HIV IN MANHATTAN, NEW YORK CITY, 2018

HIV Epidemiology Program

New York City Department of Health and Mental Hygiene

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https://www1.nyc.gov/site/doh/data/data-sets/epi-surveillance-slide-sets.page

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PEOPLE NEWLY DIAGNOSED WITH HIV

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- **19% of all New Yorkers live in Manhattan**

- **375 new HIV diagnoses**
  - 20% of all HIV diagnoses in NYC
  - Includes 63 HIV diagnoses concurrent with an AIDS diagnosis (17%)

- **214 new AIDS diagnoses**

- **256 deaths among people with HIV**
  - 4.9 deaths per 1,000 people with HIV[1]

NEW HIV DIAGNOSES IN MANHATTAN, 2014-2018
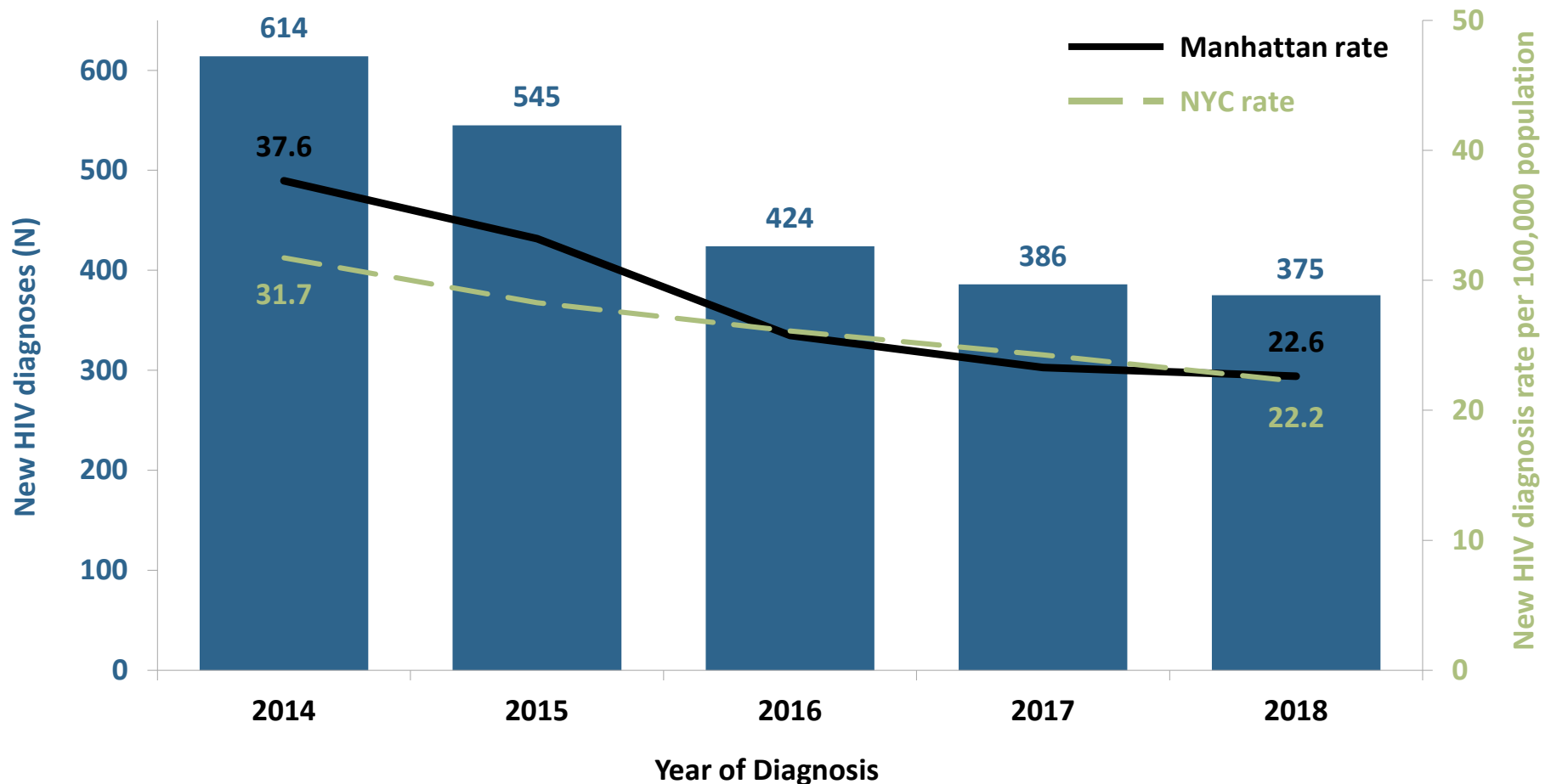
The number and rate of new HIV diagnoses decreased in Manhattan between 2014 and 2018. Since 2016, the diagnosis rate has been similar for Manhattan and NYC overall.

Rates calculated using DOHMH 2014-2017 population estimates, modified from US Census Bureau intercensal population estimates, updated September 2018. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

NUMBER OF NEW HIV DIAGNOSES BY GENDER IN MANHATTAN, 2014-2018
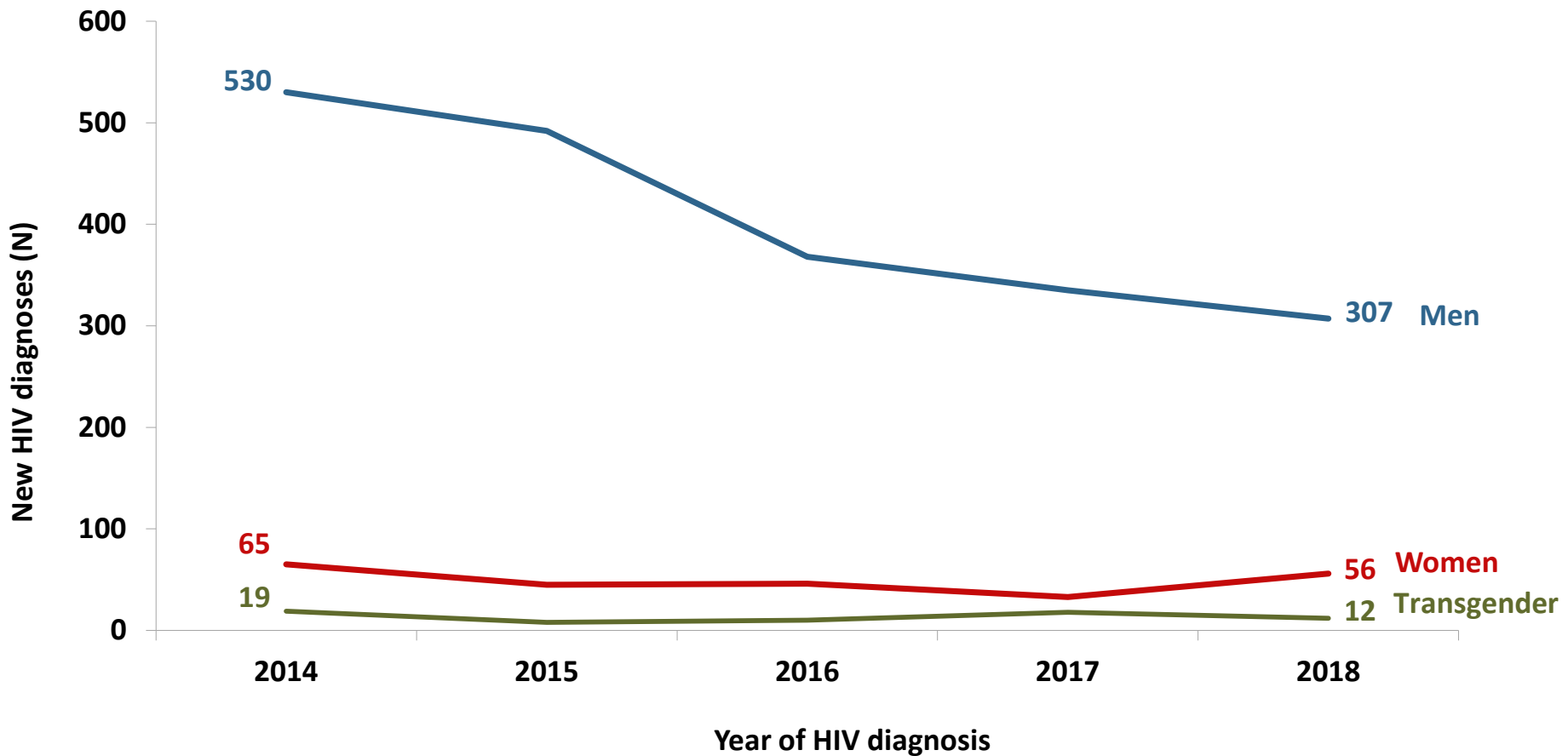
Between 2014 and 2018, the number of new HIV diagnoses among men, women, and transgender people decreased in Manhattan.

NUMBER OF NEW HIV DIAGNOSES BY RACE/ETHNICITY IN MANHATTAN, 2014-2018
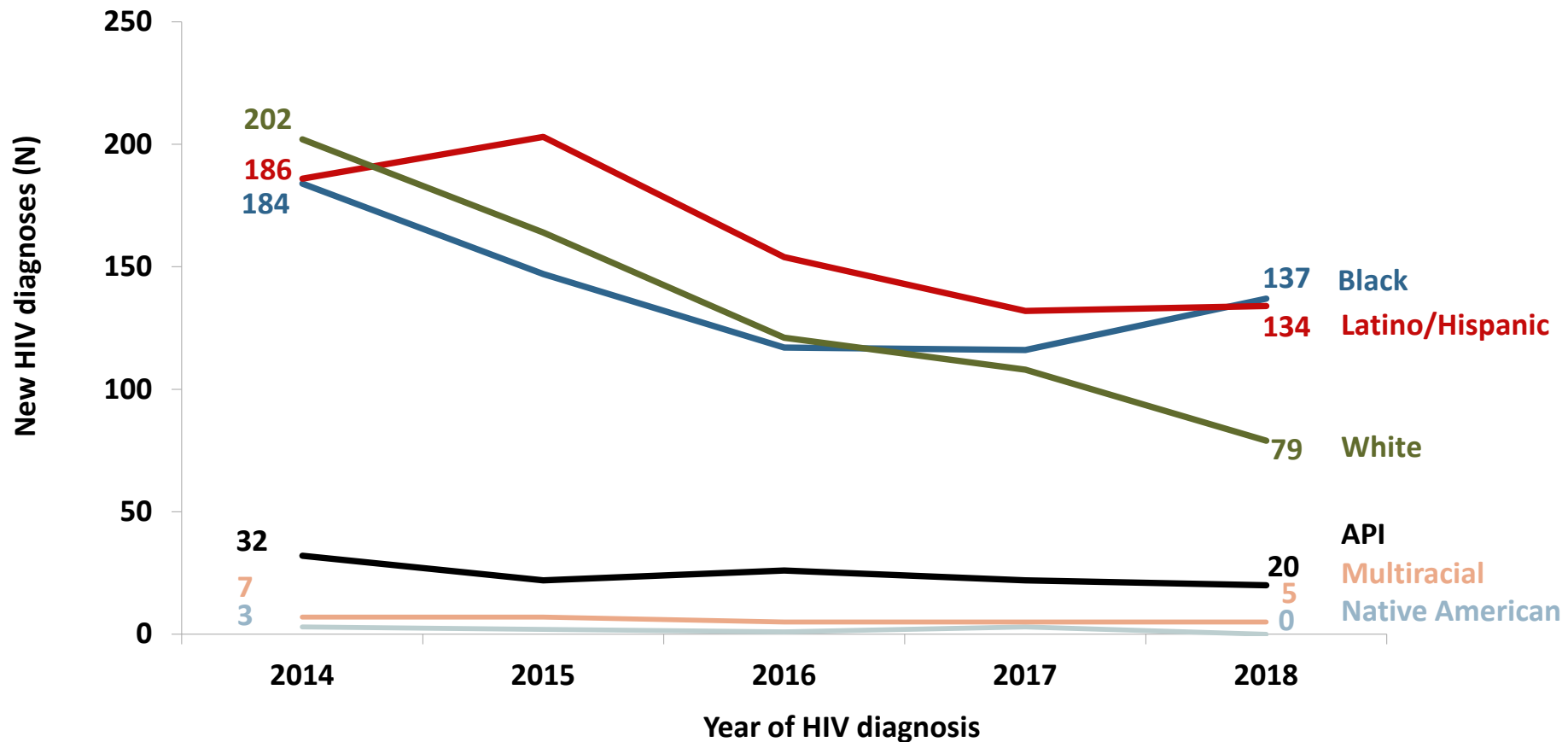
Between 2014 and 2018, HIV diagnoses decreased among all racial/ethnic groups. Black people and Latino/Hispanic people accounted for the most diagnoses in Manhattan.

API=Asian/Pacific Islander.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

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NUMBER OF NEW HIV DIAGNOSES BY AGE IN MANHATTAN, 2014-2018
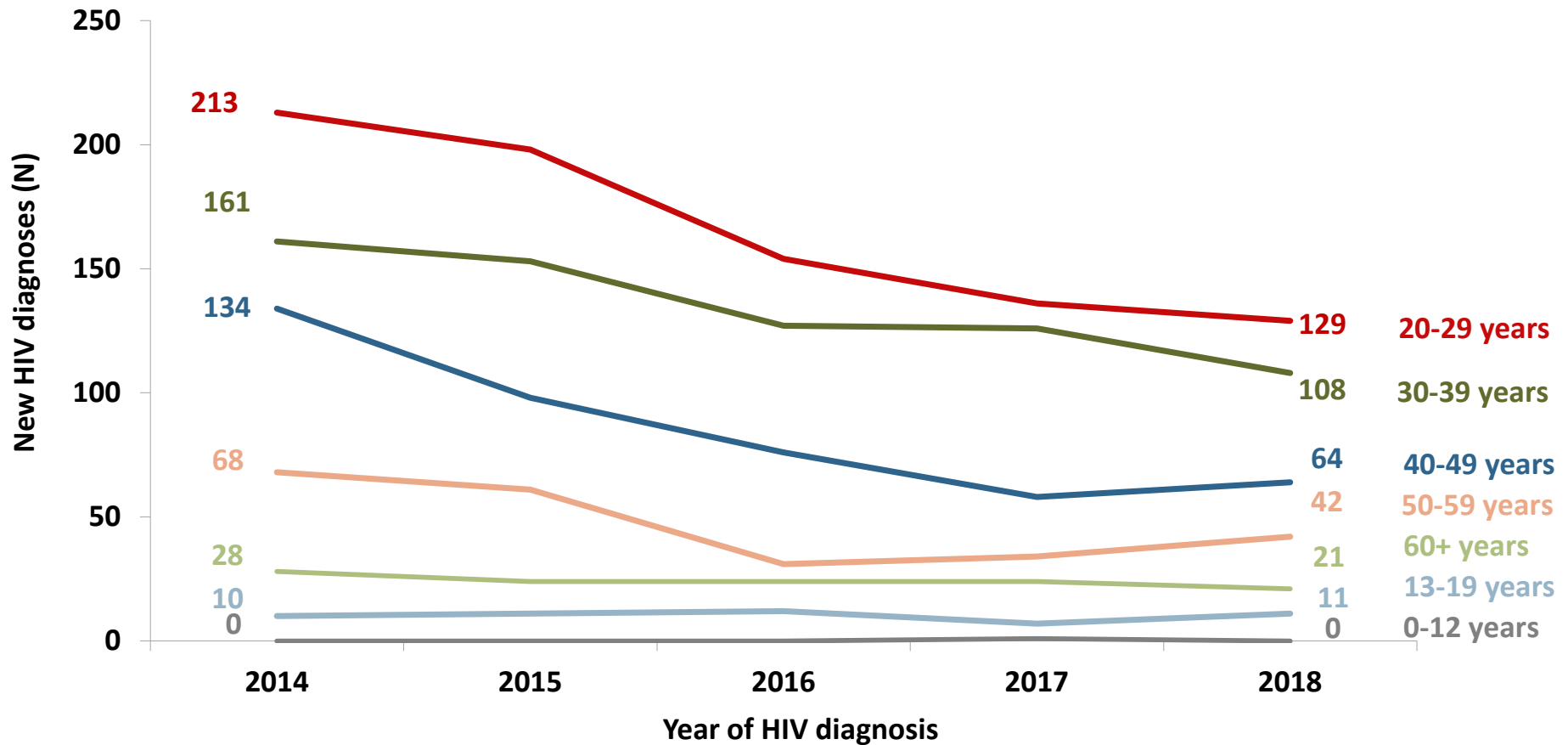
Between 2014 and 2018, people ages 20 to 29 years had the highest numbers of new HIV diagnoses in Manhattan. New diagnoses decreased among most age groups.

