

HIV/AIDS AMONG MEN WHO HAVE SEX WITH MEN (MSM) IN NEW YORK CITY, 2016



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



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HIV/AIDS AMONG MSM¹ IN NYC, 2016

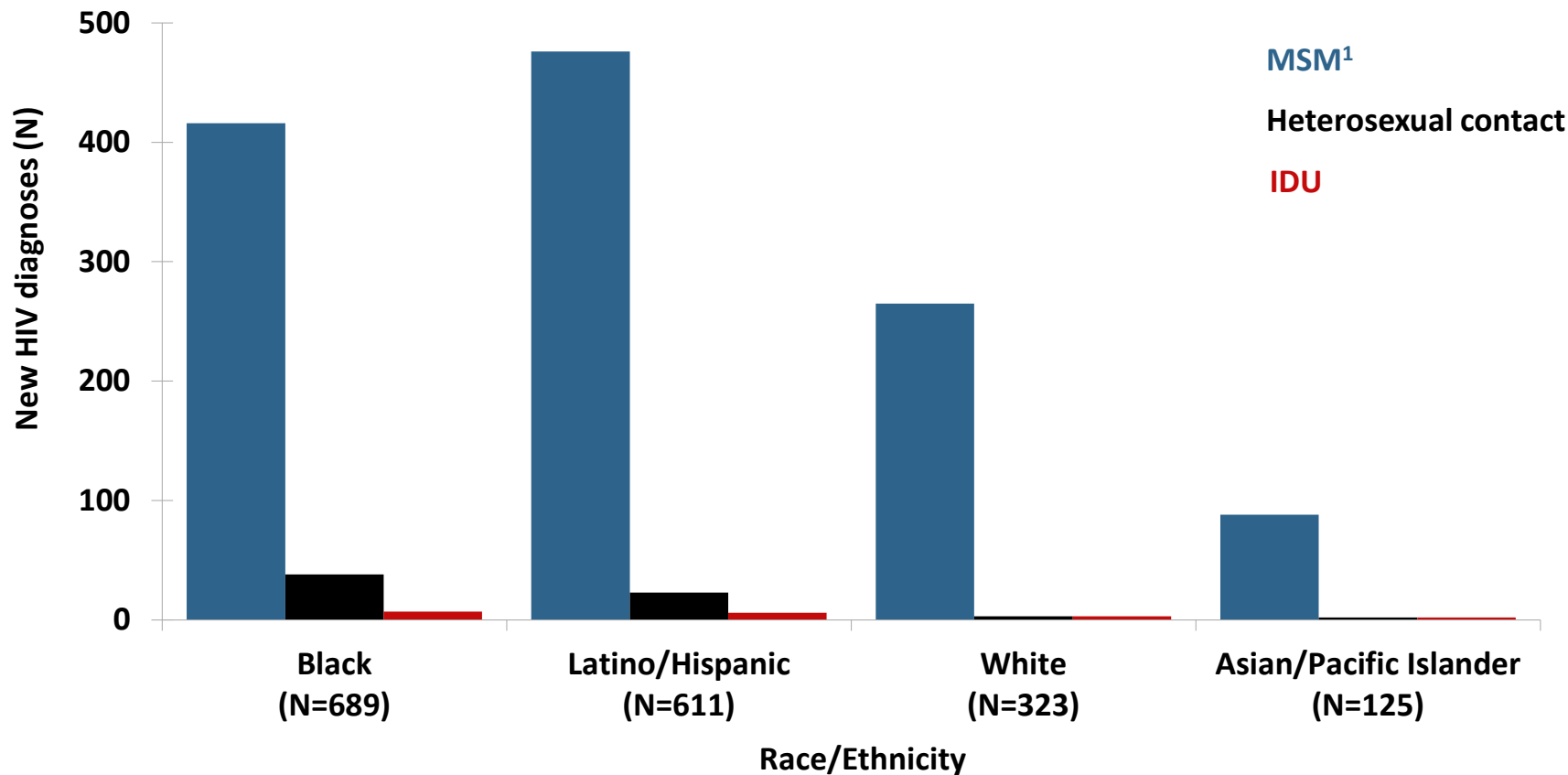
BASIC STATISTICS

- **1,771 new HIV diagnoses among males**
- **1,264 new HIV diagnoses among MSM**
 - 55% of all new diagnoses
 - 71% of new diagnoses among males
 - Includes 163 HIV diagnoses concurrent with an AIDS diagnosis (13%)
- **505 new AIDS diagnoses among MSM**
- **326 deaths among MSM with HIV/AIDS**
 - 5.0 deaths per 1,000 mid-year MSM living with HIV/AIDS²

¹MSM risk category includes men who have sex with men and inject drugs (MSM-IDU) and excludes transgender men. Males include transgender men.

²Death rate is age-adjusted to the NYC Census 2010 population. Death data for 2016 are incomplete. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.

NUMBER OF NEW HIV DIAGNOSES AMONG MALES BY RACE/ETHNICITY AND TRANSMISSION RISK IN NYC, 2016



Of all males newly diagnosed with HIV, 50% were Black or Latino/Hispanic MSM. Across races/ethnicities, MSM was the most common risk category among males.

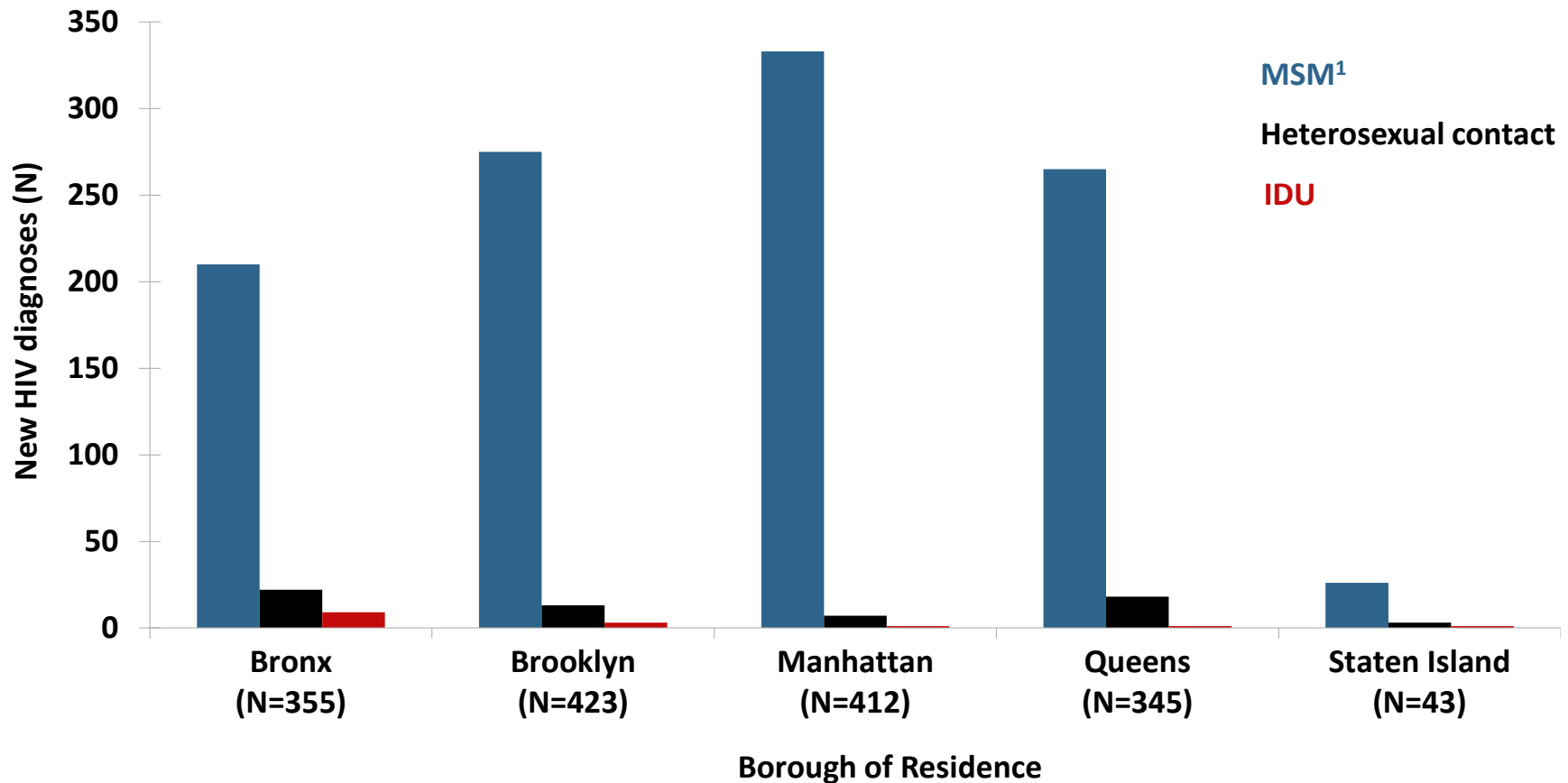
Perinatal (N=0), Transgender people with sexual contact (N=0), and Unknown (N=422) transmission risks not shown but included in total N by race/ethnicity.

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

Native American and multiracial groups not shown because of small numbers. In NYC in 2016, there were N=6 Native American and N=17 multiracial men newly diagnosed with HIV.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.

