HIV/AIDS AMONG MEN WHO HAVE SEX WITH MEN (MSM) IN NEW YORK CITY, 2017

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

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http://www1.nyc.gov/site/doh/data/data-sets/epi-surveillance-slide-sets.page
• 1,708 new HIV diagnoses among men

• 1,270 new HIV diagnoses among MSM
  – 59% of all new diagnoses
  – 74% of new diagnoses among men
  – Includes 186 HIV diagnoses concurrent with an AIDS diagnosis (15%)

• 534 new AIDS diagnoses among MSM

• 352 deaths among MSM with HIV/AIDS
  – 4.9 deaths per 1,000 mid-year MSM living with HIV/AIDS

¹MSM risk category includes men who have sex with men and inject drugs (MSM-IDU) and excludes transgender men. Men include transgender men.
²Death rate is age-adjusted to the NYC Census 2010 population. Death data for 2017 are incomplete. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
NUMBER OF NEW HIV DIAGNOSES AMONG MEN BY RACE/ETHNICITY AND TRANSMISSION RISK IN NYC, 2017

Of all men newly diagnosed with HIV, 54% were Black or Latino/Hispanic MSM. Across races/ethnicities, MSM was the most common risk category among men.

Perinatal (N=1), Transgender people with sexual contact (N=1), and Unknown (N=336) transmission risks not shown but included in total N by race/ethnicity.

1Includes MSM-IDU risk category. Men include transgender men.

Native American andmultiracial groups not shown because of small numbers. In NYC in 2017, there were N=7 Native American and N=12 multiracial men newly diagnosed with HIV.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
In all NYC boroughs, most HIV diagnoses among men in 2017 were attributed to MSM transmission risk. Brooklyn had the largest number of MSM diagnoses.

Perinatal (N=1), Transgender people with sexual contact (N=1), and Unknown (N=336) transmission risks not shown but included in total N by borough. Men include transgender men.  

1Includes MSM-IDU risk category.  

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Numbers of new diagnoses decreased among MSM of all ages between 2013 and 2017. In 2017, the number of new diagnoses among MSM ages 13-29 was slightly higher than the number of new diagnoses among MSM ages 30 and older.

1Includes MSM-IDU risk category.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Between 2013 and 2017, numbers of new HIV diagnoses among MSM decreased among all age groups. MSM ages 30-39 had the highest number of new diagnoses in 2017.
Since 2013, HIV diagnoses have decreased overall among Black, Latino/Hispanic, and White MSM and have remained stable among Asian/Pacific Islander MSM.

1Includes MSM-IDU risk category. Native American and multiracial groups not shown due to small numbers. In NYC in 2017, there were N=5 Native American and N=10 multiracial men with MSM transmission risk newly diagnosed with HIV. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Between 2013 and 2017, HIV diagnoses decreased overall among Black, Latino/Hispanic, and White young MSM and remained stable among Asian/Pacific Islander young MSM.

Young MSM are those 13-29 years old and include MSM-IDU risk category. Native American and multiracial groups not shown due to small numbers. In NYC in 2017, there were N=4 Native American and N=4 multiracial young men with MSM transmission risk newly diagnosed with HIV. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Overall between 2013 and 2017, new HIV diagnoses among Black MSM decreased, with the largest decrease among those ages 20-24. From 2015 to 2017, the highest number of new diagnoses was among those ages 25-29.
Overall between 2013 and 2017, new HIV diagnoses among Latino/Hispanic MSM decreased. Among those ages 30-39, the number decreased in 2016 and then increased in 2017.

1Includes MSM-IDU risk category.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Overall between 2013 and 2017, new HIV diagnoses among White MSM decreased. In 2017, the highest number of new diagnoses was among those 30-39 years.

1Includes MSM-IDU risk category.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Young MSM accounted for a larger proportion of new HIV diagnoses among MSM of color, particularly Black MSM, compared with White MSM in NYC in 2017.

1Includes MSM-IDU risk category.
Native American and multiracial groups not shown due to small numbers. In NYC in 2017, there were N=5 Native American and N=10 multiracial men with MSM transmission risk newly diagnosed with HIV.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
In the Bronx, Queens, and Manhattan, the largest number of MSM diagnoses was among Latino/Hispanic MSM, whereas in Brooklyn, the largest number was among Black MSM.

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1Includes MSM-IDU risk category.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
The neighborhoods with the highest numbers of new MSM HIV diagnoses were West Queens\(^2\), Bedford Stuyvesant-Crown Heights, Washington Heights-Inwood, Williamsburg-Bushwick, and Chelsea-Clinton.

\(^1\)Includes MSM-IDU risk category.

