

HIV AMONG MEN WHO HAVE SEX WITH MEN (MSM) IN NEW YORK CITY, 2018



HIV Epidemiology 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>

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HIV AMONG MSM¹ IN NYC, 2018

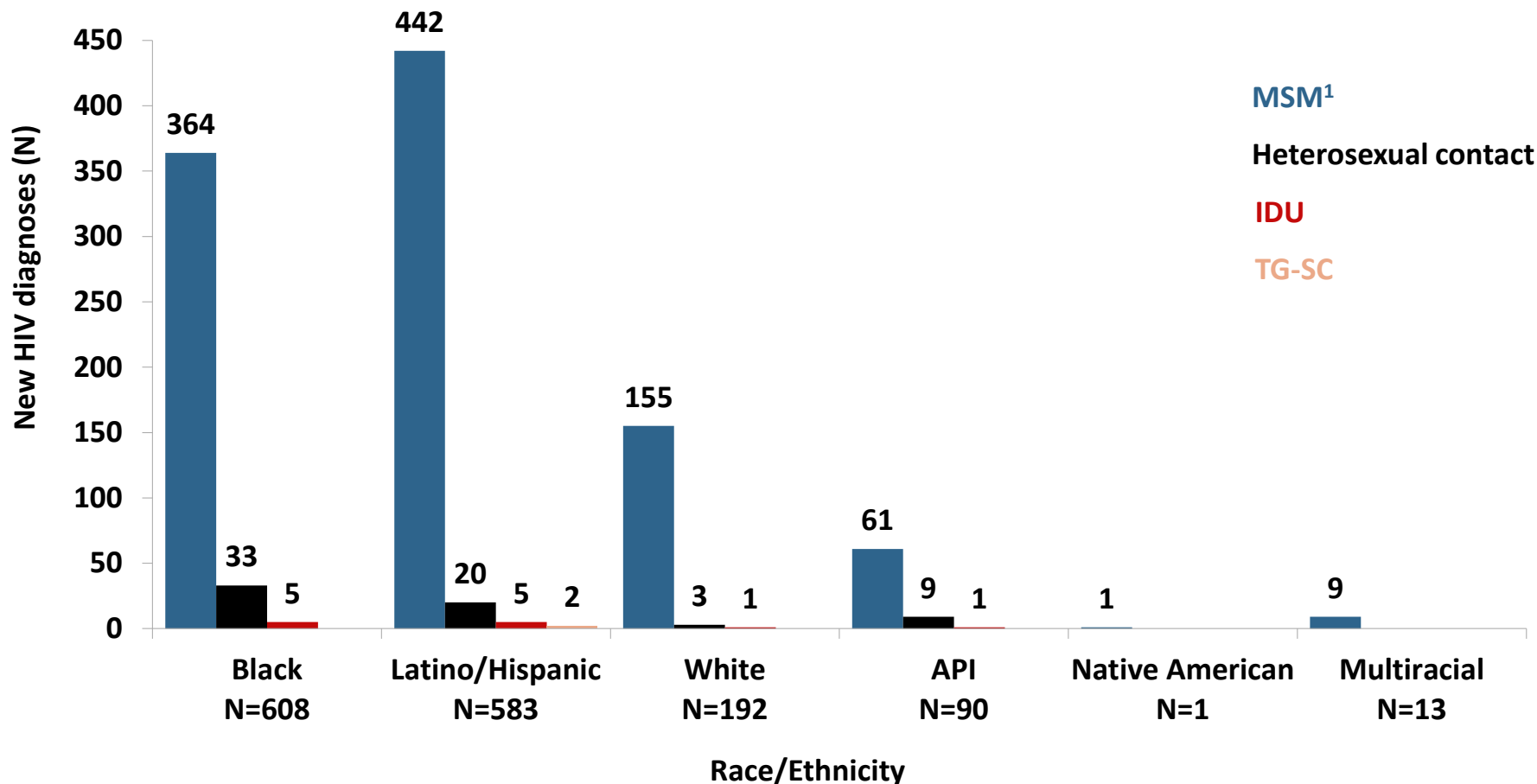
BASIC STATISTICS

- **1,487 new HIV diagnoses among men**
- **1,032 new HIV diagnoses among MSM**
 - 54% of all new diagnoses
 - 69% of new diagnoses among men
 - Includes 166 HIV diagnoses concurrent with an AIDS diagnosis (16%)
- **484 new AIDS diagnoses among MSM**
- **485 deaths among MSM with HIV**
 - 6.6 deaths per 1,000 mid-year MSM living with HIV²

¹MSM risk category includes men who have sex with men and have a history of injection drug use (MSM-IDU) and excludes transgender men. Men include transgender men.