NUMBER OF NEW HIV DIAGNOSES AMONG MALES BY BOROUGH AND TRANSMISSION RISK IN NYC, 2016



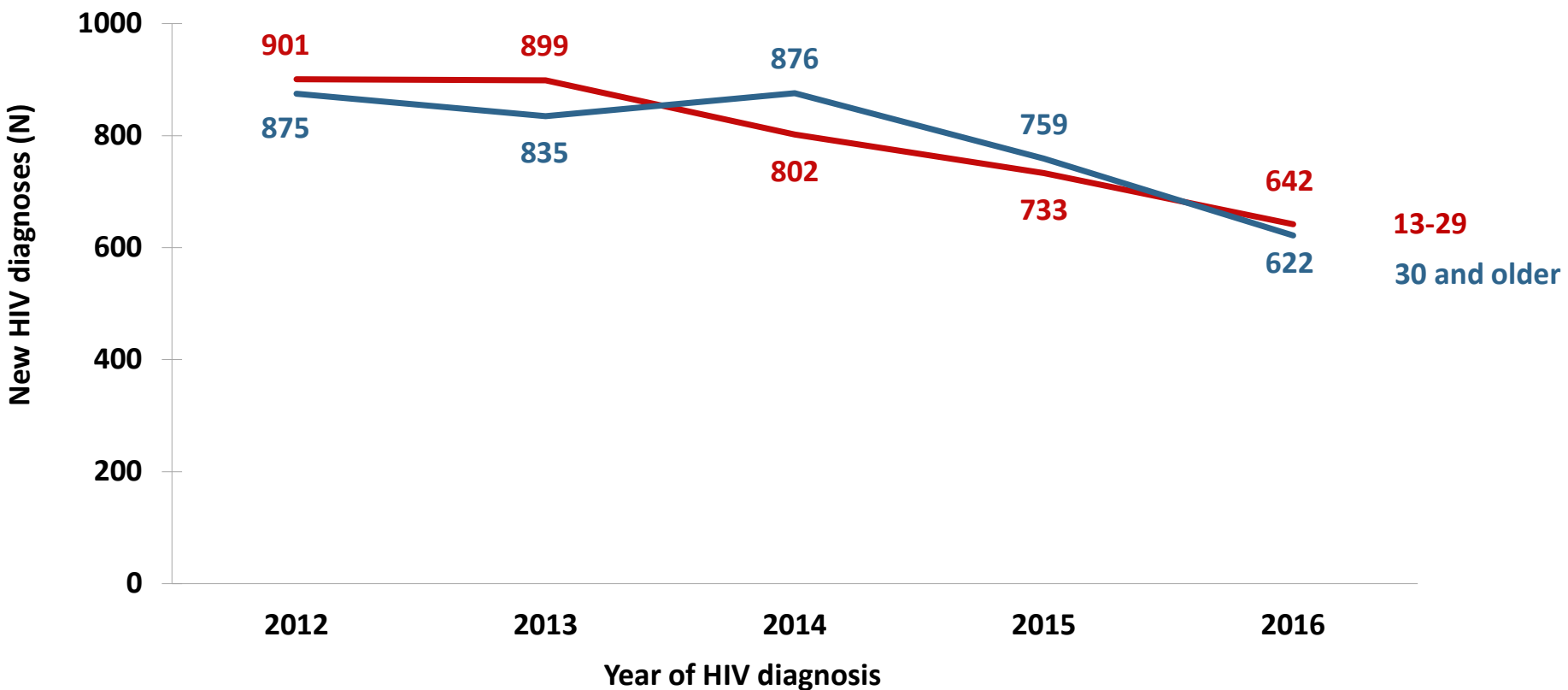
In all NYC boroughs, most HIV diagnoses among males were attributed to MSM transmission risk in 2016. Manhattan had the largest number of MSM diagnoses.

Perinatal (N=0), Transgender people with sexual contact (N=0), and Unknown (N=422) transmission risks not shown but included in total N by borough. Males include transgender men.

¹Includes MSM-IDU risk category.

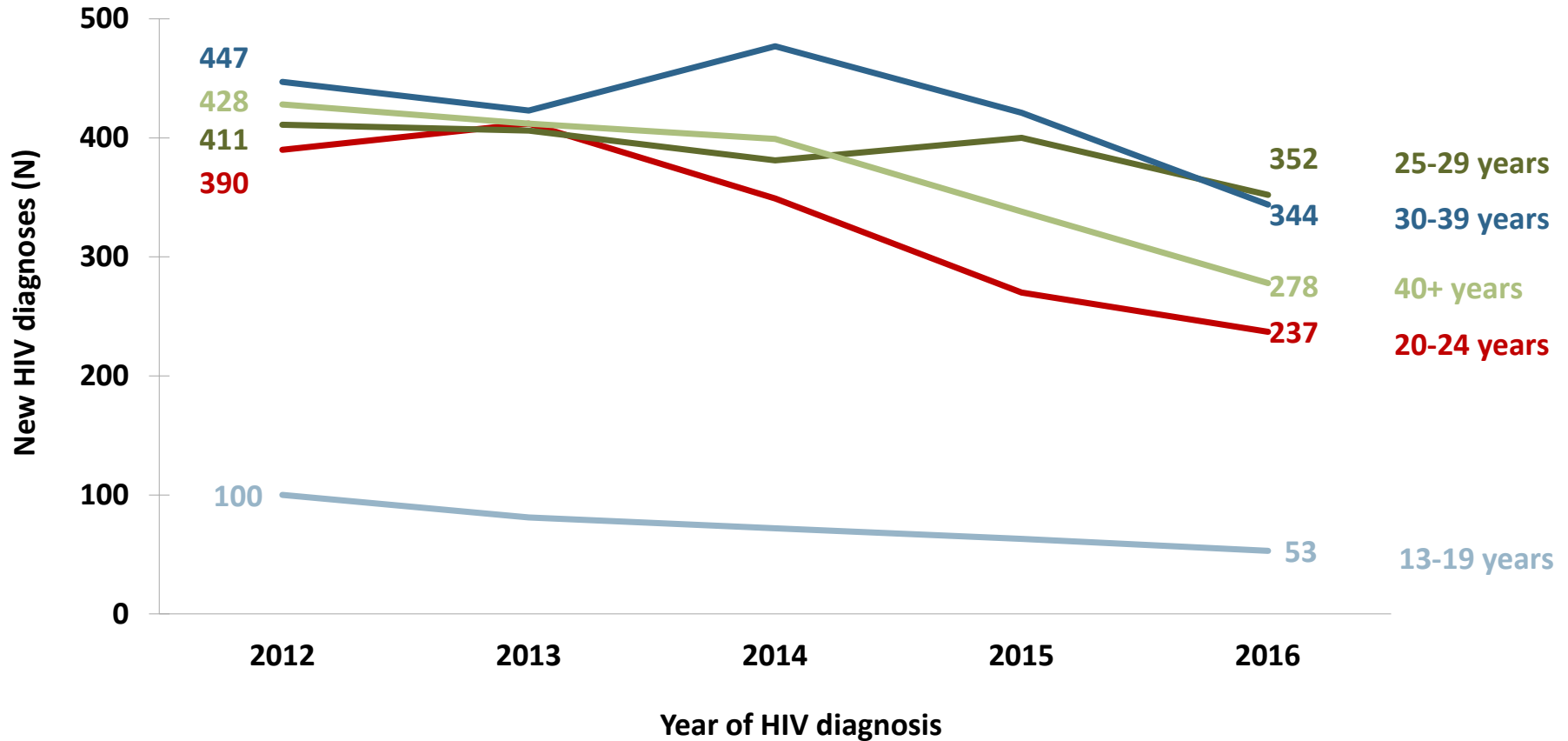
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.