Among those ages 0-12 living in Manhattan, there was N=1 new HIV diagnosis in 2017.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

NUMBER OF NEW HIV DIAGNOSES BY RACE/ETHNICITY AND AGE IN MANHATTAN, 2018

Legend:
- 0-12 years
- 13-19 years
- 20-29 years
- 30-39 years
- 40-49 years
- 50-59 years
- 60+ years

Y-axis: New HIV diagnoses (N)
X-axis: Race/Ethnicity

Black N=137: 7, 44, 42, 23, 15, 6
Latino/Hispanic N=134: 3, 53, 34, 28, 10, 6
White N=79: 1, 23, 23, 10, 16, 6
API N=20: 6, 7, 3, 1, 3
Multiracial N=3: 2, 1
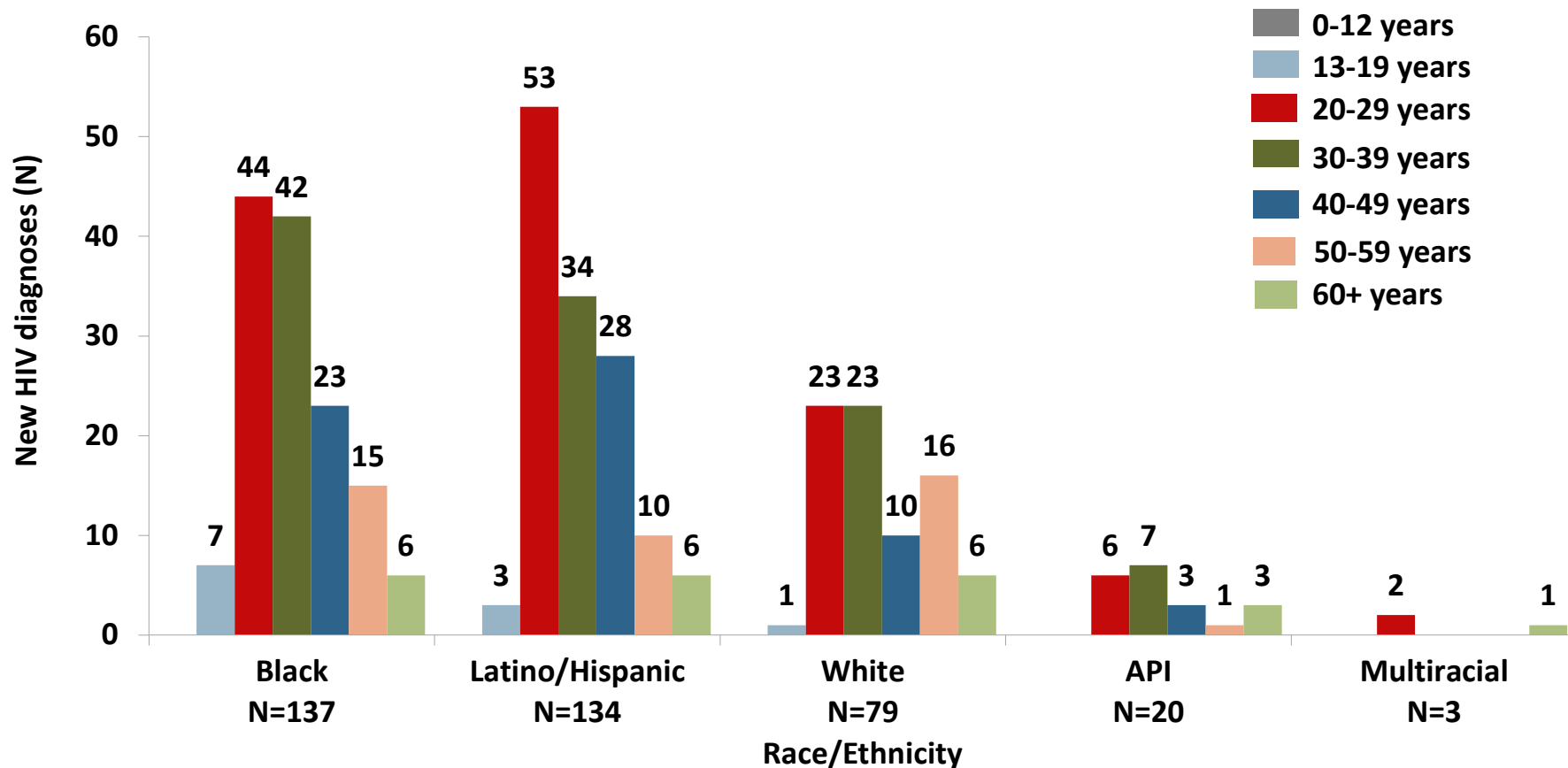
Black people ages 20 to 29 and 30 to 39 and Latino/Hispanic people ages 20 to 29 years accounted for the largest proportion of new HIV diagnoses in Manhattan in 2018.

API=Asian/Pacific Islander.
Native Americans not shown. There were no new HIV diagnoses among Native Americans in Manhattan in 2018.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

NUMBER OF NEW HIV DIAGNOSES BY TRANSMISSION RISK IN MANHATTAN, 2014-2018
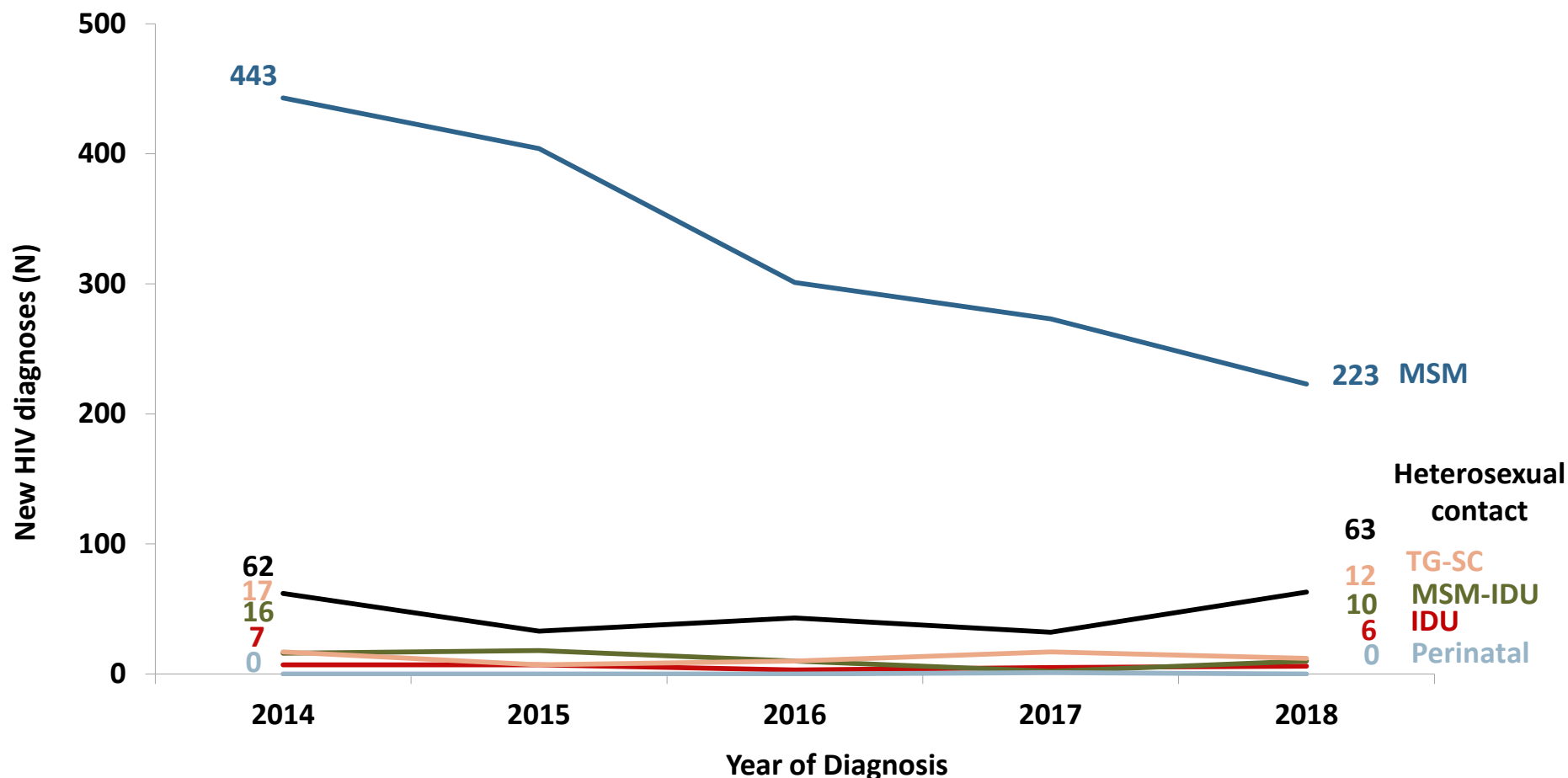
Between 2014 and 2018, the number of new HIV diagnoses decreased among all transmission risk groups except people with heterosexual contact in Manhattan.

MSM=men who have sex with men; IDU=history of injection drug use; TG-SC=transgender people with sexual contact.
Among those with perinatal transmission risk living in Manhattan, there was N=1 new HIV diagnosis in 2017.
People with unknown transmission risk are not shown. There were 61 people with unknown risk newly diagnosed with HIV in Manhattan in 2018.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

NUMBER OF NEW HIV DIAGNOSES BY AREA-BASED POVERTY LEVEL IN MANHATTAN, 2014-2018
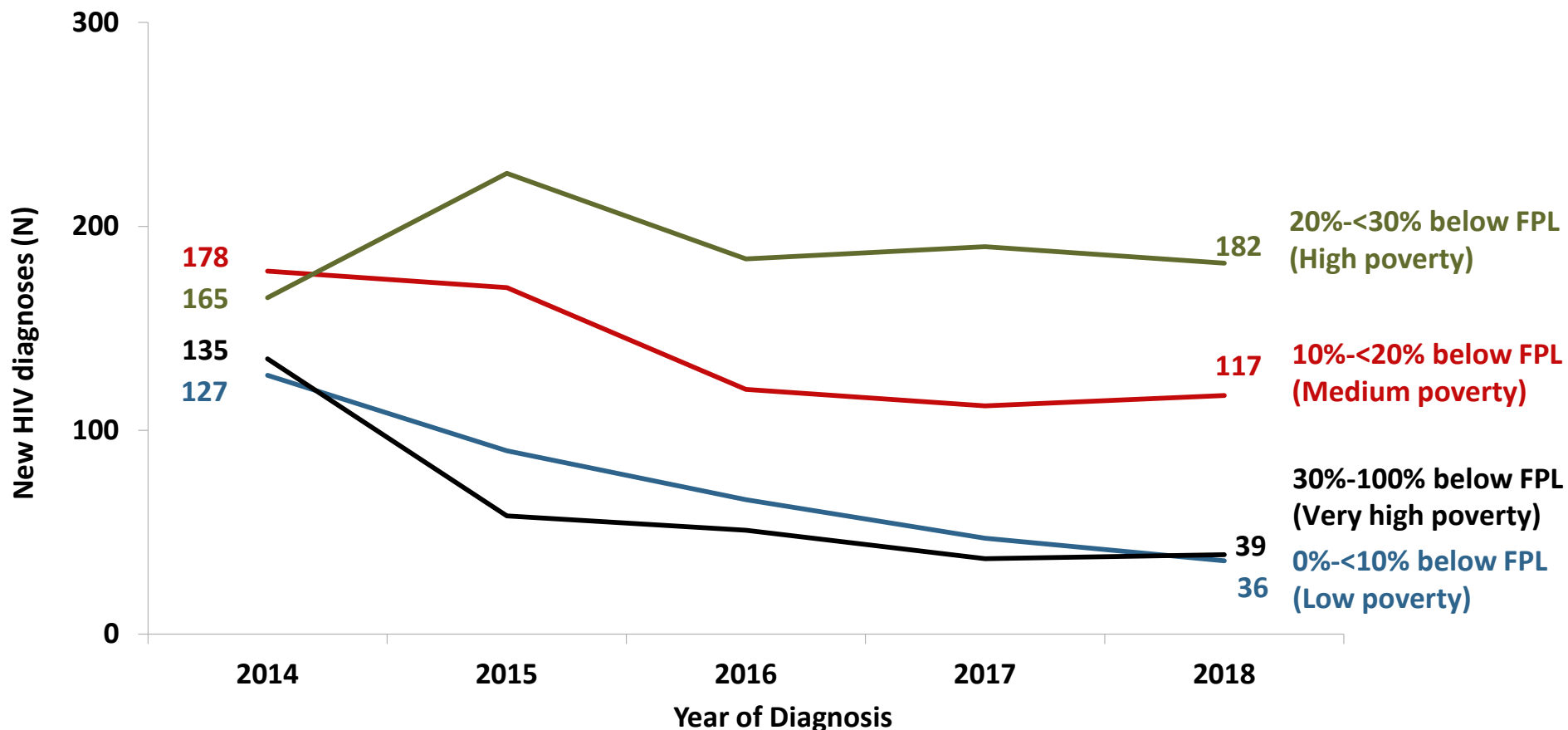
Between 2014 and 2018, the number of new HIV diagnoses was highest in neighborhoods with high poverty in Manhattan.