\(^2\)Rikers Island is classified with the UHF neighborhood of West Queens.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
The neighborhoods with the highest numbers of new HIV diagnoses among Black MSM were East Flatbush-Flatbush, Bedford Stuyvesant-Crown Heights, and East New York, while among Latino/Hispanic MSM, neighborhoods with the most new diagnoses were West Queens\(^2\), Washington Heights-Inwood, and Fordham-Bronx Park.

\(^1\)Includes MSM-IDU risk category.

\(^2\)Rikers Island is classified with the UHF neighborhood of West Queens.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
People born outside the US accounted for 33% of new HIV diagnoses overall and 32% among new MSM diagnoses. Mexico and Central America, the Caribbean\(^2\), and South America accounted for 72% of new HIV diagnoses among MSM born outside of the US in 2017.

\(^1\)Includes MSM-IDU risk category.

\(^2\)Excludes Puerto Rico and the US Virgin Islands.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
TOP COUNTRIES OF BIRTH AMONG NEWLY DIAGNOSED MSM\(^1\) BY RACE/ETHNICITY IN NYC, 2013-2017

<table>
<thead>
<tr>
<th>Country</th>
<th>Black MSM (N=2,133)</th>
<th>Latino/Hispanic MSM (N=2,562)</th>
<th>White MSM (N=1,428)</th>
</tr>
</thead>
<tbody>
<tr>
<td>US</td>
<td>1747</td>
<td>1133</td>
<td>1140</td>
</tr>
<tr>
<td>Jamaica</td>
<td>150</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trinidad and Tobago</td>
<td>38</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haiti</td>
<td>31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guyana</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>267</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mexico</td>
<td>253</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Puerto Rico (US)</td>
<td>180</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colombia</td>
<td>177</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Russia</td>
<td>46</td>
<td></td>
<td></td>
</tr>
<tr>
<td>France</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brazil</td>
<td>17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Italy</td>
<td>16</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Between 2013 and 2017, Jamaica, the Dominican Republic, and Russia were the second leading countries of birth for newly diagnosed Black, Latino/Hispanic, and White MSM, respectively. The majority of MSM across all groups were born in the US.

\(^1\)Includes MSM-IDU risk category.
Native American and multiracial groups not shown due to small numbers. In NYC in 2017, there were N=7 Native American and N=12 multiracial men newly diagnosed with HIV.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Staten Island\(^2\), the Bronx, and Brooklyn had the highest death rates among MSM with HIV/AIDS. However, the largest number of deaths was among MSM with HIV/AIDS residing in Manhattan.

\(^1\)Includes MSM-IDU risk category.
\(^2\)Rate is based on small numbers and should be interpreted with caution.

Rates are age-adjusted to the NYC Census 2010 population. Death data for 2017 are incomplete.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
In 2016, 67% of deaths among MSM with HIV/AIDS were non-HIV-related. Of these, 16% were caused by non-AIDS-defining cancers, 19% by cardiovascular diseases, 13% by suicide, and 2% by substance abuse.
AGE-ADJUSTED\(^1\) DEATH RATES AMONG MSM\(^2\) BY RACE/ETHNICITY AND CAUSE OF DEATH IN NYC, 2016

Age-adjusted death rates in 2016 were highest for Black MSM. The majority of deaths for MSM of all races were attributed to non-HIV-related causes.

Native American, Asian/Pacific Islander (API), and multiracial groups not shown because of small numbers. There were N=12 API, N=2 Native American, and N=1 multiracial MSM who died in 2016.

\(^1\)Rates are age-adjusted to the NYC 2010 Census population. Death data for 2017 are incomplete.

\(^2\)Includes MSM-IDU risk category.

MSM with unknown cause of death included in overall death rates but not HIV-related nor non-HIV-related death rates.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Of the approximately 41,000 MSM\(^1\) with HIV/AIDS and living in NYC in 2017, 76% had a suppressed viral load.

\(^1\)Includes MSM-IDU risk category.
For definitions of the stages of the continuum of care, see Appendix 2.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
• Our program publishes annual surveillance reports and slide sets, as well as special supplemental reports during the year.

  • 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
  • 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

• Email data requests to: 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.
- “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.
- “Men” includes transgender men. For more information on transgender surveillance in NYC, please see the “HIV among People identified as Transgender” slide set.
- 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.
“People living with HIV/AIDS”: calculated as “HIV-diagnosed” divided by the estimated proportion of men who have sex with men (MSM) living with HIV/AIDS who had been diagnosed (92.9%), based on a CD4 depletion model.


“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 2017, 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 MSM PLWHA 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.


“Virally suppressed”: calculated as PLWHA in care with a most recent viral load measurement in 2017 of <200 copies/mL, plus the estimated number of out-of-care 2017 PLWHA with a viral load <200 copies/mL, based on a statistical weighting method.