NUMBER OF NEW HIV DIAGNOSES AMONG MSM¹ BY AGE IN NYC, 2012-2016



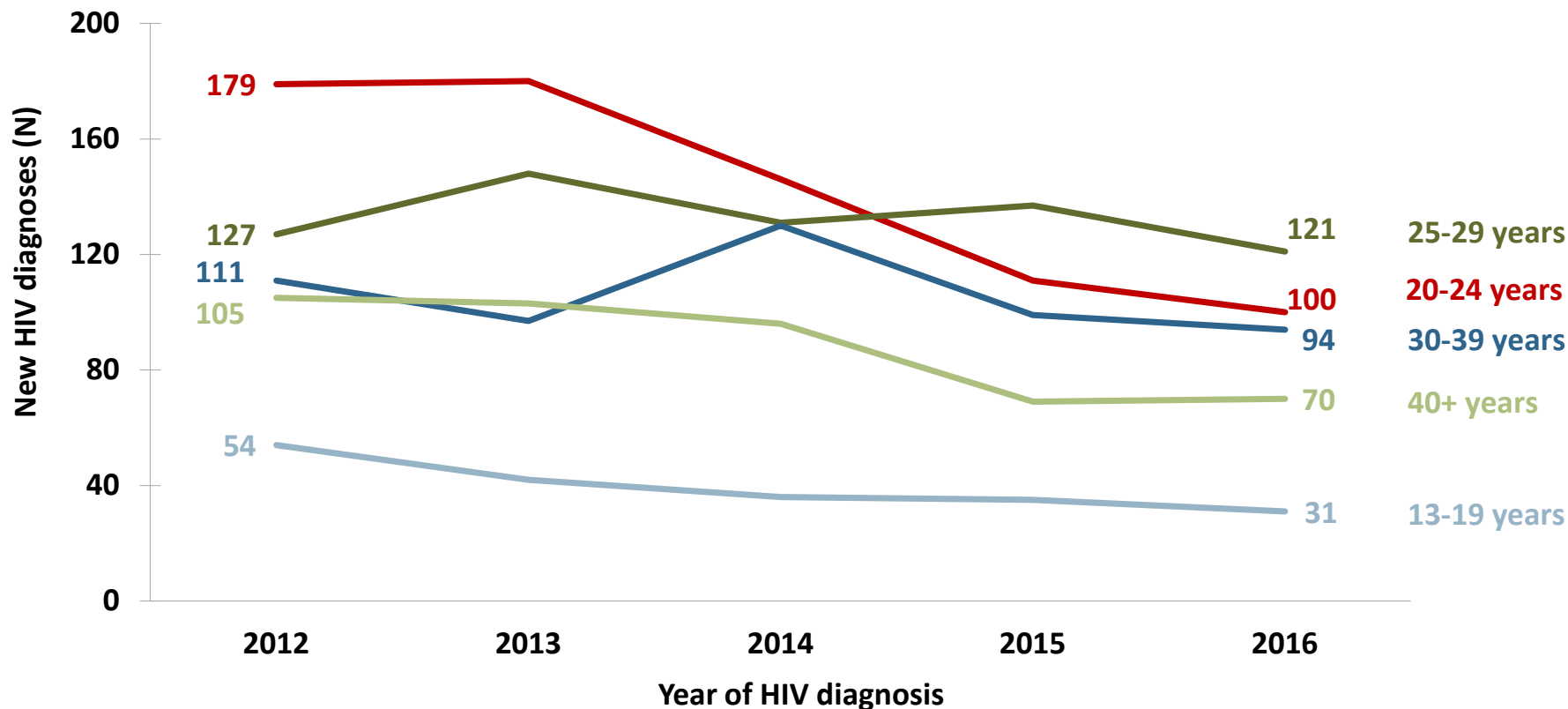
Numbers of new diagnoses decreased among MSM of all ages between 2012 and 2016. In 2016, the number of new diagnoses among MSM ages 13-29 was similar to MSM ages 30 and older.

NUMBER OF NEW HIV DIAGNOSES AMONG MSM¹ BY AGE IN NYC, 2012-2016



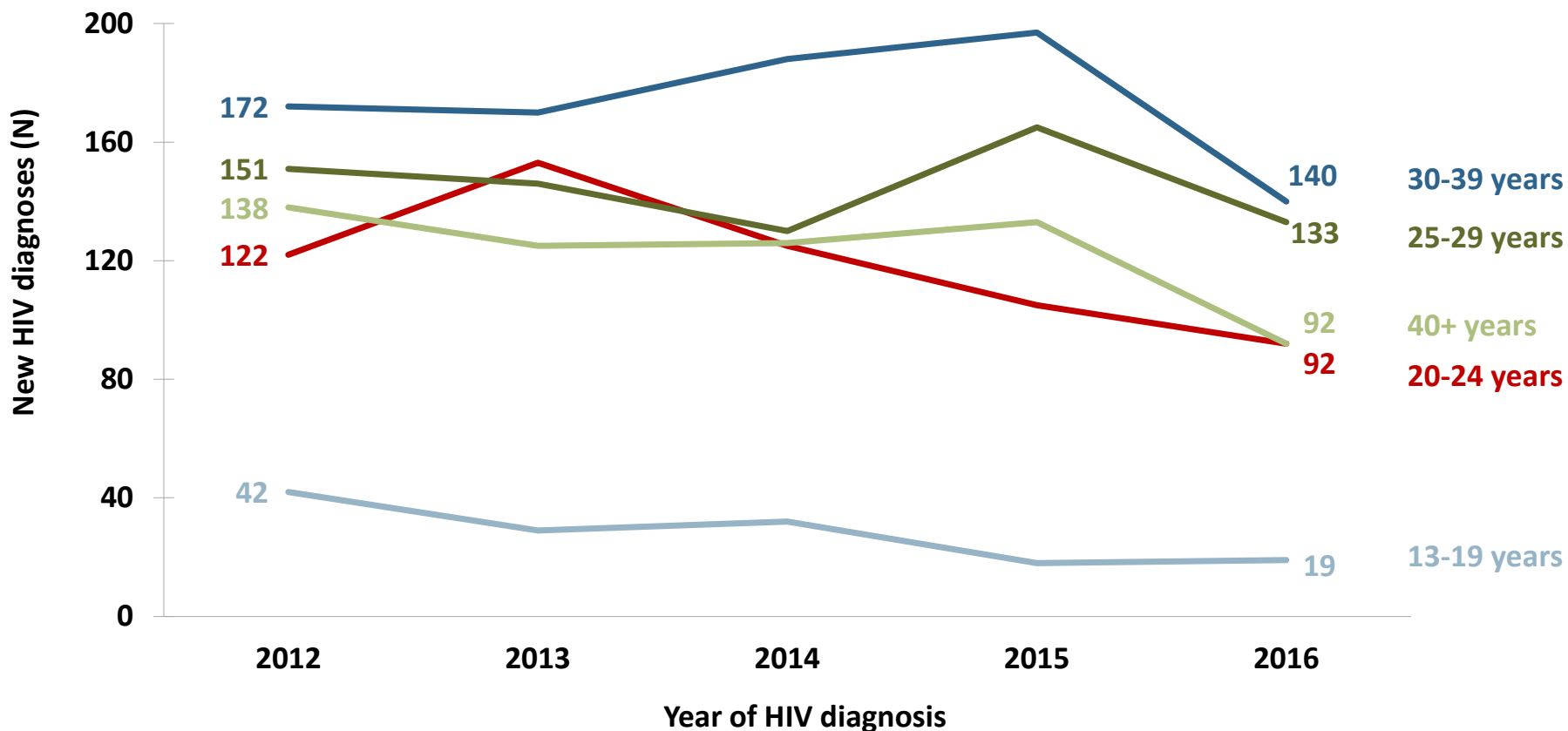
Between 2012 and 2016, numbers of new HIV diagnoses among MSM decreased among all age groups, with MSM ages 25-39 having the highest numbers in 2016.

NUMBER OF NEW HIV DIAGNOSES AMONG BLACK MSM¹ BY AGE IN NYC, 2012-2016



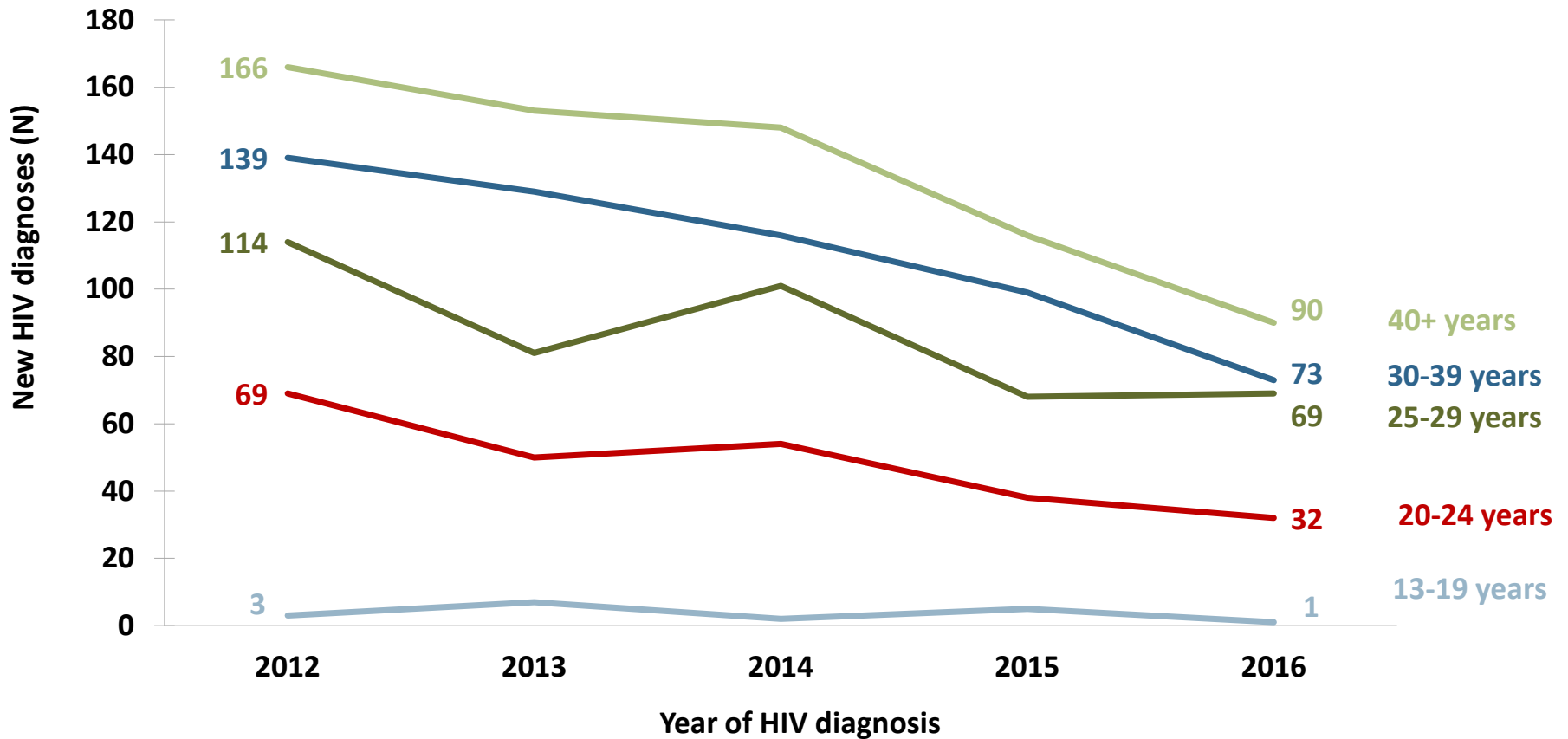
Overall between 2012 and 2016, new HIV diagnoses among Black MSM decreased, with the biggest decrease among those ages 20-24. In 2015 and 2016, the highest number of new diagnoses was among those ages 25-29.