PERCENTAGE OF NEW HIV DIAGNOSES AMONG PEOPLE BORN OUTSIDE OF THE US BY REGION OF BIRTH, MANHATTAN, 2018

Africa 14%
Asia 17%
Caribbean[1] 29%
Mexico and Central America 9%
Europe 13%
South America 19%

N=91
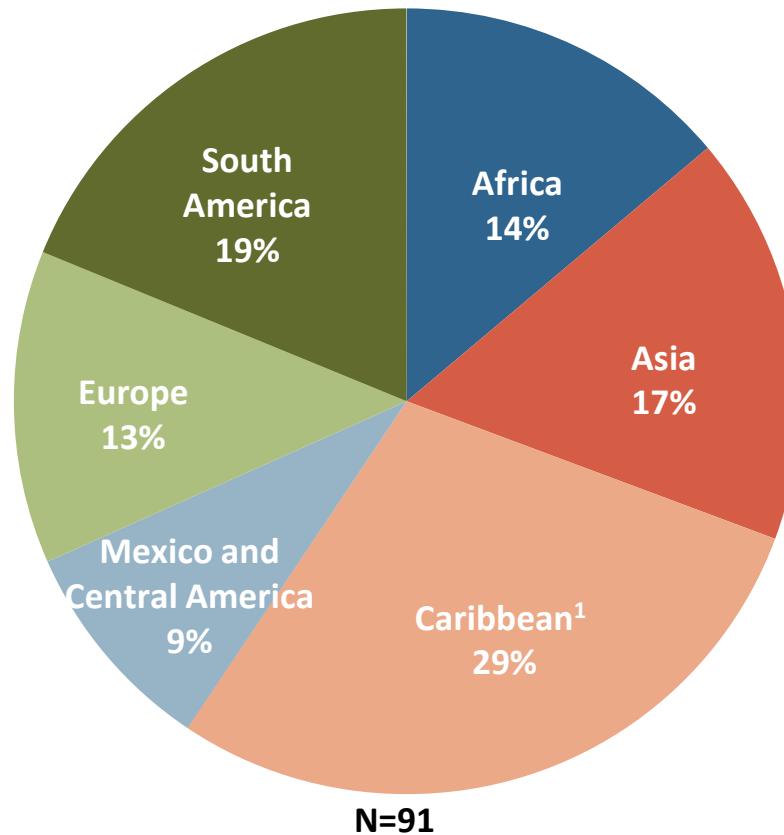
People born outside the US accounted for 24% of new HIV diagnoses in Manhattan in 2018. People born in the Caribbean[1], Mexico and Central America, and South America accounted for 56% of these new HIV diagnoses.

TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV IN NYC AND MANHATTAN, 2014-2018
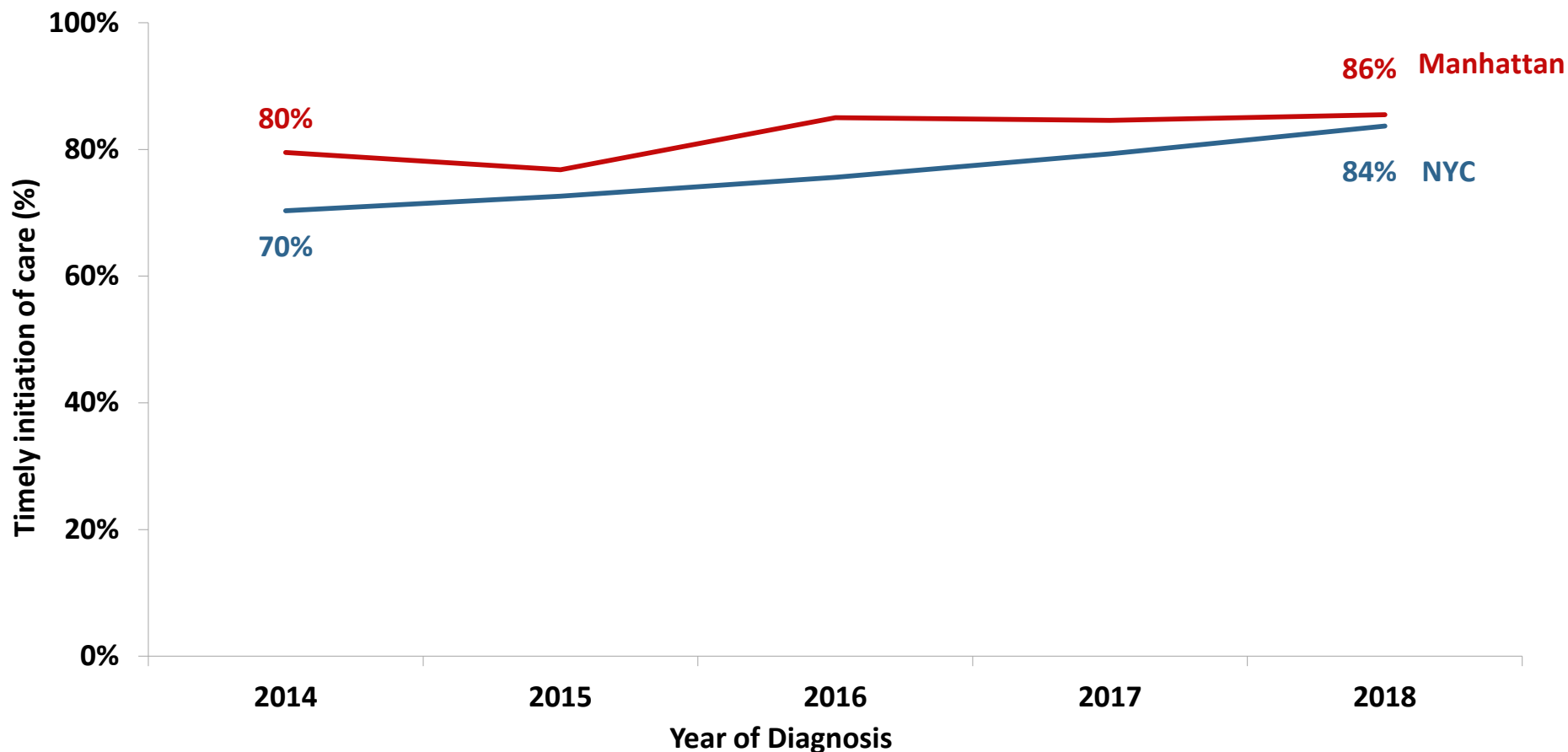
Between 2014 and 2018, timely initiation of care among people newly diagnosed with HIV increased in Manhattan and in NYC overall.

Timely initiation of care is defined as first CD4, viral load, or genotype drawn within 30 days of HIV diagnosis. People diagnosed at death have been excluded.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

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TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY GENDER IN MANHATTAN, 2018
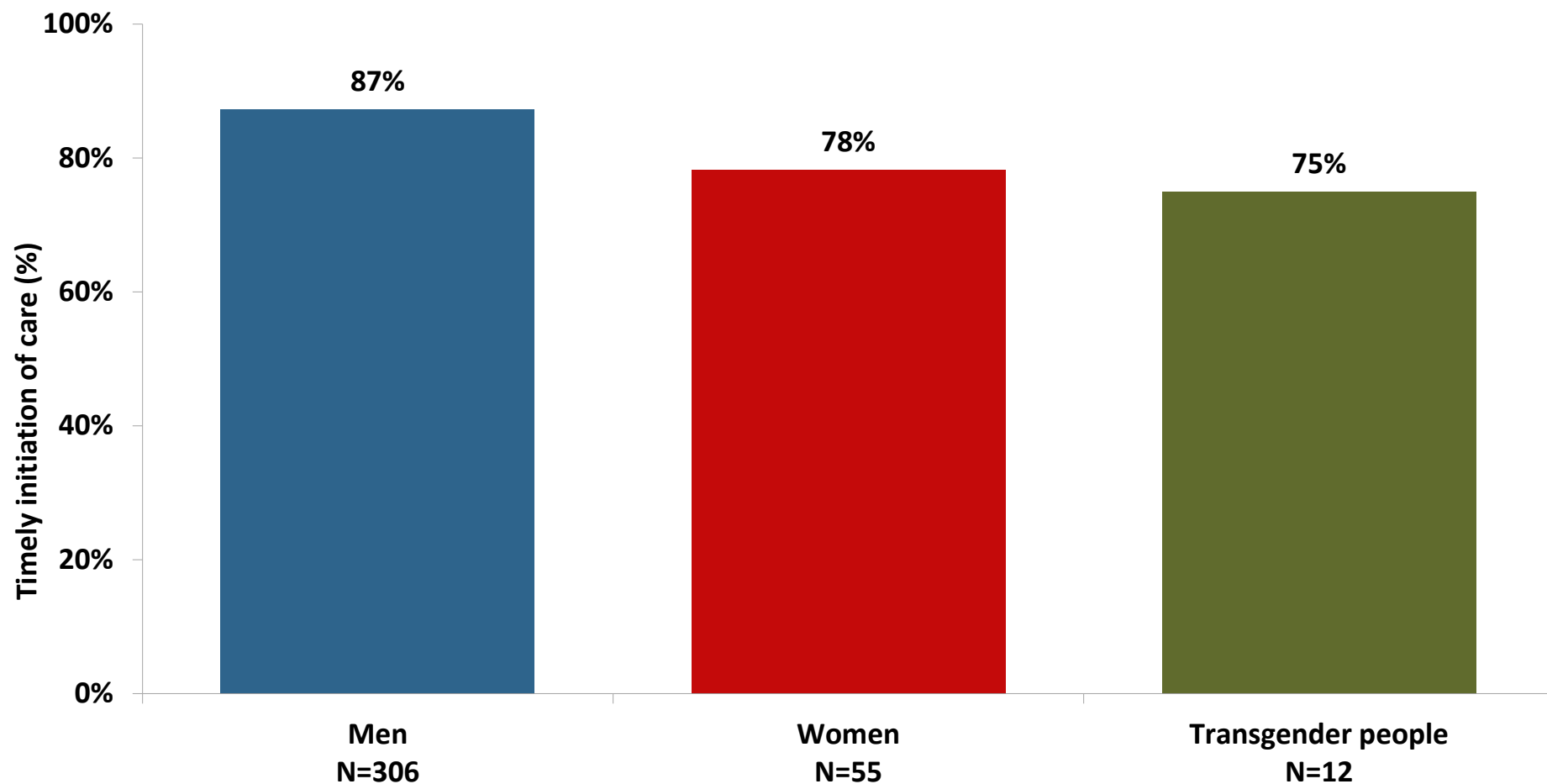
Timely initiation of care (%)

- Men N=306: 87%
- Women N=55: 78%
- Transgender people N=12: 75%

Among people newly diagnosed with HIV in Manhattan in 2018, a smaller proportion of transgender people and women were linked timely to care than men.

Timely initiation of care is defined as first CD4, viral load, or genotype drawn within 30 days of HIV diagnosis. People diagnosed at death have been excluded.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY RACE/ETHNICITY IN MANHATTAN, 2018
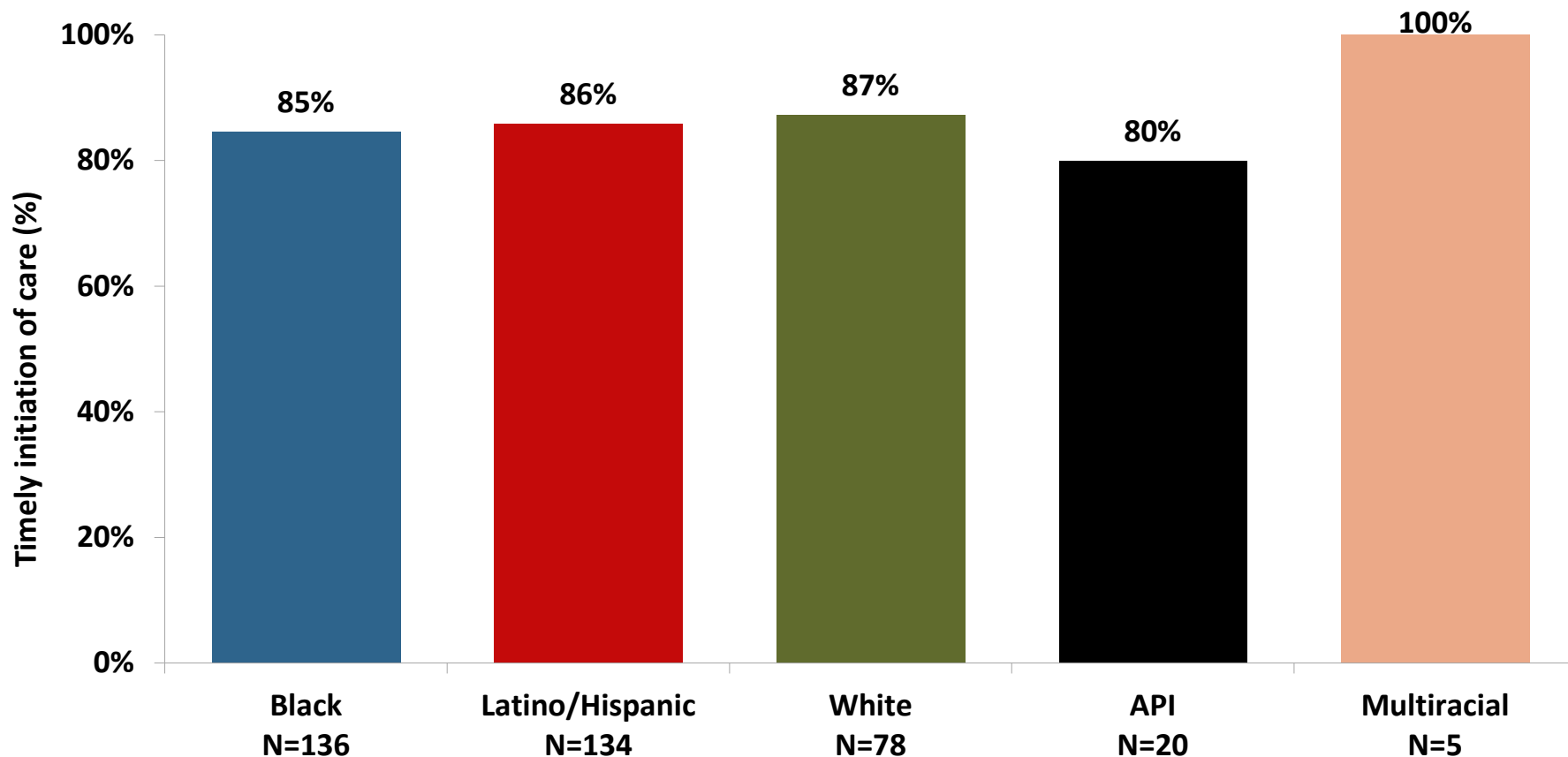
Among people newly diagnosed with HIV in Manhattan in 2018, a smaller proportion of Asian/Pacific Islander people were linked timely to care.

