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HIV/AIDS IN FEMALES\(^1\) IN NYC, 2016

BASIC STATISTICS

- **508 new HIV diagnoses**
  - Includes 104 HIV concurrent with AIDS diagnoses (20%)
  - Females comprised 52% of the population of NYC and 22% of new HIV diagnoses

- **336 new AIDS diagnoses**

- **425 deaths among females with HIV/AIDS**
  - 8.1 deaths per 1,000 mid-year females living with HIV/AIDS\(^2\)

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\(^1\)In this slide set, female includes transgender women and male includes transgender men. There were 46 new HIV diagnoses among transgender women in 2016.

\(^2\)Rates are age-adjusted to the Census 2010 NYC population.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
Blacks accounted for the majority of new HIV diagnoses in women (59%) in 2016. 

Native American and multiracial groups not displayed because of small numbers. There were N=0 Native American and N=1 multiracial females newly diagnosed with HIV in 2016. 

Female includes transgender women. 

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
Blacks accounted for the majority of new HIV diagnoses in women from 2012-2016.

Native American and multiracial groups not displayed because of small numbers. There were N=0 Native American and N=1 multiracial females newly diagnosed with HIV in 2016.
Female includes transgender women.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
Among Black females, those in age groups 30 and older comprised the largest proportion of new HIV diagnoses.

Native American and multiracial groups not displayed because of small numbers. There were N=0 Native American and N=1 multiracial females newly diagnosed with HIV in 2016.
Female includes transgender women.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
Black females living in Brooklyn and the Bronx comprised the largest proportion of new HIV diagnoses among females.

Native American and multiracial groups not displayed because of small numbers. There were N=0 Native American and N=1 multiracial females newly diagnosed with HIV in 2016. Female includes transgender women. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
Between 2012 and 2016, the number of new diagnoses among females in each age group decreased overall.

Female includes transgender women.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
Females comprised a greater proportion of newly HIV diagnosed people with heterosexual contact and TG-SC risk than a history of IDU.

1The 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 March 31, 2017.
In 2016, 84% of new HIV diagnoses among females with known risk were attributed to heterosexual contact transmission.

Unknown transmission risk excluded from the total Ns and from percentage calculations. There were N=130 females with unknown risk newly diagnosed with HIV in 2016.

Female includes transgender women. TG-SC = Transgender people with sexual contact.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
In 2016, females comprised a higher proportion of newly HIV diagnosed residents of 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 March 31, 2017.
Rates of new HIV diagnoses among females were highest in Crotona-Tremont, Fordham-Bronx Park, and East New York.

1 Rates 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 March 31, 2017.
The neighborhoods with the highest HIV/AIDS prevalence among females were Crotona-Tremont, High Bridge-Morrisania, and Hunts Point-Mott Haven.

1 Rates 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 March 31, 2017.
35% of newly diagnosed females in 2016 were foreign-born. Of those, females born in the Caribbean\(^1\) and Africa accounted for 72% of new diagnoses.

\(^1\)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 March 31, 2017.
The proportion new HIV diagnoses among females that were concurrent with an AIDS diagnosis remained relatively consistent from 2012 to 2016.

1AIDS diagnosis within 31 days of HIV diagnosis.
Female includes transgender women.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
The death rate among people with HIV/AIDS was higher in females (8.1 deaths per 1,000 people) than in males (7.2).

1Death data for 2016 are incomplete. 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 March 31, 2017.
Among female PWHA, the death rate among Latina/Hispanics was the highest.

Asian/Pacific Islander, Native American, and multiracial groups not displayed because of small numbers. There were N=2 deaths among API females, N=1 death among Native American females, and N=0 deaths among multiracial females with HIV in 2016.

Death data for 2016 are incomplete. 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 March 31, 2017.
The majority of deaths among females with HIV/AIDS in 2015 were due to non-HIV-related causes. Common non-HIV-related causes of deaths among female PWHA were non-AIDS-defining cancers (17%) and cardiovascular diseases (16%).

1Cause of death data is not yet available for 2016. Female includes transgender women.
2ICD10 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, 2017.
Of the approximately 25,500 females infected with HIV and living in NYC in 2016, 74% had a suppressed viral load.

Female includes transgender women.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
For more definitions of the stages of the continuum of care, see Appendix 2.
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.
- “PWHA” 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.
- Risk 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 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 females living with HIV/AIDS (PLWHA) who had been diagnosed (95.7%), 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 female PLWHA prescribed ART in the previous 12 months (89.8%), 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.