NUMBER OF NEW HIV DIAGNOSES AMONG LATINO/HISPANIC MSM¹ BY AGE IN NYC, 2012-2016



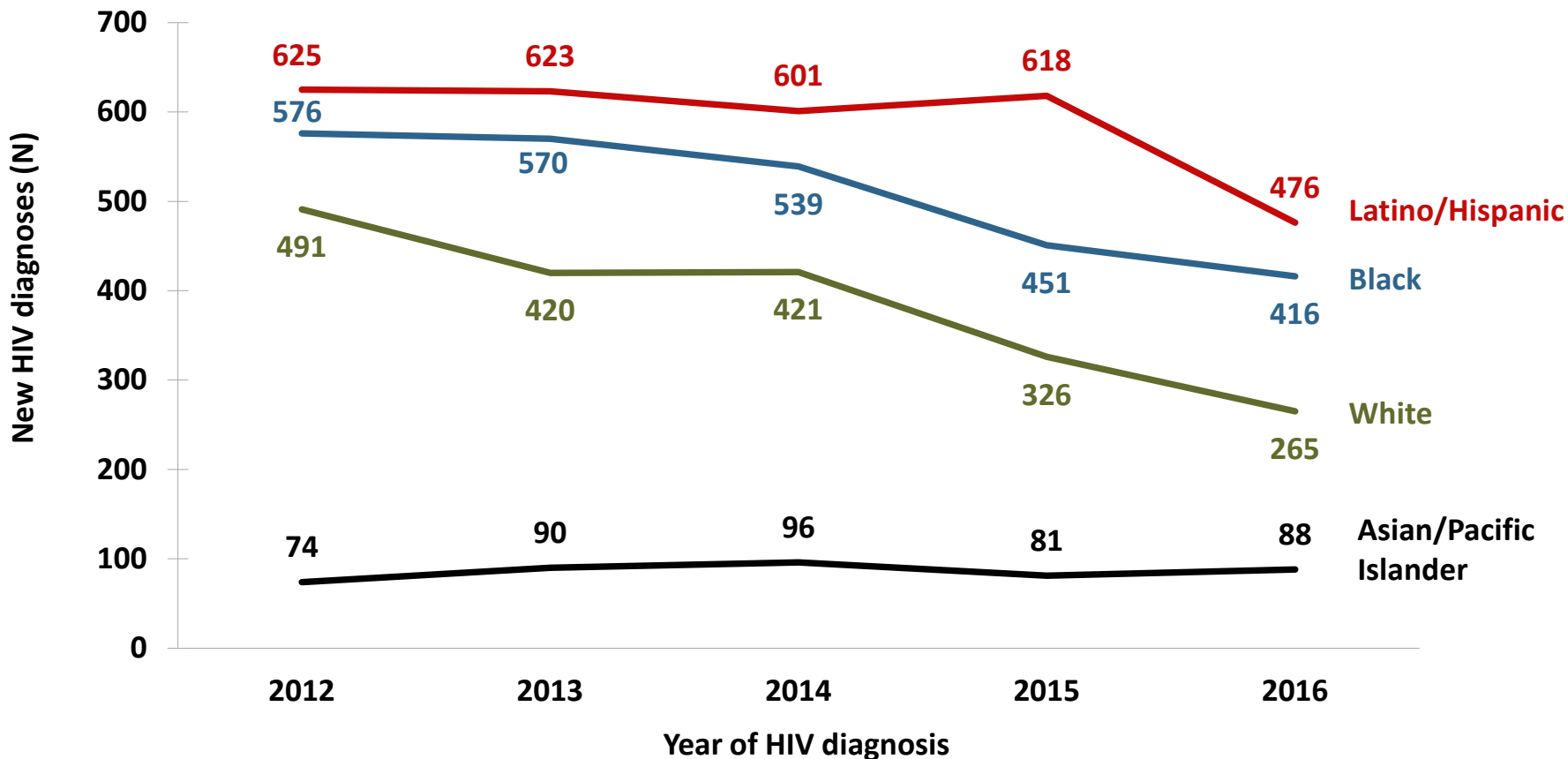
Overall between 2012 and 2016, new HIV diagnoses among Latino/Hispanic MSM decreased. Among those ages 25 and older, the numbers increased in 2015 and then decreased in 2016.

NUMBER OF NEW HIV DIAGNOSES AMONG WHITE MSM¹ BY AGE IN NYC, 2012-2016



Overall between 2012 and 2016, new HIV diagnoses among White MSM decreased. During this period, the highest number was consistently among those ages 40 and older.

NUMBER OF NEW HIV DIAGNOSES AMONG MSM¹ BY RACE/ETHNICITY IN NYC, 2012-2016



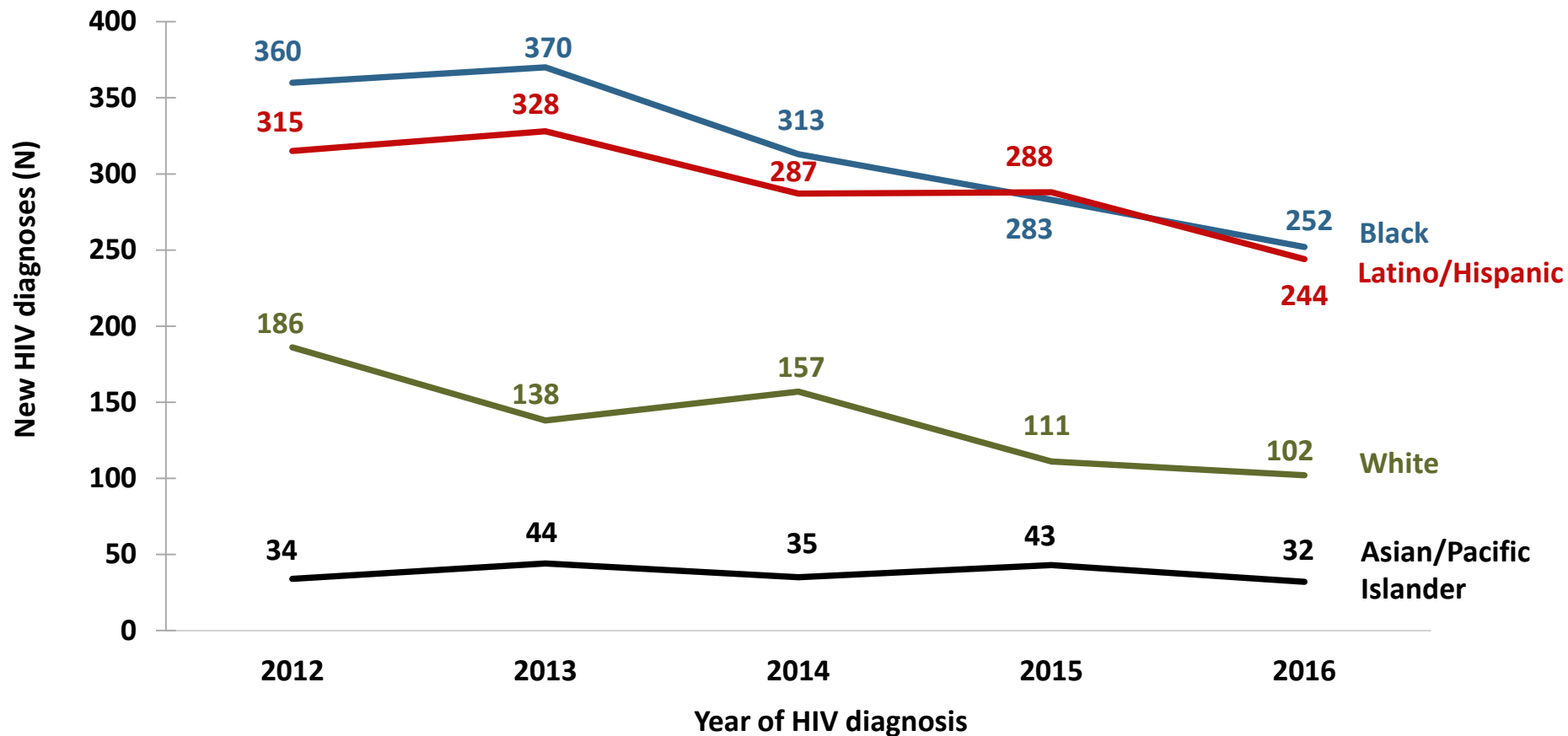
Since 2012, HIV diagnoses have decreased among Black, Latino/Hispanic, and White MSM and have been relatively stable among Asian/Pacific Islander MSM.

¹Includes MSM-IDU risk category.

Native American and multiracial groups not shown due to small numbers. In NYC in 2016, there were N=6 Native American and N=17 multiracial men newly diagnosed with HIV.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.