Timely initiation of care is defined as first CD4, viral load, or genotype drawn within 30 days of HIV diagnosis. People diagnosed at death have been excluded.
API=Asian/Pacific Islander.
Native Americans not shown. There were no new diagnoses among Native Americans in Manhattan in 2018.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

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TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY AGE IN MANHATTAN, 2018

Among people newly diagnosed with HIV in Manhattan in 2018, people ages 20 to 29 years and 60 years and older had the highest proportion with timely initiation of care.

Timely initiation of care is defined as first CD4, viral load, or genotype drawn within 30 days of HIV diagnosis. People diagnosed at death have been excluded. Children ages 0 to 12 not shown. There were no new diagnoses among children in Manhattan in 2018. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY TRANSMISSION RISK IN MANHATTAN, 2018

Among people newly diagnosed with HIV in Manhattan in 2018, transgender people with sexual contact had the smallest proportion with timely initiation of care.

MSM=men who have sex with men; IDU=history of injection drug use; TG-SC=transgender people with sexual contact.
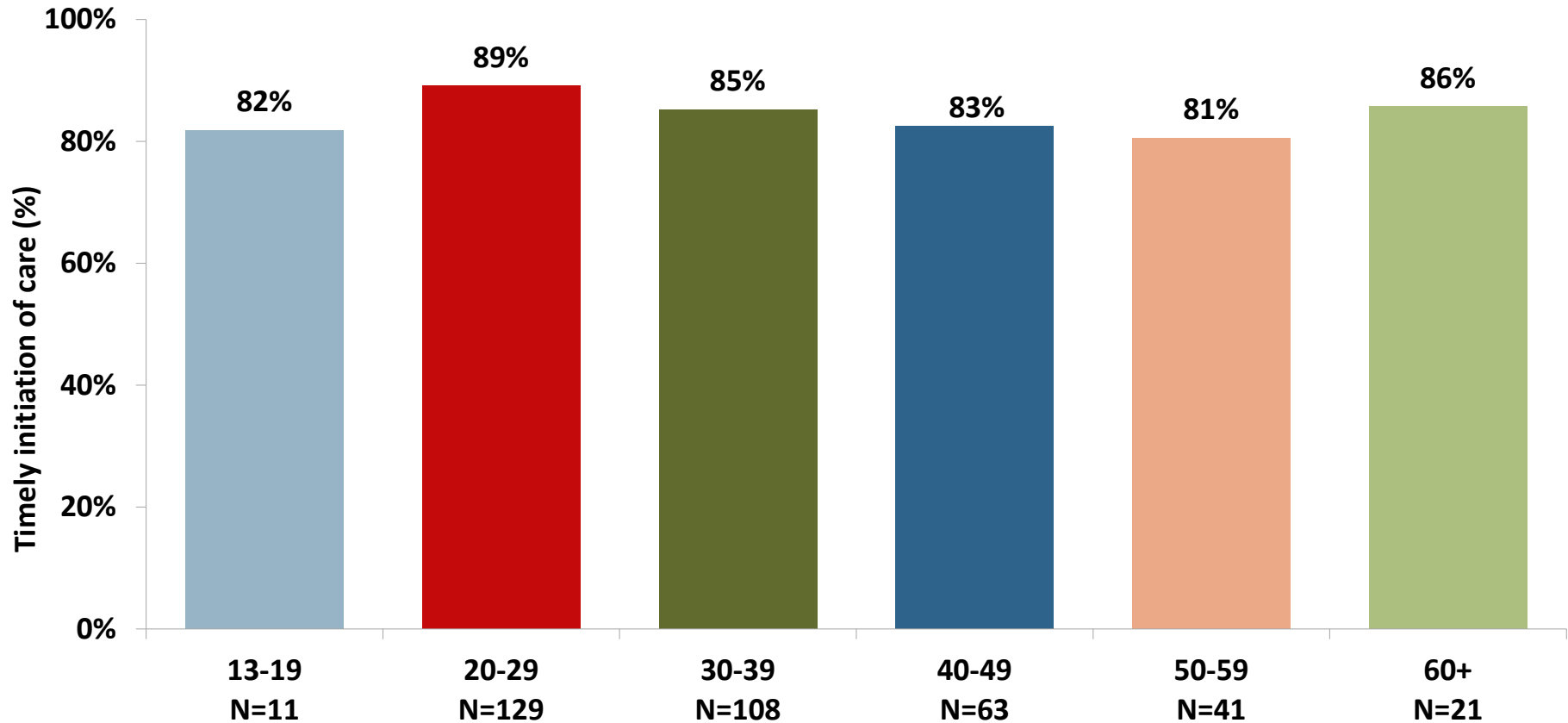Timely initiation of care is defined as first CD4, viral load, or genotype drawn within 30 days of HIV diagnosis. People diagnosed at death have been excluded.
New diagnoses with unknown transmission risk (N=61) are not displayed.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY AREA-BASED POVERTY IN MANHATTAN, 2018
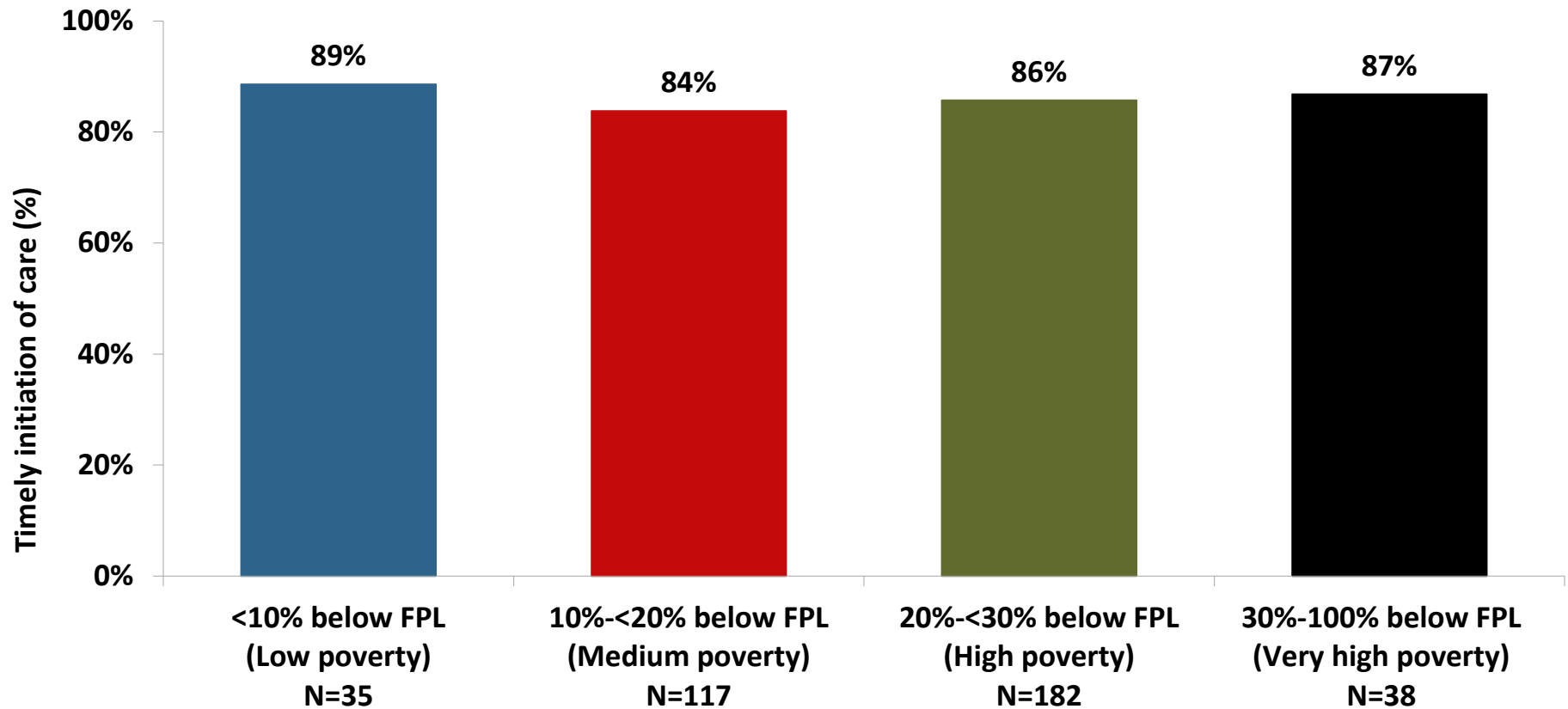
Among people newly diagnosed with HIV in Manhattan in 2018, those living in low-poverty areas had the largest proportion timely linked to care.

FPL=Federal Poverty Level.
Timely initiation of care is defined as first CD4, VL, or genotype drawn within 30 days of HIV diagnosis. People diagnosed at death have been excluded.
New diagnoses without area-based poverty information not displayed.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
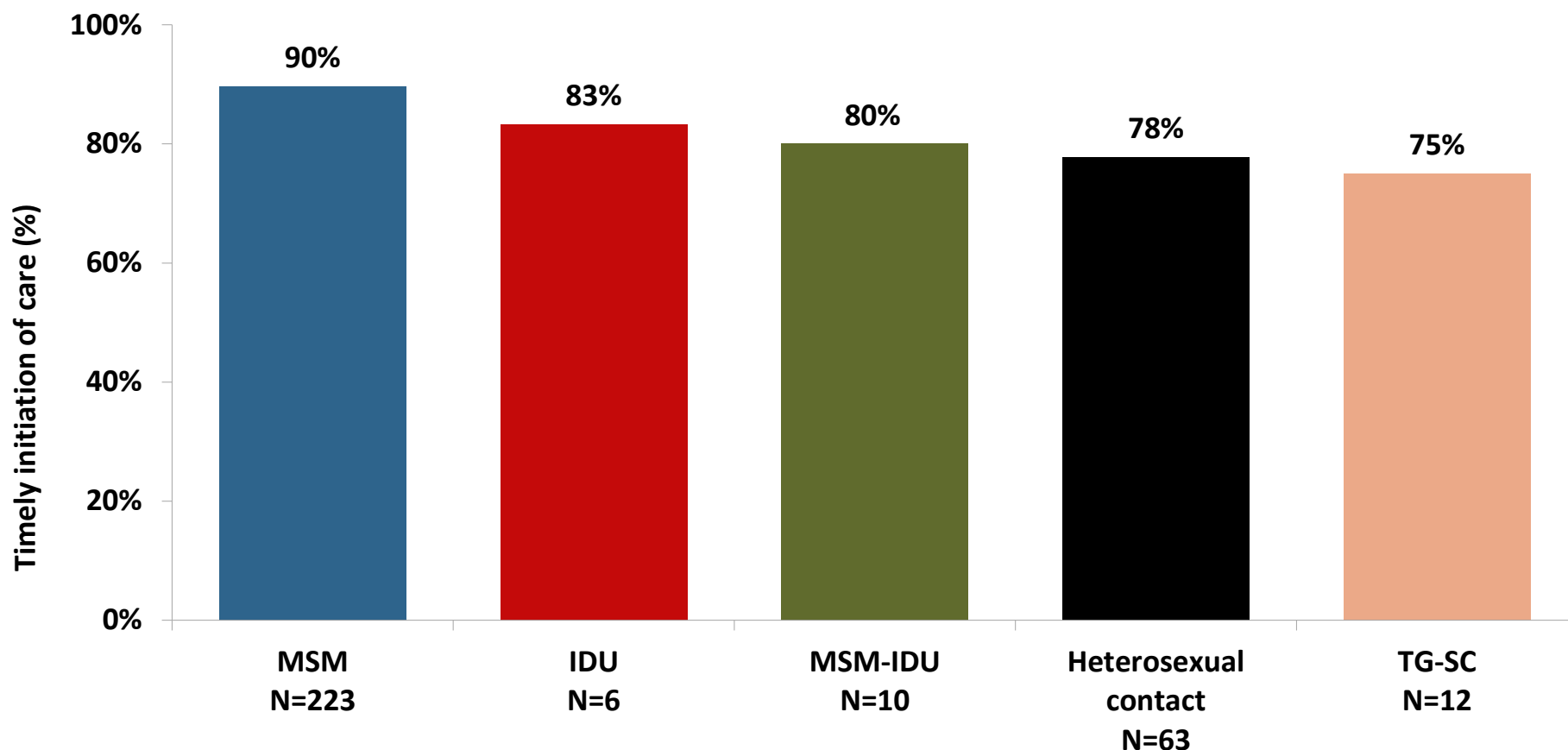
TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY AREA OF BIRTH IN MANHATTAN, 2018
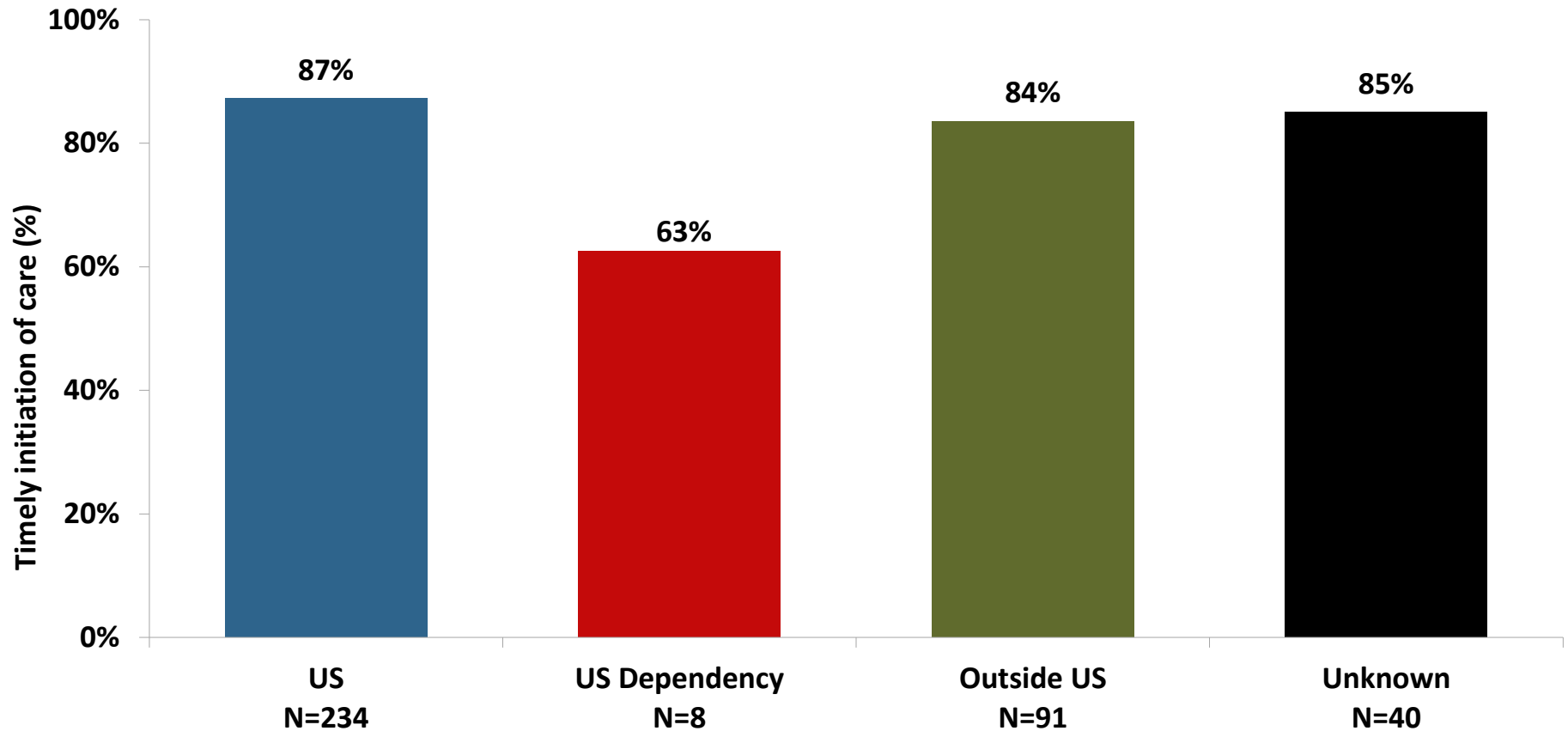
Among people newly diagnosed with HIV in Manhattan in 2018, people born in a US Dependency had a smaller proportion timely linked to care.

