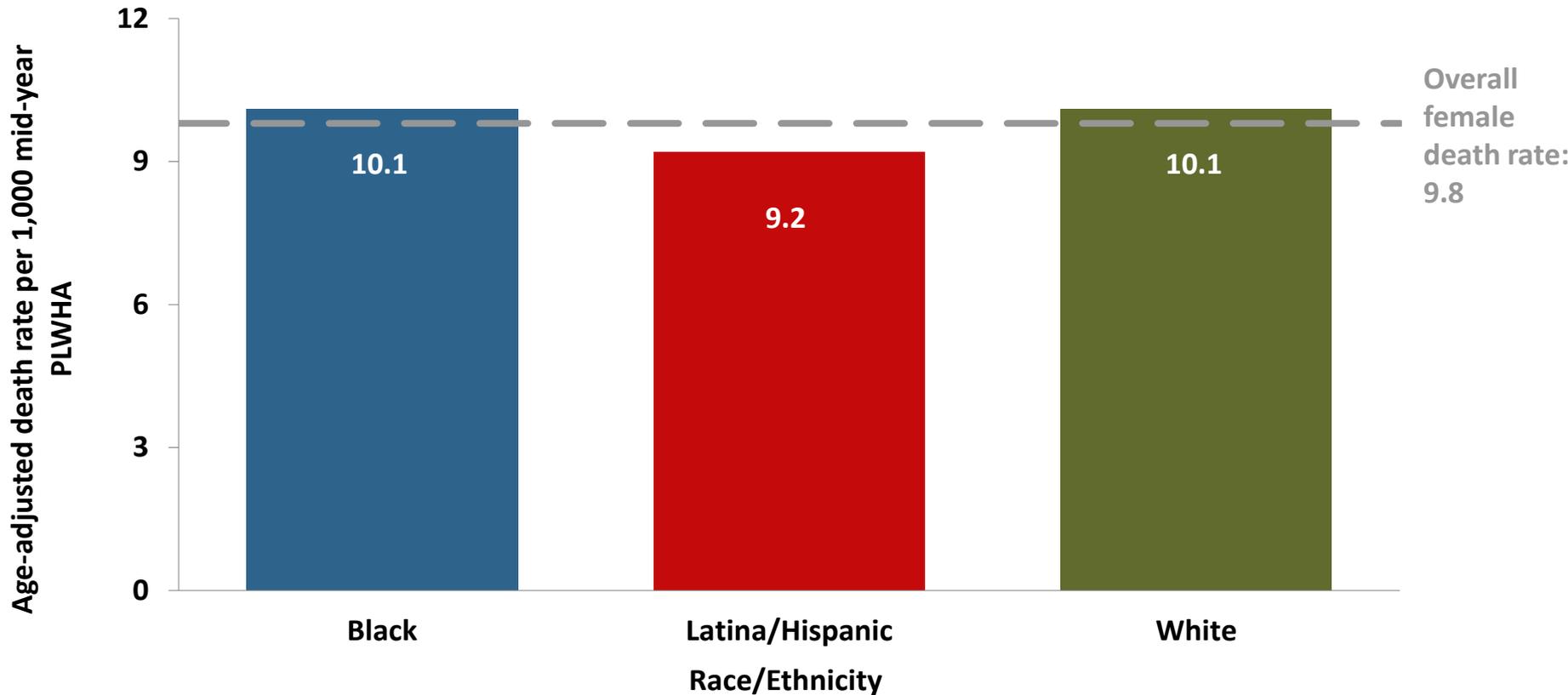
The death rate among people with HIV/AIDS was higher in females (9.8 deaths per 1,000 people) than in males (9.4).

*Rates are age-adjusted to the Census 2010 NYC population.

Female includes transgender women and male includes transgender men.

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

AGE-ADJUSTED DEATH RATES* PER 1,000 MID-YEAR PLWHA BY RACE/ETHNICITY IN FEMALES IN NYC, 2015



Among female PWHA, the death rates among Blacks and Whites were highest, both 10.1 per 1,000.