NUMBER OF NEW HIV DIAGNOSES AMONG YOUNG MSM¹ BY RACE/ETHNICITY IN NYC, 2012-2016



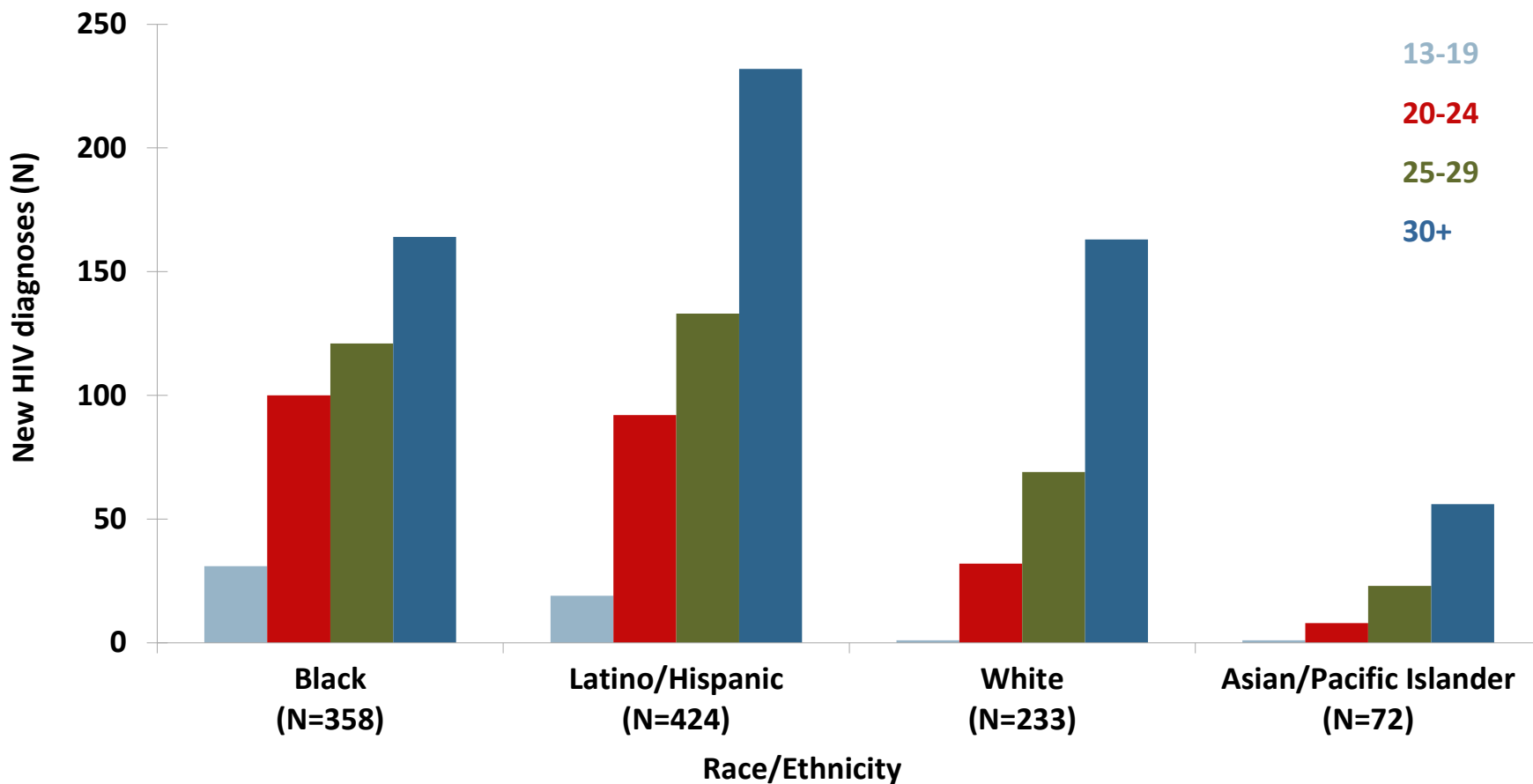
Between 2012 and 2016, HIV diagnoses decreased overall among Black, Latino/Hispanic, and White young MSM¹ and remained stable among Asian/Pacific Islander young MSM.

¹Young 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 2016, there were N=6 Native American and N=17 multiracial men newly diagnosed with HIV.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.

NUMBER OF NEW HIV DIAGNOSES AMONG MSM¹ BY RACE/ETHNICITY AND AGE IN NYC, 2016



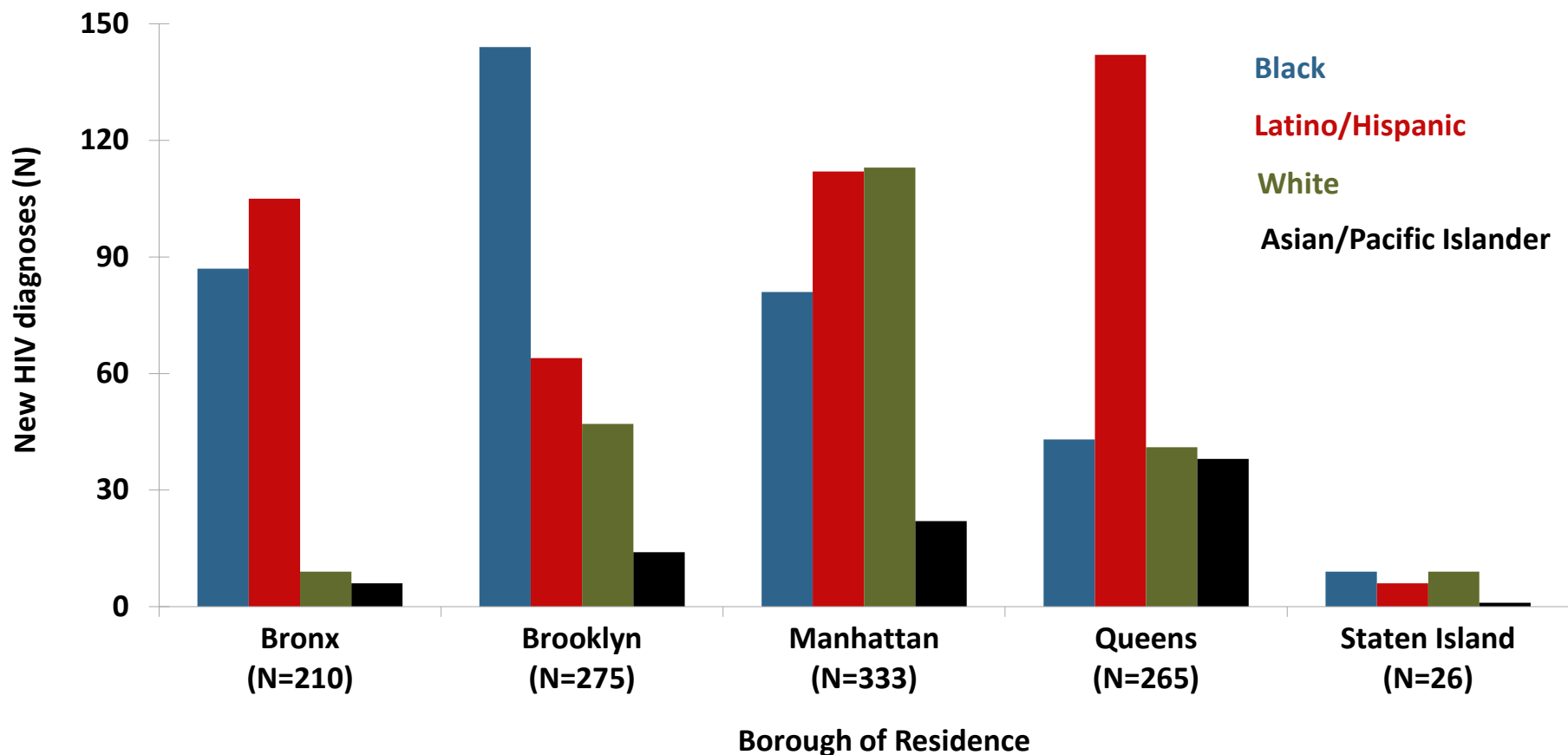
Young MSM accounted for a larger proportion of new HIV diagnoses among MSM of color, particularly Black MSM, compared with White MSM in NYC in 2016.

¹Includes MSM-IDU risk category.

Native American and multiracial groups not shown due to small numbers. In NYC in 2016, there were N=6 Native American and N=17 multiracial men newly diagnosed with HIV.