Timely initiation of care is defined as first CD4, viral load, or genotype drawn within 30 days of HIV diagnosis. People diagnosed at death have been excluded. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY UHF NEIGHBORHOOD IN NYC, 2018

Proportion linked to care within 30 days by UHF neighborhood

- 44.4 - 81.0
- 81.1 - 86.1
- 86.2 - 89.7
- 89.8 - 100.0
- Data not shown (denominator ≤5)
- Non-residential zones

Upper East Side

Gramercy Park-Murray Hill

Union Square-Lower East Side

0   2.5   5   10 Miles
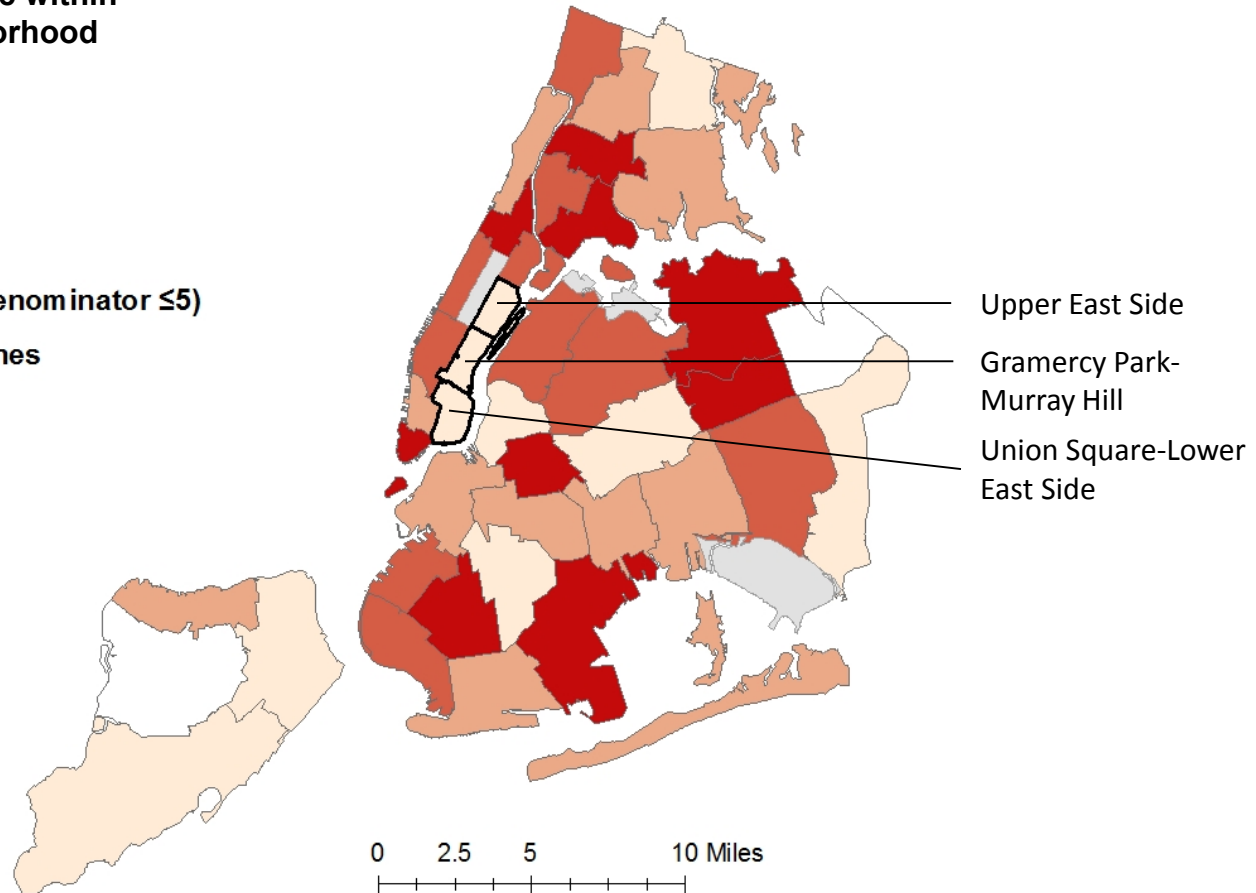
Manhattan neighborhoods with the smallest proportions of people timely linked to care in 2018 were Union Square-Lower East Side (63.6%), Gramercy Park-Murray Hill (71.4%), and Upper East Side (80.0%).

Timely initiation of care is defined as first CD4, viral load, or genotype drawn within 30 days of HIV diagnosis. People diagnosed at death have been excluded.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

VIRAL SUPPRESSION WITHIN 3 AND 6 MONTHS OF NEW HIV DIAGNOSIS IN NYC AND MANHATTAN, 2018
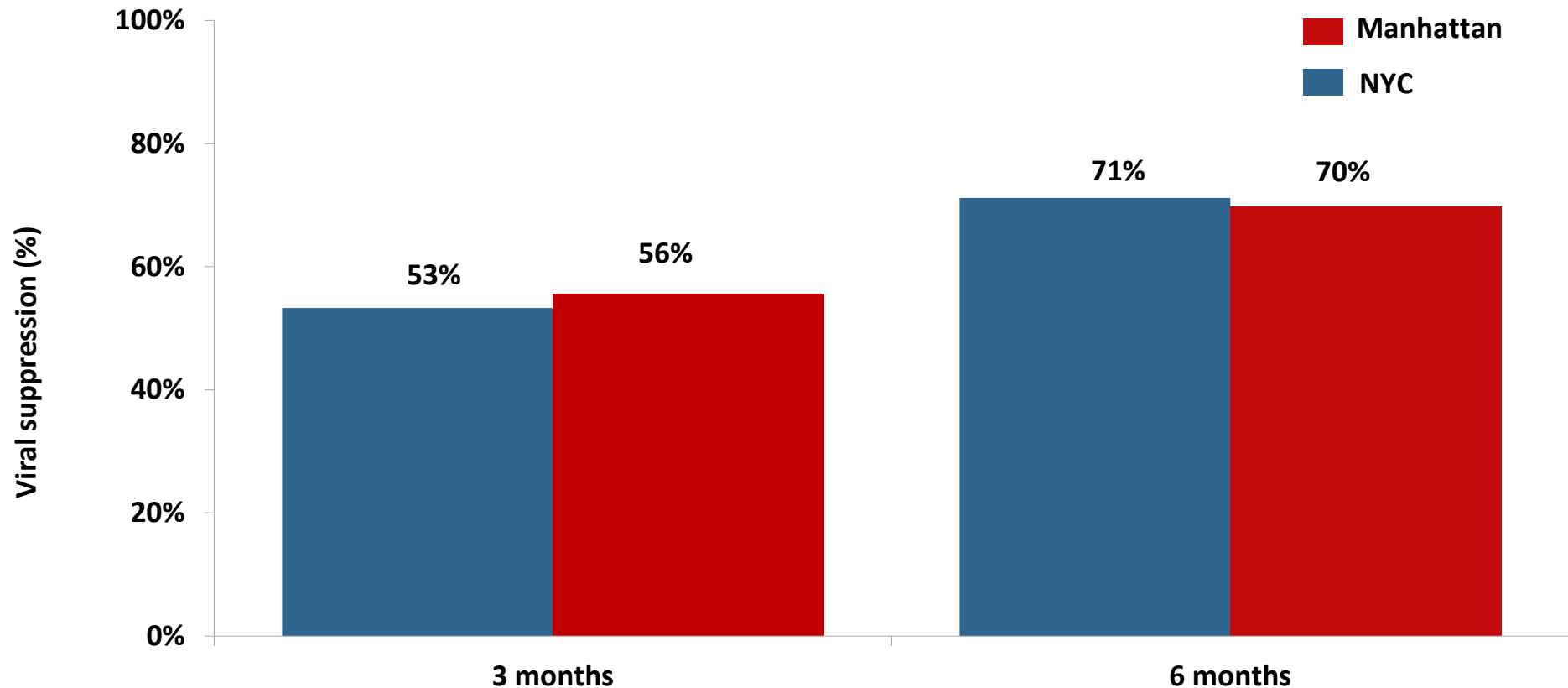
Among people newly diagnosed with HIV in 2018, a larger proportion of Manhattan residents achieved viral suppression within 3 months of diagnosis than New Yorkers overall. A similar proportion of Manhattan residents and New Yorkers overall achieved viral suppression within 6 months of diagnosis.

VIRAL SUPPRESSION WITHIN 3 MONTHS AMONG PEOPLE NEWLY DIAGNOSED WITH HIV IN NYC AND MANHATTAN, 2014-2018
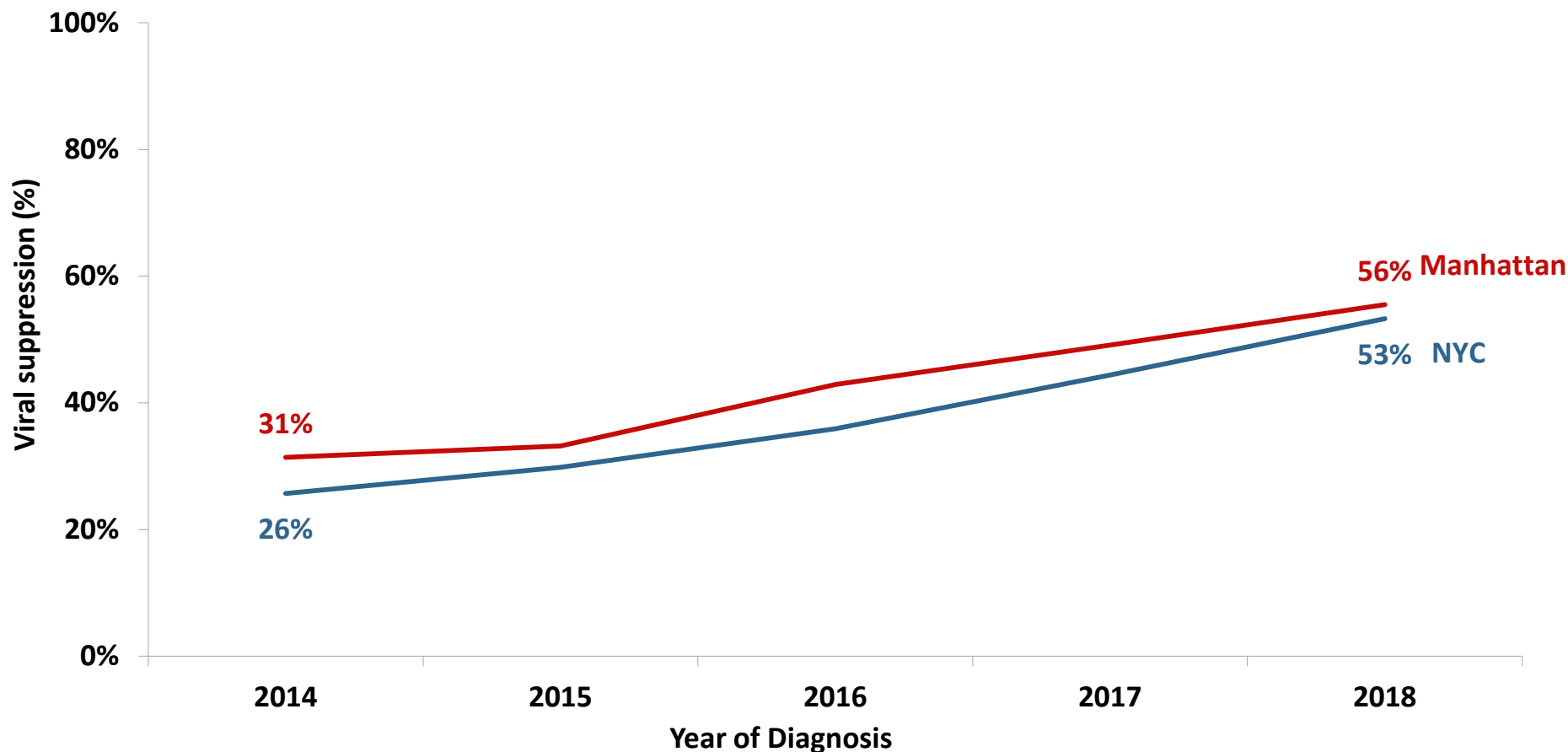
Between 2014 and 2018, viral suppression within 3 months among people newly diagnosed with HIV increased in Manhattan and in NYC overall.