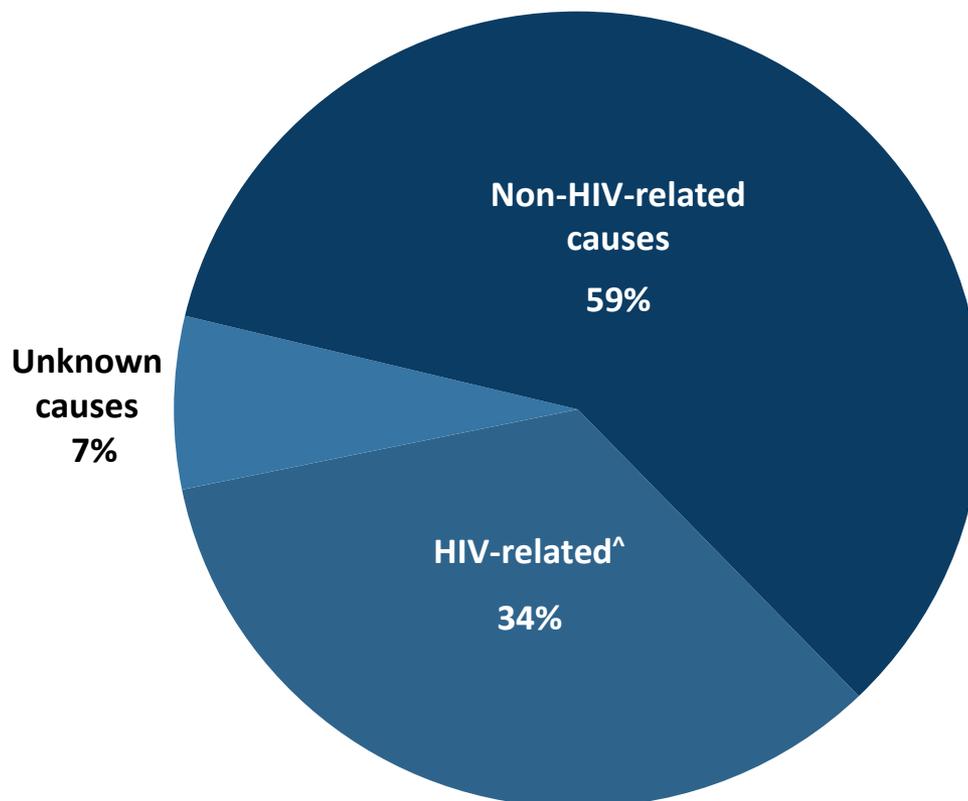
Asian/Pacific Islander, Native American, and multiracial groups not displayed because of small numbers. There were N=5 deaths among API females, N=1 deaths among Native American females, and N=1 deaths among multiracial females with HIV in 2015.

*Rates are age-adjusted to the Census 2010 NYC population.

Female includes transgender women.

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

CAUSES OF DEATH IN FEMALES WITH HIV/AIDS IN NYC, 2014*



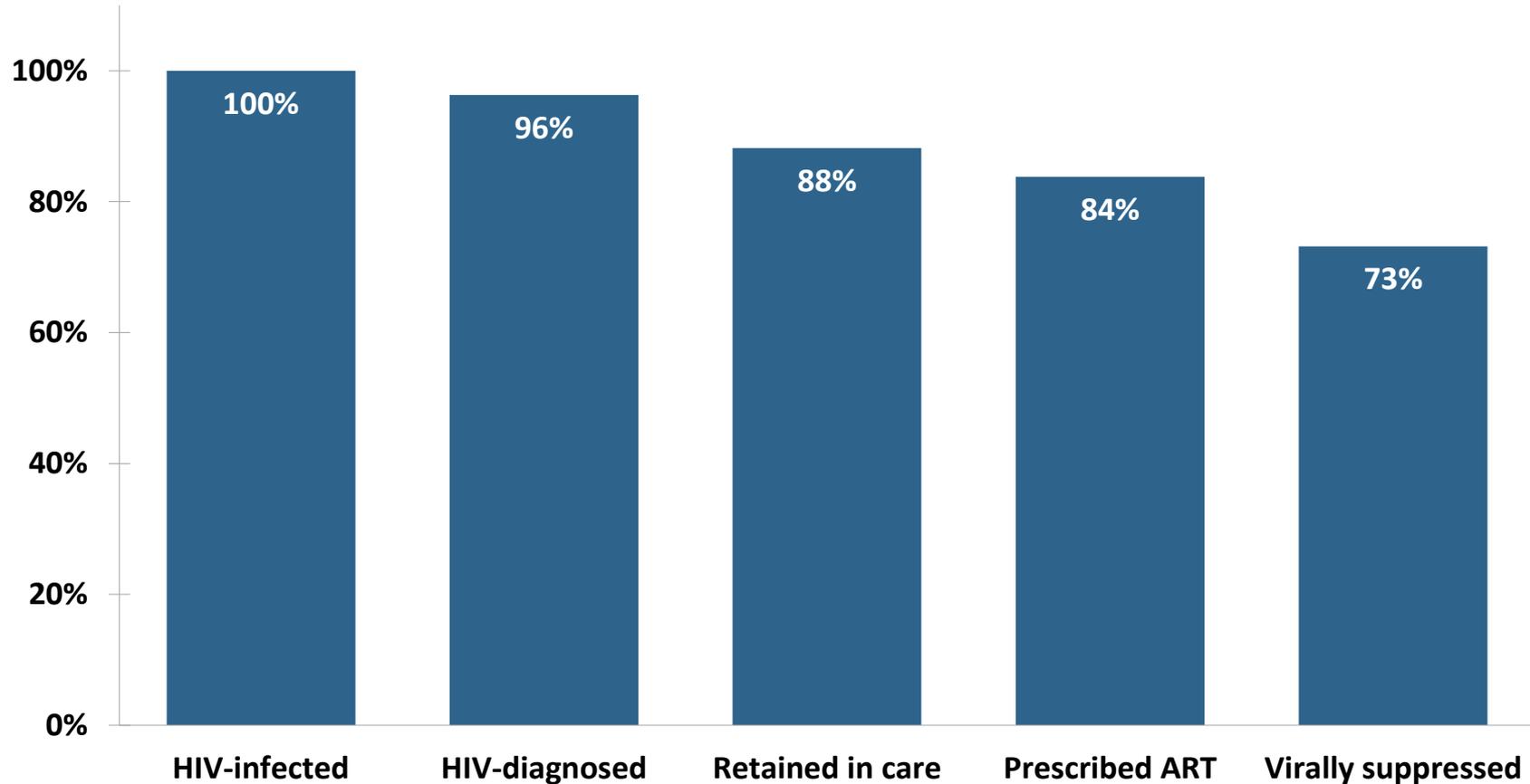
59% of deaths among females with HIV/AIDS were due to non-HIV-related causes. Most non-HIV-related deaths among female PWHA were caused by non-AIDS-defining cancers (17%) or cardiovascular diseases (16%).