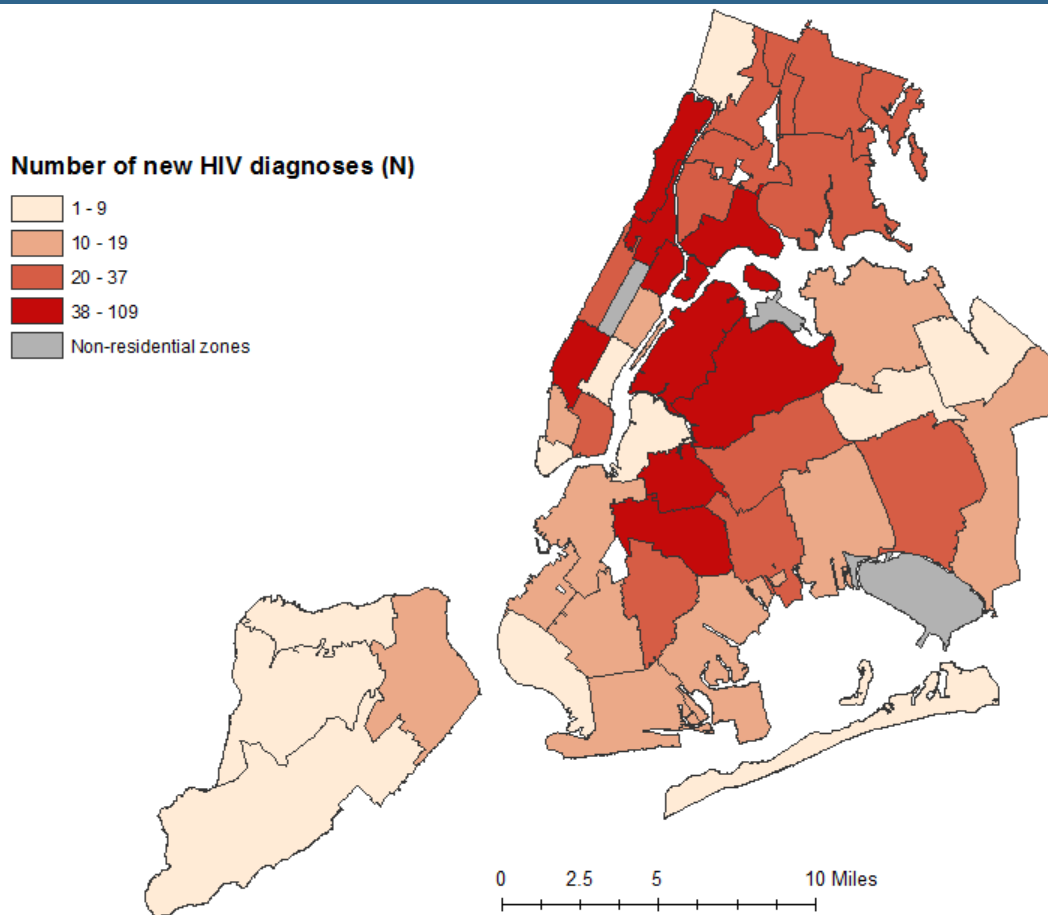
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NUMBER OF NEW HIV DIAGNOSES AMONG MSM¹ BY BOROUGH AND RACE/ETHNICITY IN NYC, 2016



In the Bronx and Queens, the largest number of MSM diagnoses was among Latino/Hispanic MSM, whereas in Brooklyn, the largest number was among Black MSM.

MAP OF NEW HIV DIAGNOSES AMONG MSM¹ BY UHF NEIGHBORHOOD IN NYC, 2016



The neighborhoods with the highest numbers of new MSM HIV diagnoses were West Queens², Bedford Stuyvesant-Crown Heights, Chelsea-Clinton, Washington Heights-Inwood, and Central Harlem-Morningside Heights.

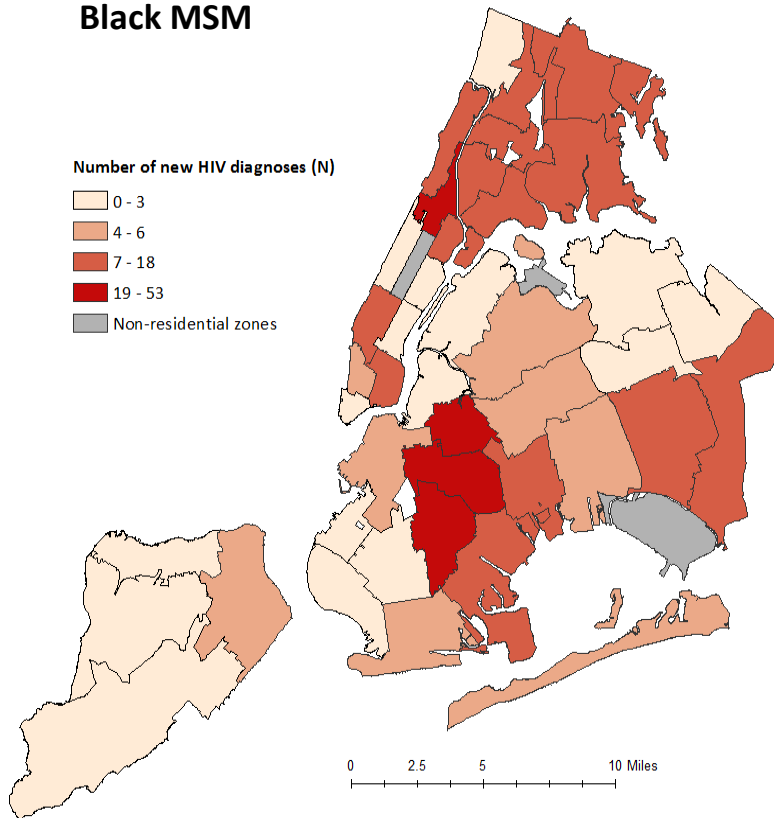
¹Includes MSM-IDU risk category.

²Rikers Island is classified with the UHF neighborhood of West Queens.

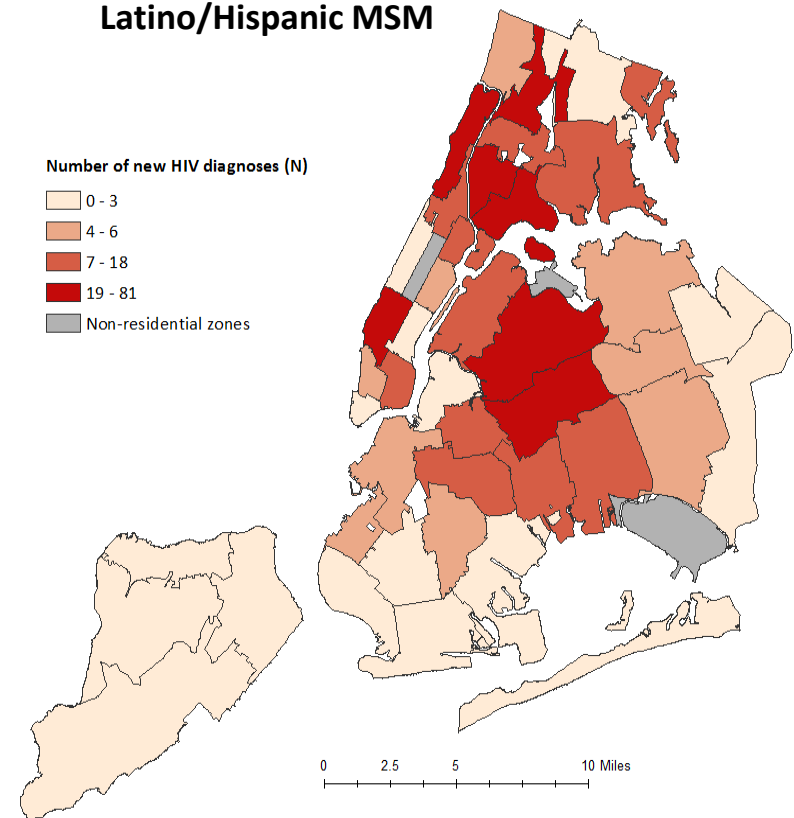
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MAP OF NEW HIV DIAGNOSES AMONG BLACK AND LATINO/HISPANIC MSM¹ BY UHF NEIGHBORHOOD, 2016

Black MSM



Latino/Hispanic MSM



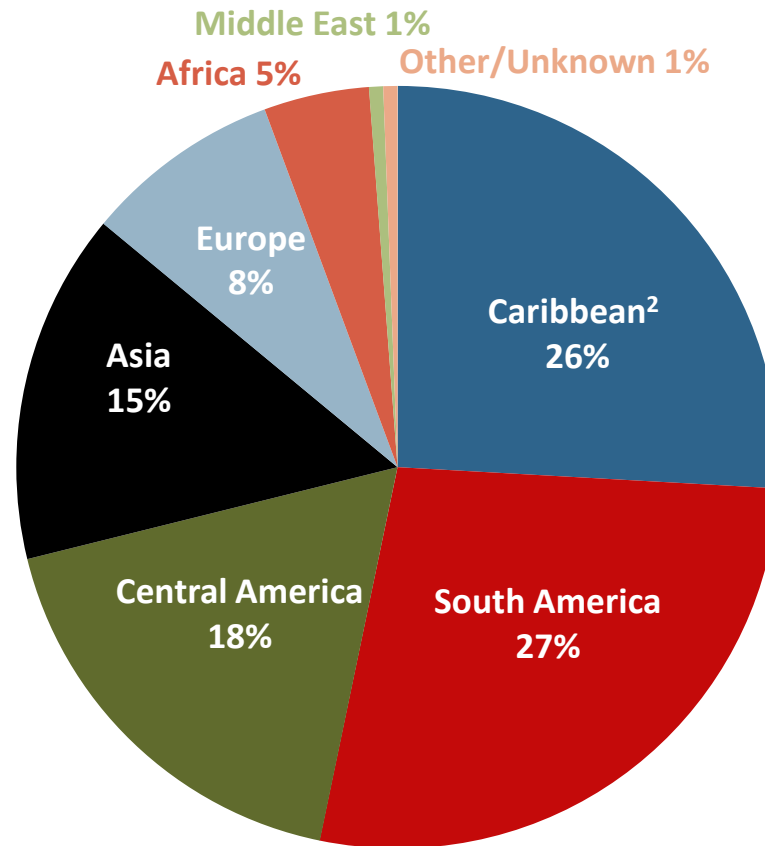
The neighborhoods with the highest numbers of new HIV diagnoses among Black MSM were Bedford Stuyvesant-Crown Heights, East Flatbush-Flatbush, and Central Harlem-Morningside Heights, while among Latino/Hispanic MSM, neighborhoods with the most new diagnoses were West Queens², Washington Heights-Inwood, and Fordham-Bronx Park.