Viral suppression is defined as most recent viral load in 2018 was <200 copies/mL. People diagnosed at death have been excluded.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH IN NYC AND MANHATTAN, 2014-2018
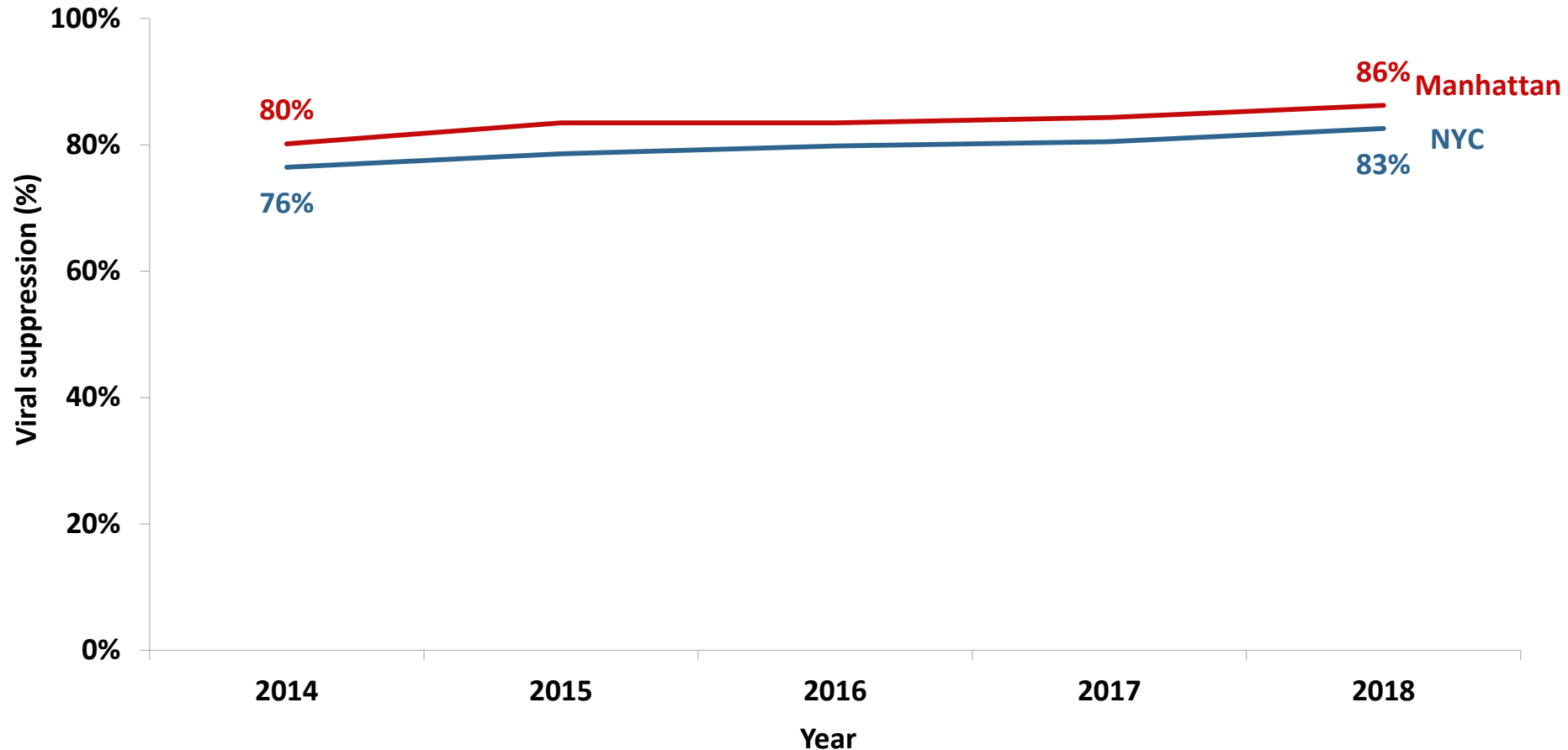
Between 2014 and 2018, viral suppression among all diagnosed PLWH increased in Manhattan and in NYC.

Viral suppression is defined as most recent viral load in 2018 was <200 copies/mL.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY GENDER IN MANHATTAN, 2018
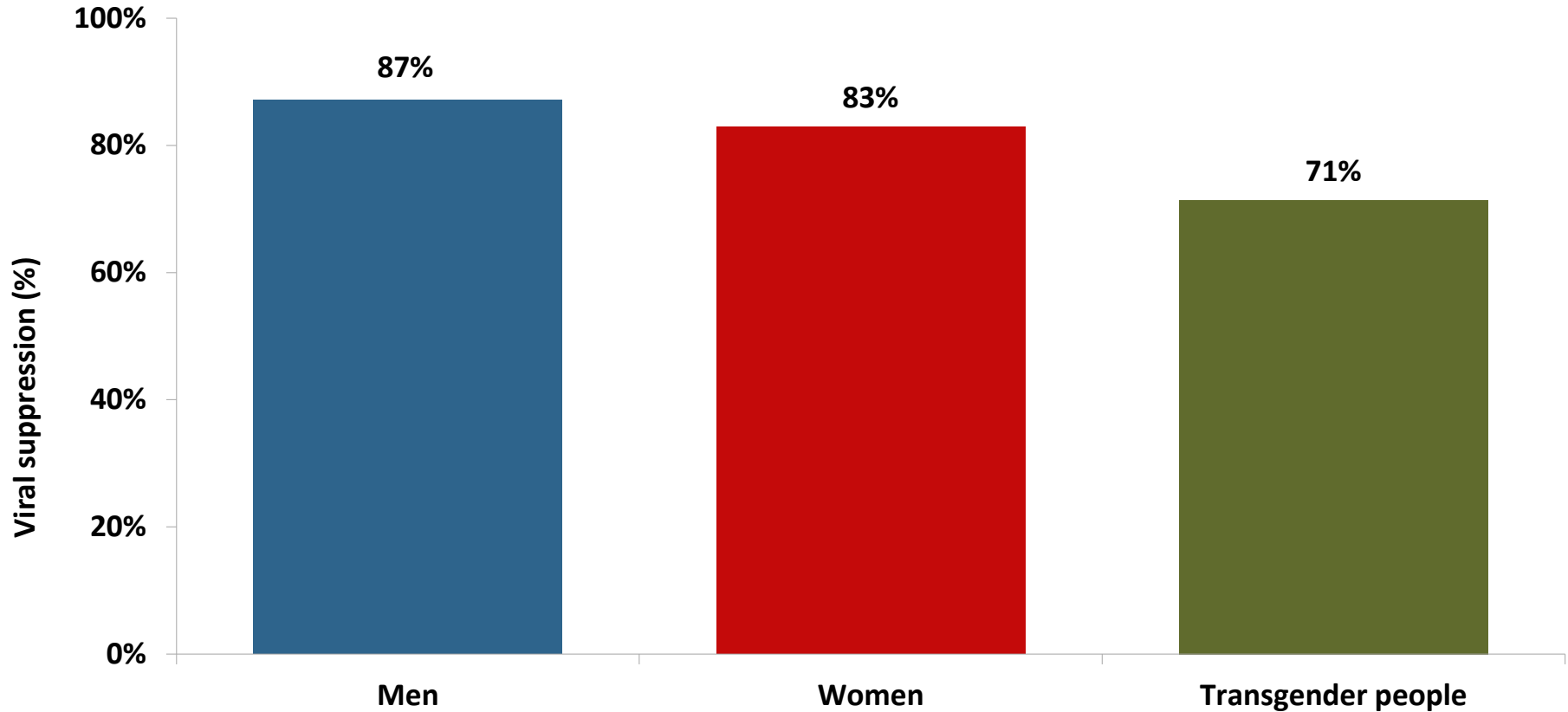
Among diagnosed PLWH in Manhattan, a smaller proportion of transgender people and women were virally suppressed compared to men.

Viral suppression is defined as most recent viral load in 2018 was <200 copies/mL.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY RACE/ETHNICITY IN MANHATTAN, 2018
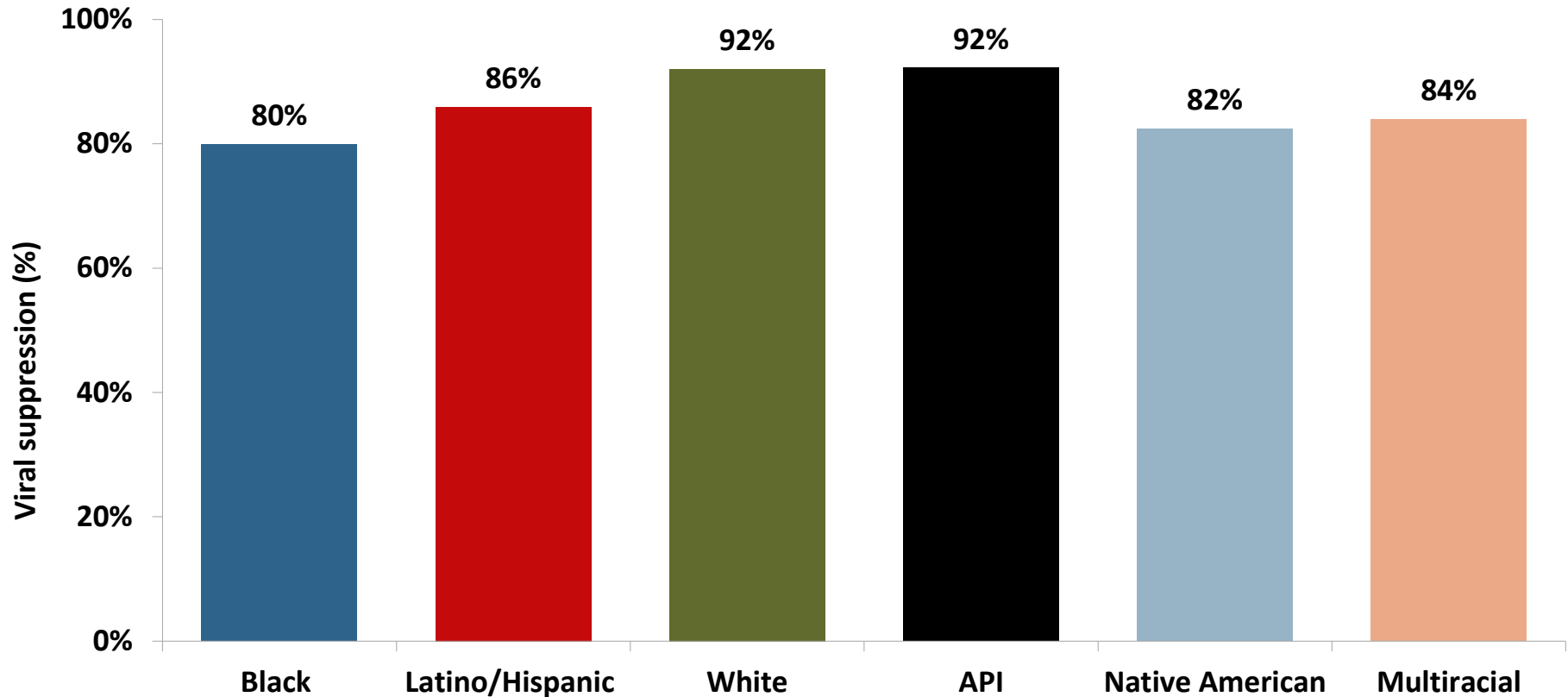
Among diagnosed PLWH in Manhattan, Asian/Pacific Islander people and White people had the largest proportion virally suppressed among all racial/ethnic groups.

API=Asian/Pacific Islander.
Viral suppression is defined as most recent viral load in 2018 was <200 copies/mL.
Unknown race not shown. There were 55 PLWH in Manhattan in 2018 whose race/ethnicity was unknown.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY AGE IN MANHATTAN, 2018
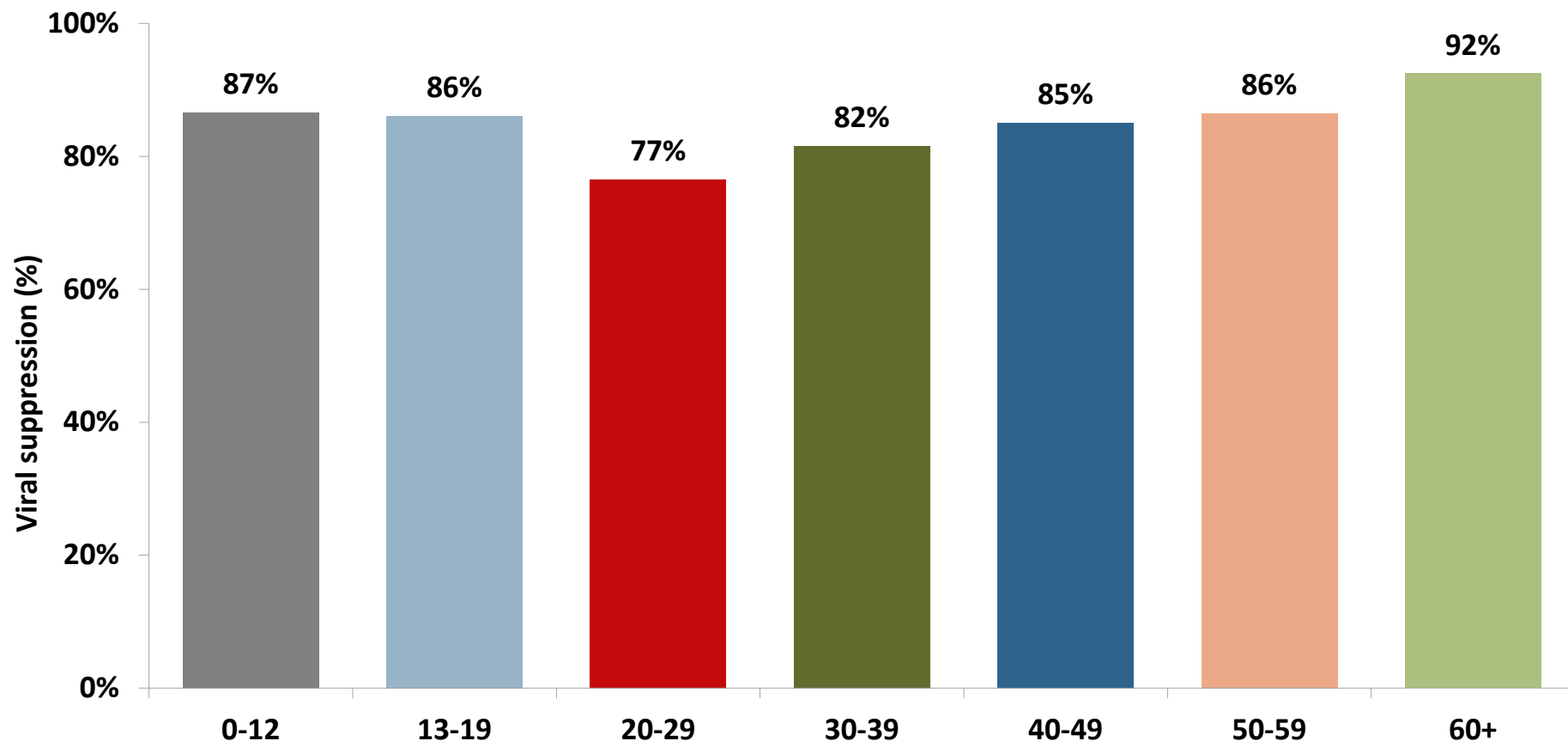
Among diagnosed PLWH in Manhattan, people ages 20 to 29 years had the smallest proportion virally suppressed and people ages 60 years and older had the largest.

Viral suppression is defined as most recent viral load in 2018 was <200 copies/mL.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY TRANSMISSION RISK IN MANHATTAN, 2018

Among diagnosed PLWH in Manhattan, people with perinatal transmission risk and transgender people with sexual contact transmission risk had the smallest proportion virally suppressed.