*Cause of death data are not yet available for 2015. Female includes transgender women.

^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>.

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PROPORTION OF HIV-INFECTED FEMALES IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2015



Of the approximately 25,500 females infected with HIV and living in NYC in 2015, 73% had a suppressed viral load.

Female includes transgender women.

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

For more definitions of the stages of the continuum of care, see Appendix 2.

APPENDIX 1:

DEFINITIONS AND STATISTICAL NOTES

Definitions:

- “HIV diagnoses” include diagnoses of HIV (non-AIDS) *and* HIV concurrent with AIDS, 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.
- “PWHAs” refers to people with HIV or AIDS during the reporting period (note: includes people with HIV/AIDS who remained alive or died during the reporting period); “PLWHA” refers to people living with HIV or AIDS during the reporting period.
- “Female” includes transgender women and “Male” includes transgender men. For more information on transgender surveillance in NYC, please see the “HIV among People identified as Transgender” slide set.
- Data presented by “Transmission risk” categories include only individuals with known or identified transmission risk, except when an “unknown” category is presented.
- “Heterosexual contact” includes people who had heterosexual sex with a person they know to be HIV-infected, an injection drug user, or a person who has received blood products. For females only, also includes history of sex work, multiple sex partners, sexually transmitted disease, crack/cocaine use, sex with a bisexual male, probable heterosexual transmission as noted in medical chart, or sex with a male and negative history of injection drug use. “Transgender people with sexual contact” includes people identified as transgender by self-report, diagnosing provider, or medical chart review with sexual contact reported and negative history of injection drug use. “Other” includes people who received treatment for hemophilia, people who received a transfusion or transplant, and children with a non-perinatal transmission risk.

Statistical notes:

- 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 2:

TECHNICAL NOTES: NYC HIV CARE CONTINUUM

- “HIV-infected”: calculated as “HIV-diagnosed” divided by the estimated proportion of female people living with HIV/AIDS (PLWHA) who had been diagnosed (96.3%), based on a back-calculation method.
 - Source: NYC HIV Surveillance Registry. Method: Hall HI, et al. Prevalence of Diagnosed and Undiagnosed HIV Infection — United States, 2008-2012. *MMWR* 2015;64(24):657-662.
- “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.
 - 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.
- “Retained in care”: PLWHA with ≥ 1 VL or CD4 count or CD4 percent drawn in 2015, 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 female PLWHA prescribed ART in the previous 12 months (95.5%), based on the weighted 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, 2014.
- “Virally suppressed”: calculated as PLWHA in care with a most recent viral load measurement in 2015 of ≤ 200 copies/mL, plus the estimated number of out-of-care 2015 PLWHA with a viral load ≤ 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.