¹Includes MSM-IDU risk category.

²Rikers 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, 2017.

PERCENTAGE OF NEW HIV DIAGNOSES AMONG FOREIGN-BORN MSM¹ BY REGION OF BIRTH, NYC, 2016



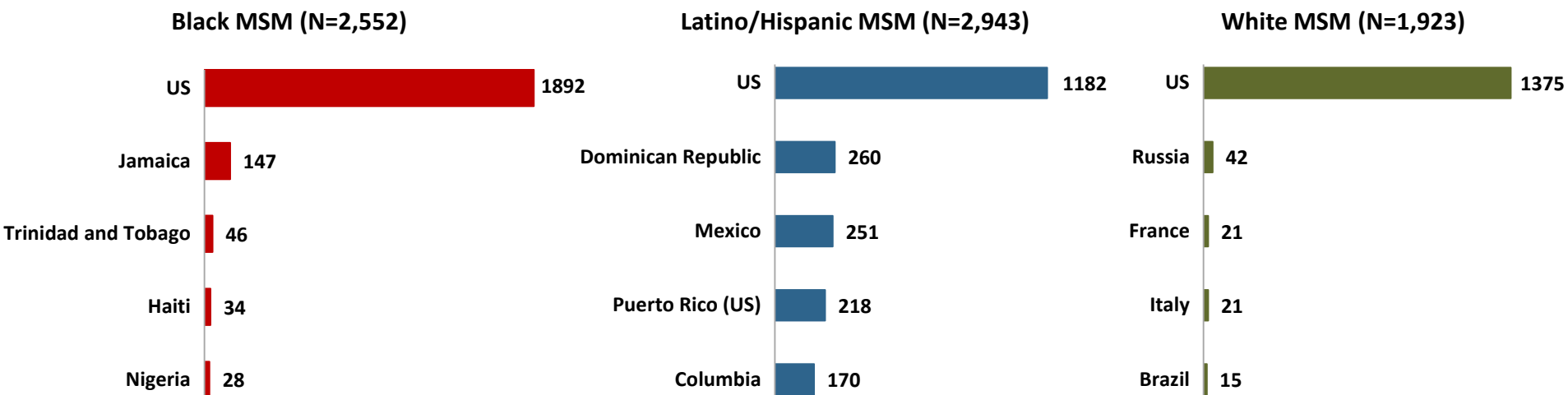
The foreign-born accounted for 29% of new HIV diagnoses overall and 27% among new MSM diagnoses. The Caribbean² and Central and South America accounted for 74% of new HIV diagnoses among foreign-born MSM in 2016.

¹Includes MSM-IDU risk category.

²Excludes Puerto Rico and the US Virgin Islands.

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TOP COUNTRIES OF BIRTH AMONG NEWLY DIAGNOSED MSM¹ BY RACE/ETHNICITY IN NYC, 2012-2016



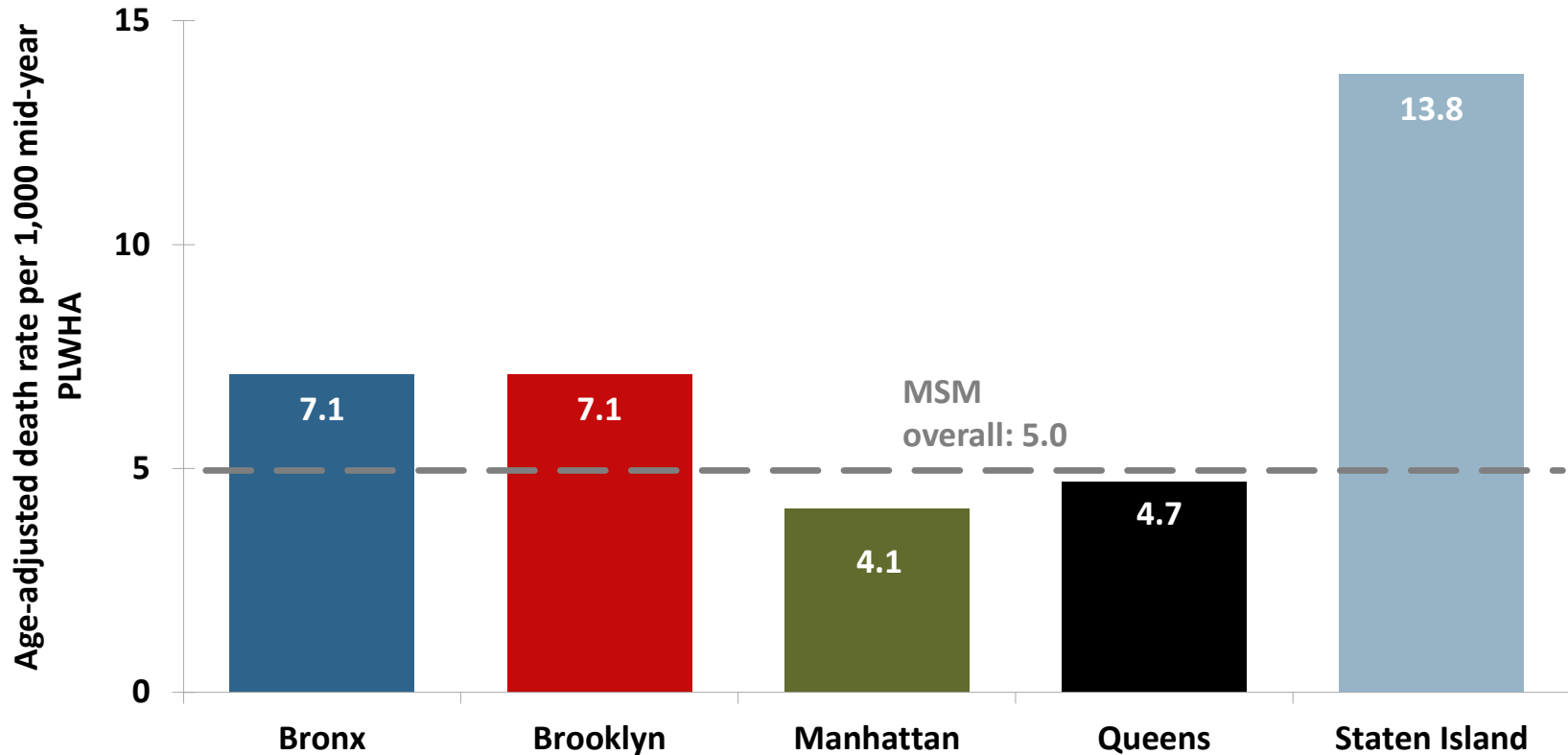
Between 2012 and 2016, Jamaica, the Dominican Republic, and Russia were the second leading countries of birth for newly diagnosed Black, Latino/Hispanic, and White MSM, respectively. The US accounted for the most diagnoses among all groups.

¹Includes MSM-IDU risk category.

Native American and multiracial groups not shown due to small numbers. In NYC in 2016, there were N=6 Native American and N=17 multiracial men newly diagnosed with HIV.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.

AGE-ADJUSTED DEATH RATES AMONG MSM¹ WITH HIV/AIDS BY BOROUGH OF RESIDENCE IN NYC, 2016



Staten Island², 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.

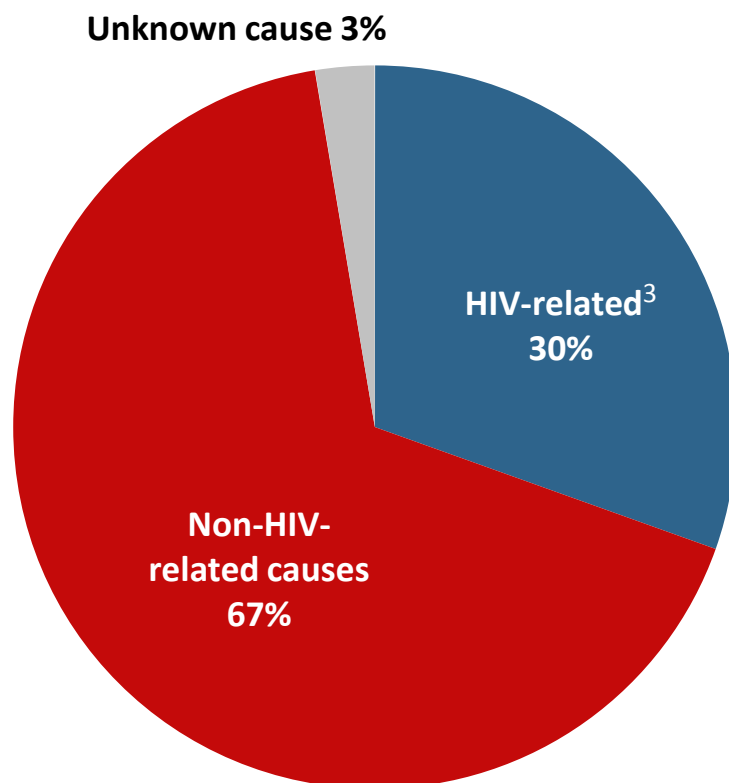
¹Includes MSM-IDU risk category.