MSM=men who have sex with men; IDU=injection drug use history; TG-SC=transgender people with sexual contact.
People living with HIV with unknown transmission risk are not displayed.
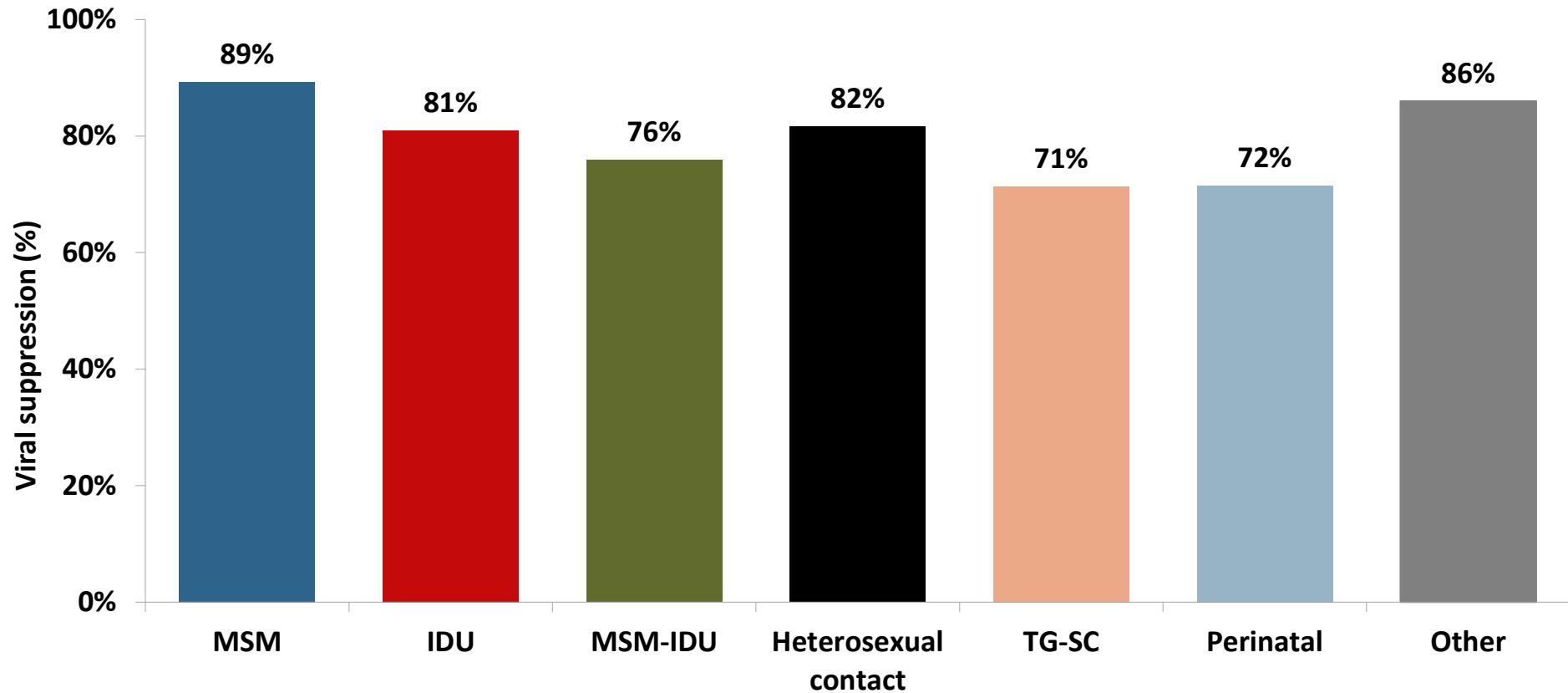Viral suppression is defined as most recent viral load in 2018 was <200 copies/mL.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY AREA-BASED POVERTY LEVEL IN MANHATTAN, 2018
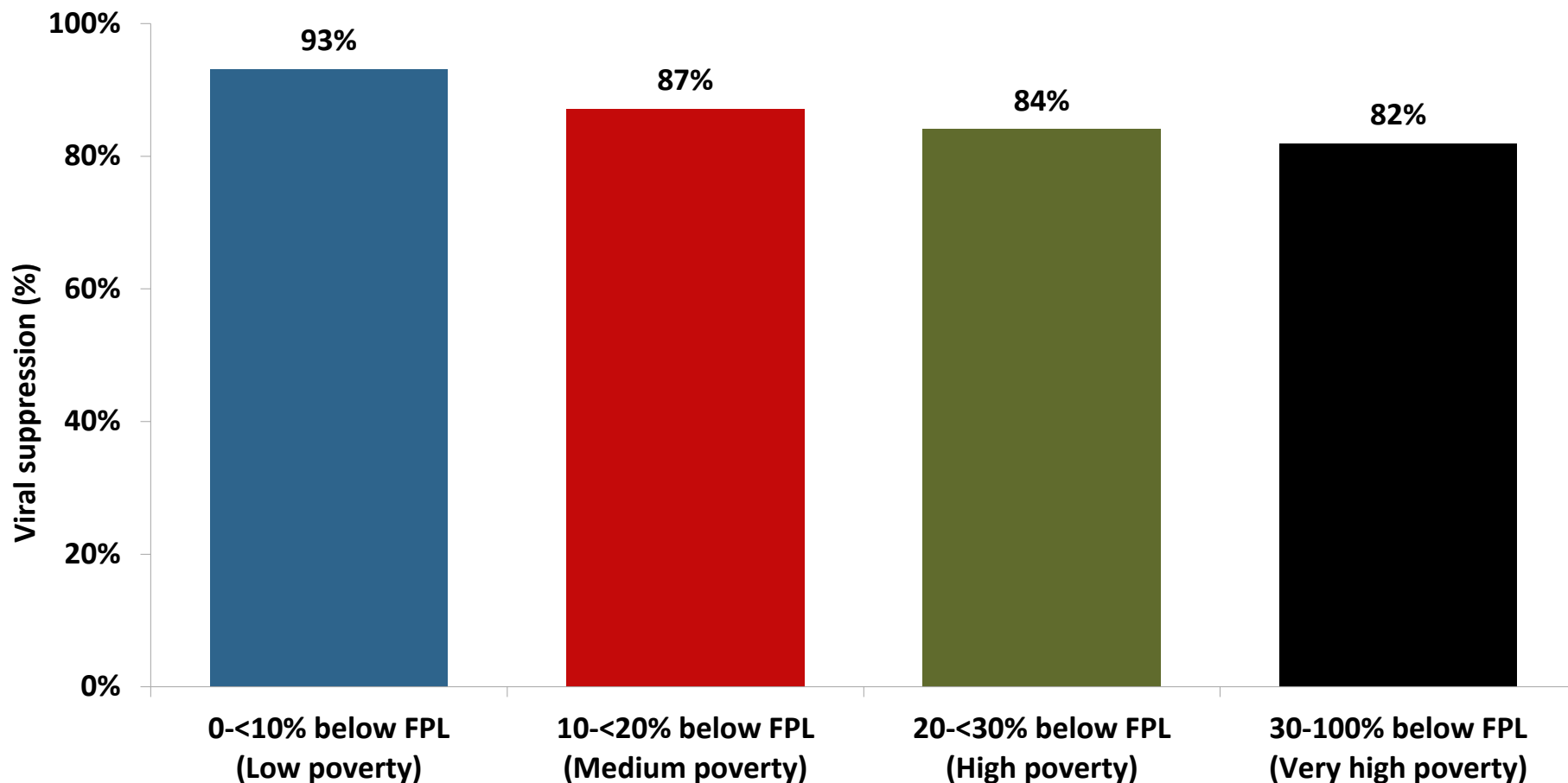
Among diagnosed PLWH in Manhattan, smaller proportions of people living in higher poverty neighborhoods were virally suppressed.

FPL=Federal Poverty Level.
Viral suppression is defined as most recent viral load in 2018 was <200 copies/mL.
PLWH without area-based poverty information not displayed.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY COUNTRY OF BIRTH IN MANHATTAN, 2018
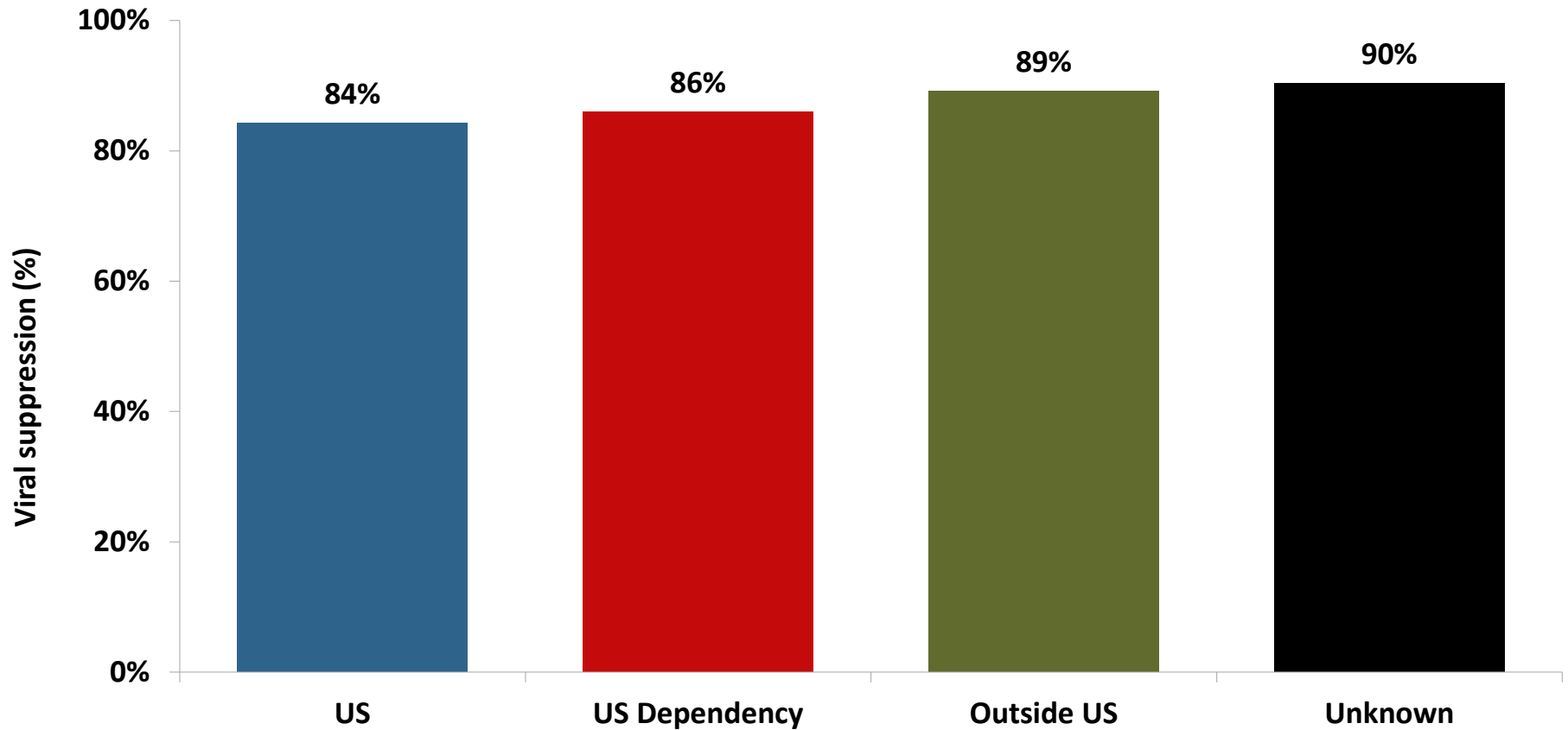
Among diagnosed PLWH in Manhattan, a smaller proportion of people born in the US were virally suppressed compared to people born outside the US or born in a US Dependency.

Viral suppression is defined as most recent viral load in 2018 was <200 copies/mL.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

Proportion virally suppressed by UHF neighborhood

- 75.1 - 80.7
- 80.8 - 83.2
- 83.3 - 86.2
- 86.3 - 91.2
- Non-residential zones

Washington Heights-Inwood

Central Harlem-Morningside Heights

East Harlem

0   2.5   5   10 Miles
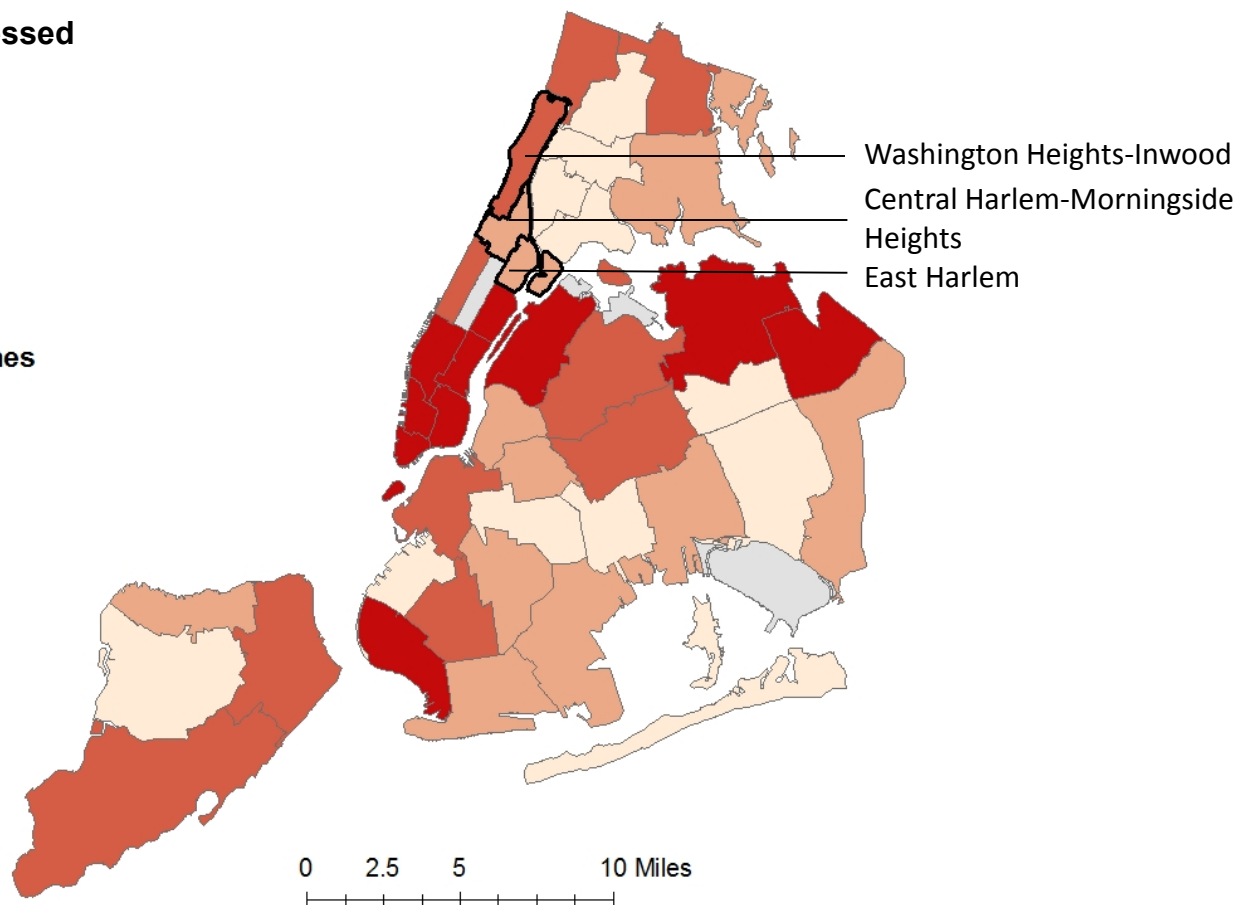
Manhattan neighborhoods with the smallest proportion of virally suppressed PLWH in 2018 were East Harlem (81.9%), Central Harlem-Morningside Heights (83.0%), and Washington Heights-Inwood (83.7%).

Viral suppression is defined as most recent viral load in 2018 was <200 copies/mL.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

PROPORTION OF PLWH IN MANHATTAN ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2018
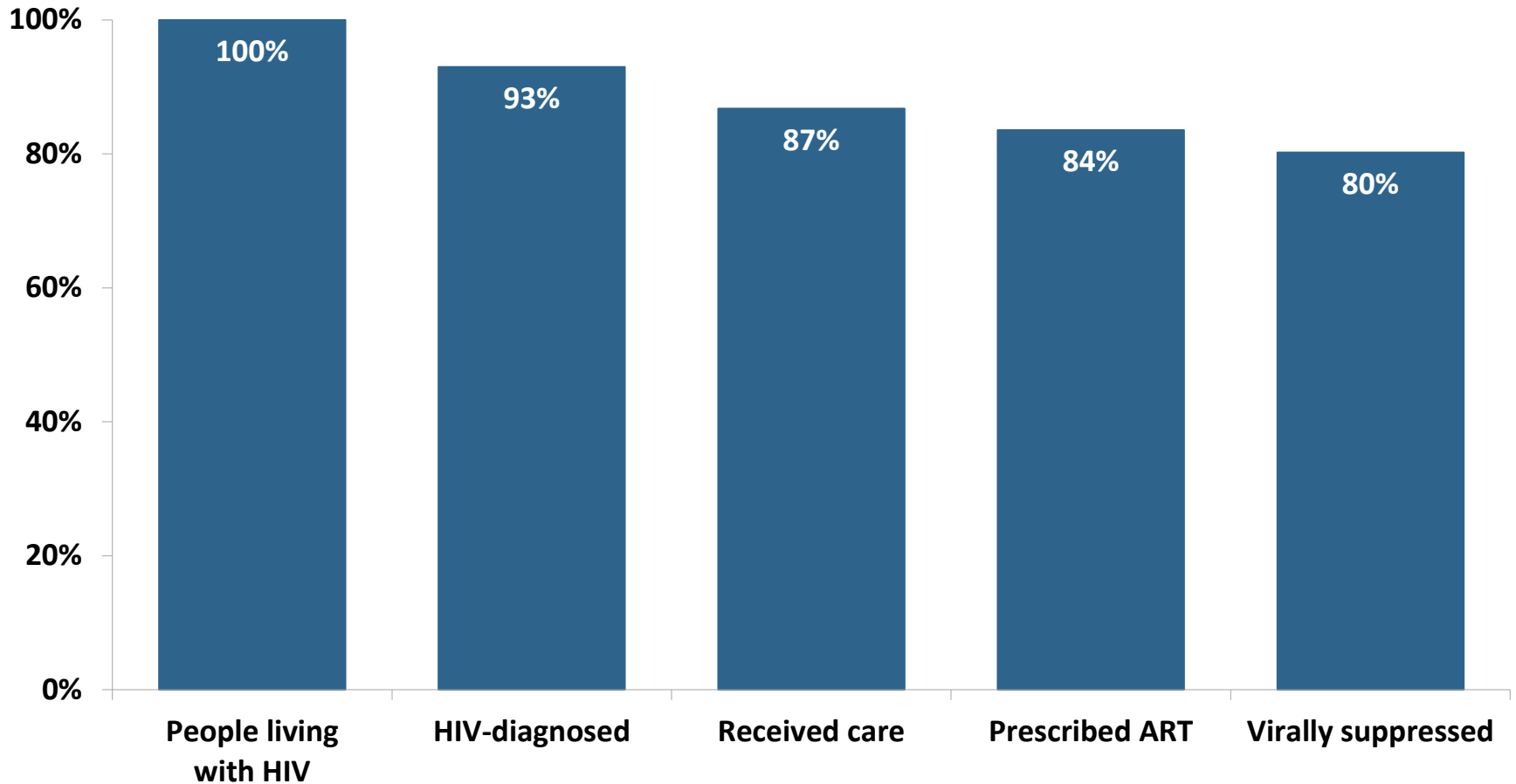
Of approximately 22,100 PLWH in Manhattan in 2018, 80% had a suppressed viral load.

For definitions of the stages of the continuum of care, see Technical Notes.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

AGE-ADJUSTED DEATH RATES AMONG PEOPLE WITH HIV IN NYC OVERALL AND BY BOROUGH, 2014-2018
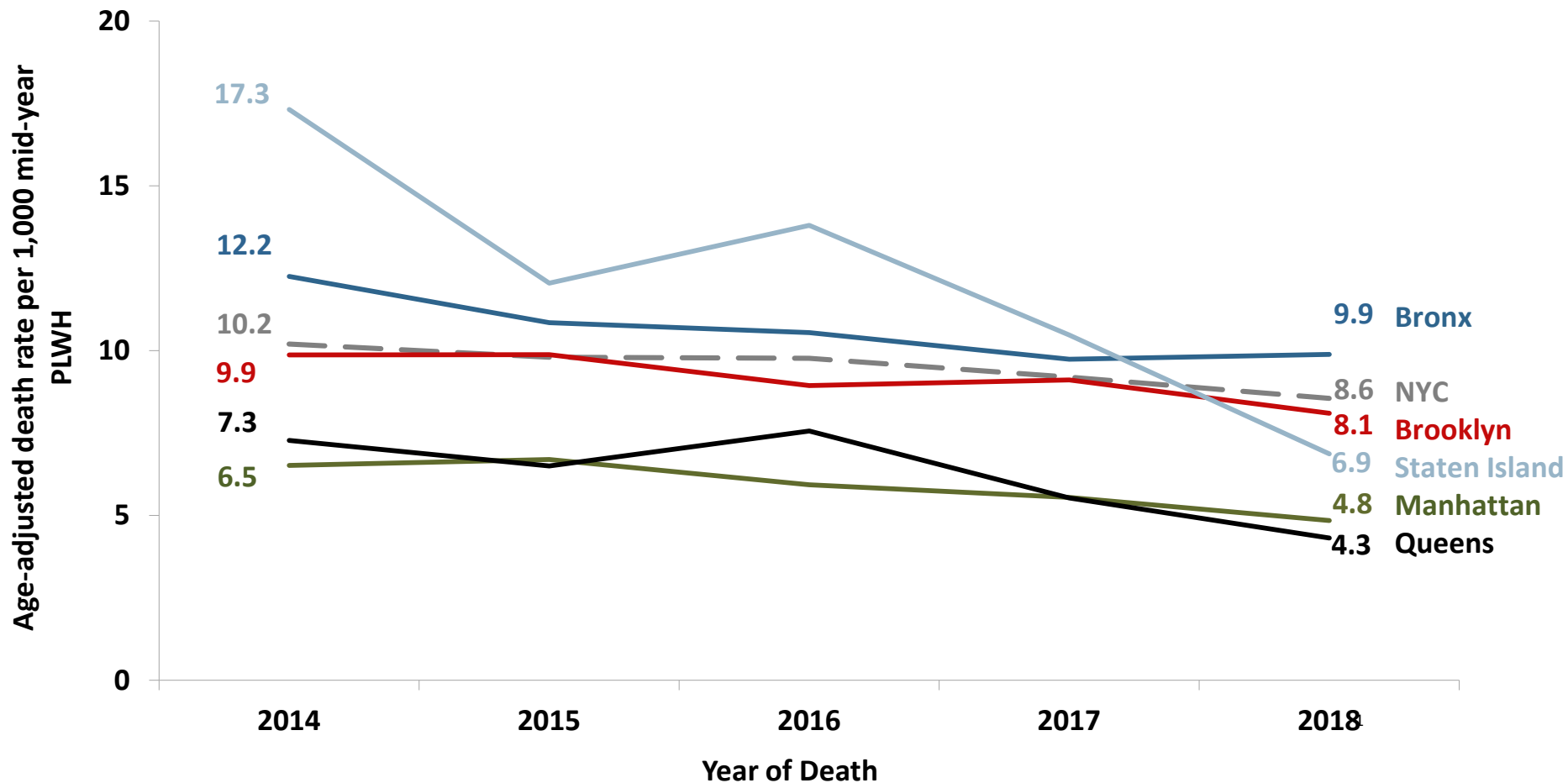
The age-adjusted death rate among people with HIV decreased in Manhattan between 2014 and 2018. By borough, Manhattan had the second lowest rate in 2018.

Age-adjusted to the NYC Census 2010 population.
[1]The overall rate includes people with unknown cause of death. Death data for 2018 are incomplete.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

CAUSE OF DEATH AMONG PWH IN MANHATTAN, 2017[1]

Unknown <1%

HIV-related[2]
24%
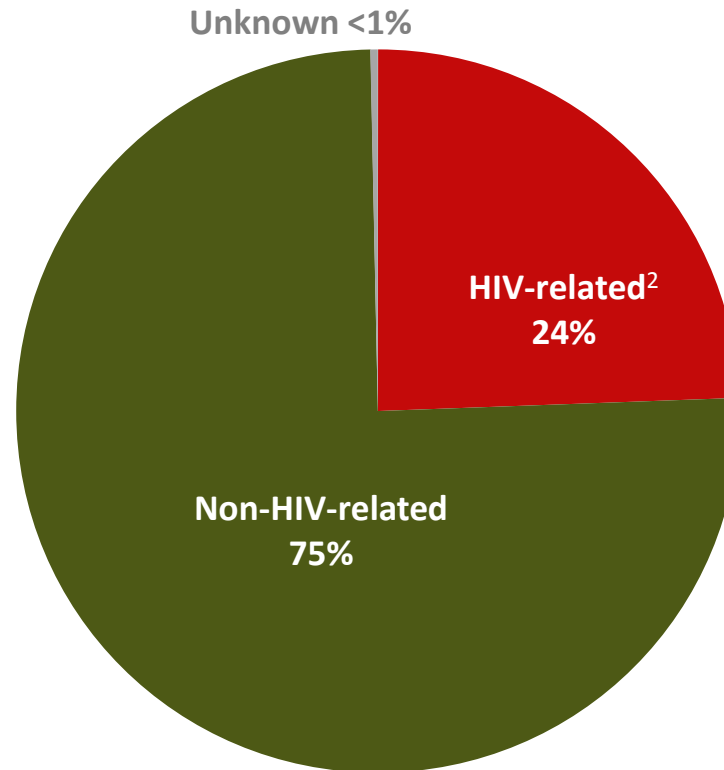
Non-HIV-related
75%

In 2017, 75% of deaths among PWH in Manhattan were due to non-HIV-related causes. Among these, the top causes were cardiovascular diseases (36%), non-HIV-related cancers (25%), and accidents (12%).

HOW TO FIND OUR DATA

- **Our program publishes annual surveillance reports, slide sets, and statistics tables:**
  - Annual reports: http://www1.nyc.gov/site/doh/data/data-sets/hiv-aids-surveillance-and-epidemiology-reports.page
  - Slide sets: http://www1.nyc.gov/site/doh/data/data-sets/epi-surveillance-slide-sets.page
  - Statistics tables: http://www1.nyc.gov/site/doh/data/data-sets/hiv-aids-annual-surveillance-statistics.page

- **Other resources:**
  - HIV Care Status Reports (CSR) system: https://www1.nyc.gov/site/doh/health/health-topics/aids-hiv-care-status-reports-system.page
  - HIV Care Continuum Dashboards (CCDs): http://www1.nyc.gov/site/doh/health/health-topics/care-continuum-dashboard.page

- **For surveillance data requests, email:** HIVReport@health.nyc.gov
  - 2 weeks minimum needed for requests to be completed

Definitions:

- "HIV diagnoses" include diagnoses of HIV (non-AIDS) and HIV concurrent with AIDS (AIDS diagnosed within 31 days of HIV), 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.
- Data presented by "Transmission risk" categories include only individuals with known or identified transmission risk, except when an "unknown" category is presented.
- "PWH" refers to people with HIV during the reporting period (note: includes people with HIV who remained alive or died during the reporting period); "PLWH" refers to people living with HIV during the reporting period.
- Surveillance collects information about individuals' current gender identity, when available. These slides display the following gender categories: men, women, transgender (if applicable). People whose current gender identity differs from their sex assigned at birth are considered transgender. Classifying transgender people in surveillance requires accurate collection of both sex assigned at birth and current gender identity. 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-identification. Transgender status has been collected routinely since 2005 for newly reported cases. Reported numbers of new transgender HIV diagnoses and transgender PLWH are likely to be underestimates. For more information, see the "HIV among Transgender people in New York City" surveillance slide set available at: www1.nyc.gov/assets/doh/downloads/pdf/dires/hiv-in-transgender-persons.pdf. Surveillance collects information on other gender identity categories, including "Non-binary/Gender non-conforming." In these slides, data for these individuals (N=7 at time of publication) are displayed by sex at birth.

APPENDIX:
DEFINITIONS AND STATISTICAL NOTES

Definitions continued:

- 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-positive, an injection drug user, or a person who has received blood products. For women only, also includes history of sex work, multiple sex partners, sexually transmitted disease, crack/cocaine use, sex with a bisexual man, probable heterosexual transmission as noted in medical chart, or sex with a man 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.
- The MSM risk category does not include people known to surveillance to be transgender.

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.

TECHNICAL NOTES: HIV CARE CONTINUUM

- "People living with HIV": calculated as "HIV-diagnosed" divided by the estimated proportion of people living with HIV (PLWH) who had been diagnosed (92.8%), based on a CD4 depletion model.

  Source: NYC HIV Surveillance Registry. Method: Song R, et al. Using CD4 Data to Estimate HIV Incidence, Prevalence, and Percent of Undiagnosed Infections in the United States. J Acquir Immune Defic Syndr. 2017 Jan 1;74(1):3-9.

- "HIV-diagnosed": calculated as PLWH "received care" plus the estimated number of PLWH 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 number of PLWH published elsewhere.

  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.

- "Received care": PLWH with ≥1 VL or CD4 count or CD4 percent drawn in 2018, and reported to NYC HIV surveillance.

  Source: NYC HIV Surveillance Registry.

- "Prescribed ART": calculated as PLWH "received care" multiplied by the estimated proportion of PLWH prescribed ART in the previous 12 months (96.3%), based on the 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, 2017.

- "Virally suppressed": calculated as PLWH in care with a most recent viral load measurement in 2018 of <200 copies/mL, plus the estimated number of out-of-care 2018 PLWH 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.