²Rate is based on small numbers and should be interpreted with caution.

Rates are age-adjusted to the NYC Census 2010 population. Death data for 2016 are incomplete.

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CAUSES OF DEATH AMONG MSM¹ WITH HIV/AIDS IN NYC, 2015²



In 2015, 67% of deaths among MSM with HIV/AIDS were non-HIV-related. Of these, 31% were caused by non-AIDS-defining cancers, 25% by cardiovascular diseases, 11% by suicide, and 4% by substance abuse.

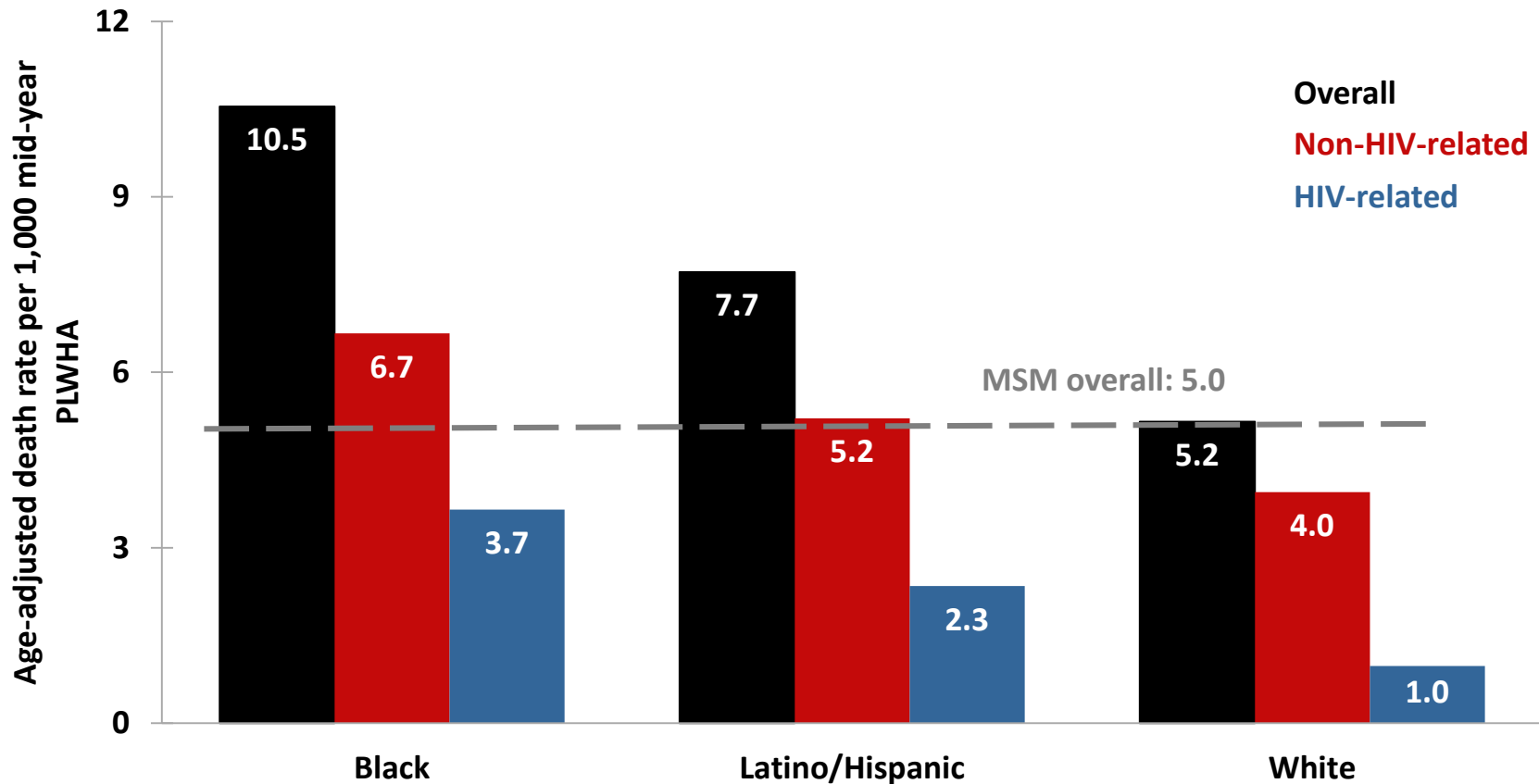
¹Includes MSM-IDU risk category.

²Cause of death data are not yet available for 2016.

³ICD10 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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AGE-ADJUSTED¹ DEATH RATES AMONG MSM² BY RACE/ETHNICITY AND CAUSE OF DEATH IN NYC, 2015



Age-adjusted death rates in 2015 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=10 API, N=2 Native American, and N=2 multiracial MSM who died in 2015.

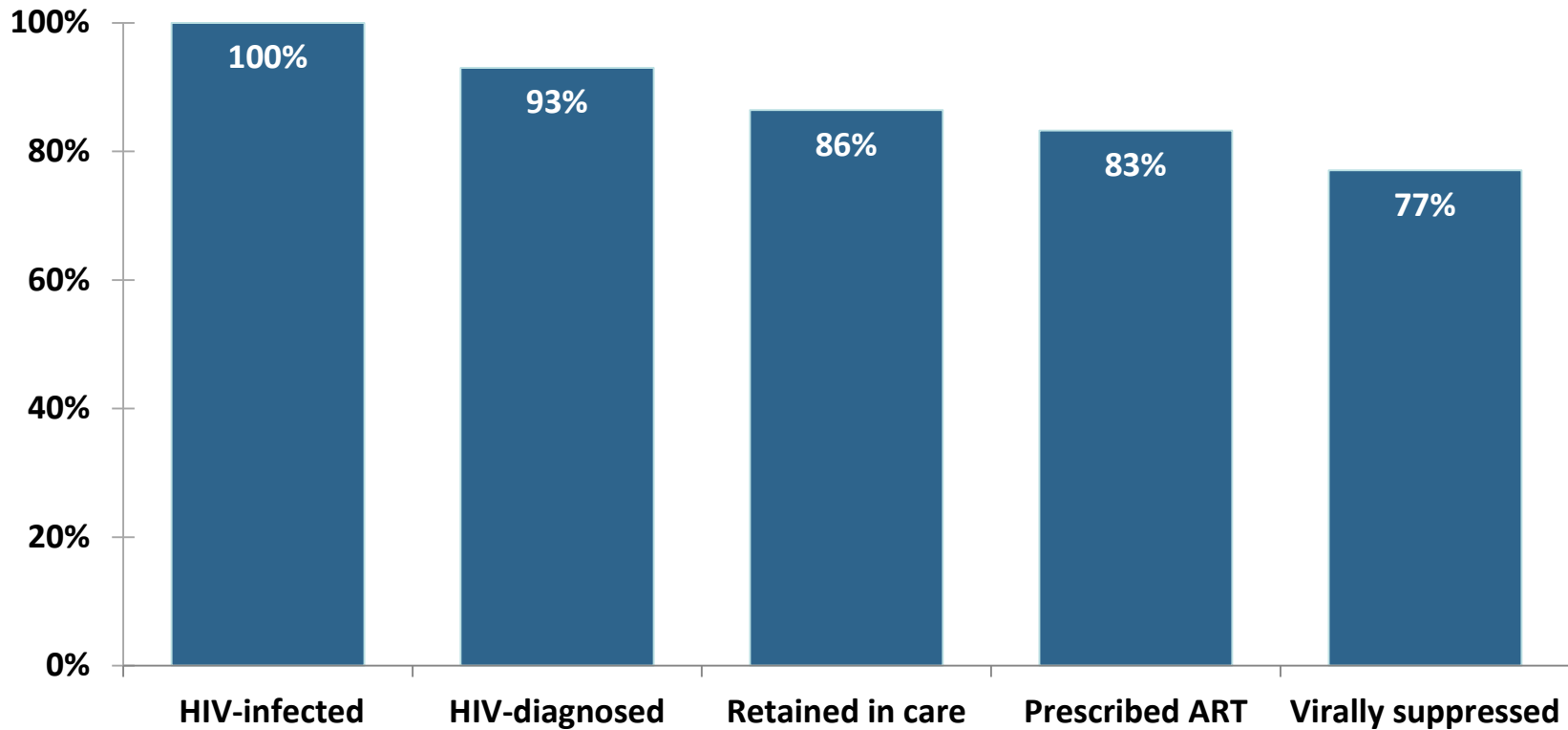
¹Rates are age-adjusted to the NYC 2010 Census population. Death data for 2016 are incomplete.

²Includes 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.

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PROPORTION OF HIV-INFECTED MSM¹ IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2016



Of the approximately 38,000 MSM¹ infected with HIV and living in NYC in 2016, 77% had a suppressed viral load.

¹Includes 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, 2017.

APPENDIX 1:

DEFINITIONS AND STATISTICAL NOTES

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.
- “Male” 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-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.
- The “men who have sex with men” risk category does not include anyone identified as 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.

APPENDIX 2:

TECHNICAL NOTES: NYC HIV CARE CONTINUUM

- “HIV-infected”: 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 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 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 MSM PLWHA prescribed ART in the previous 12 months (96.3%), 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, 2015.
- “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.
 - 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.