²Death rate is age-adjusted to the NYC Census 2010 population. Death data for 2018 are incomplete. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

NUMBER OF NEW HIV DIAGNOSES AMONG MEN BY RACE/ETHNICITY AND TRANSMISSION RISK IN NYC, 2018



Of all men newly diagnosed with HIV, 80% were Black or Latino/Hispanic MSM. Across races/ethnicities, MSM was the most common risk category among men.

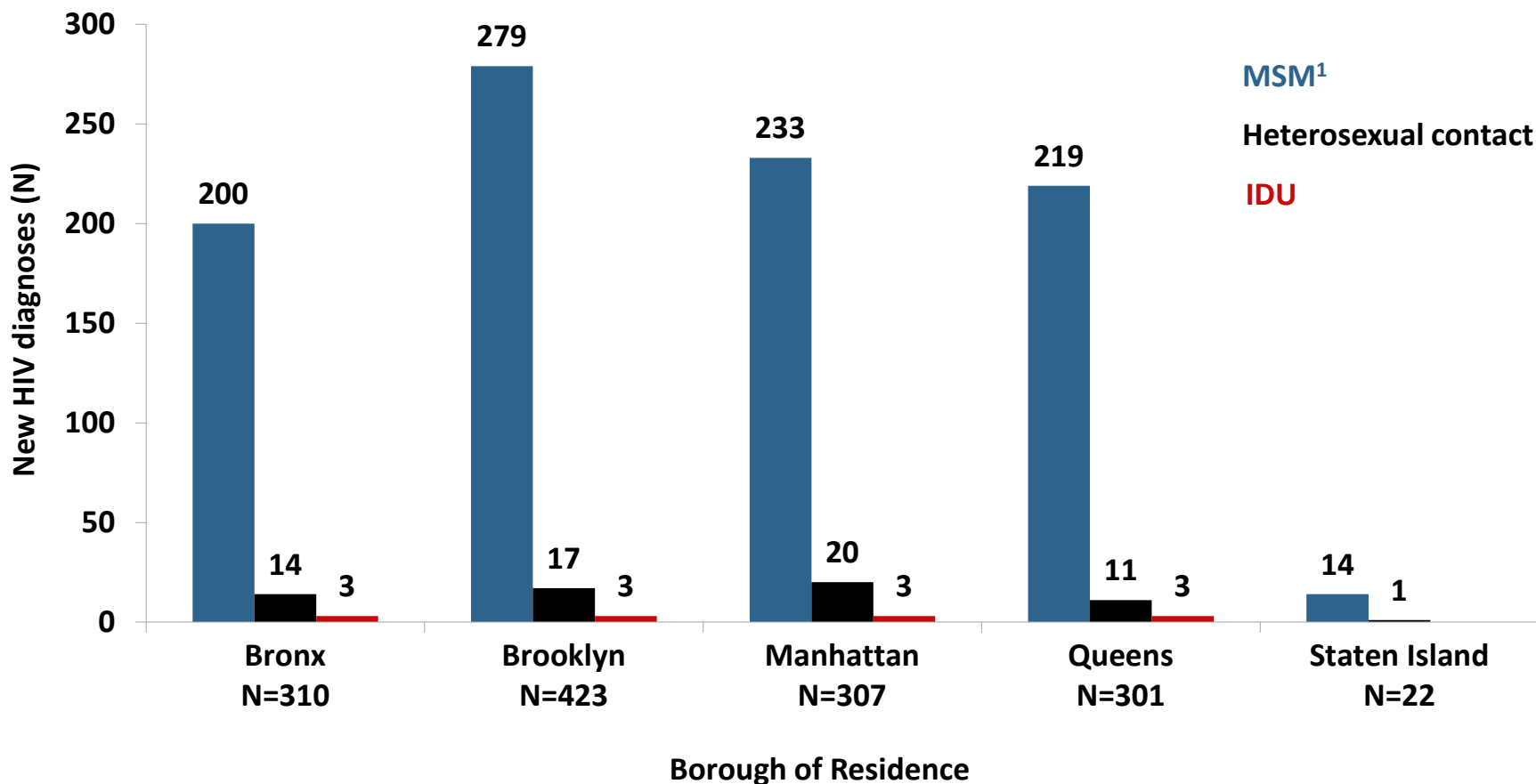
API=Asian/Pacific Islander; TG-SC=transgender people with sexual contact; MSM=men who have sex with men; IDU=injection drug use history.

Perinatal (N=0) and Unknown (N=376) transmission risks not shown but included in total N by race/ethnicity.

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

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

NUMBER OF NEW HIV DIAGNOSES AMONG MEN BY BOROUGH AND TRANSMISSION RISK IN NYC, 2018



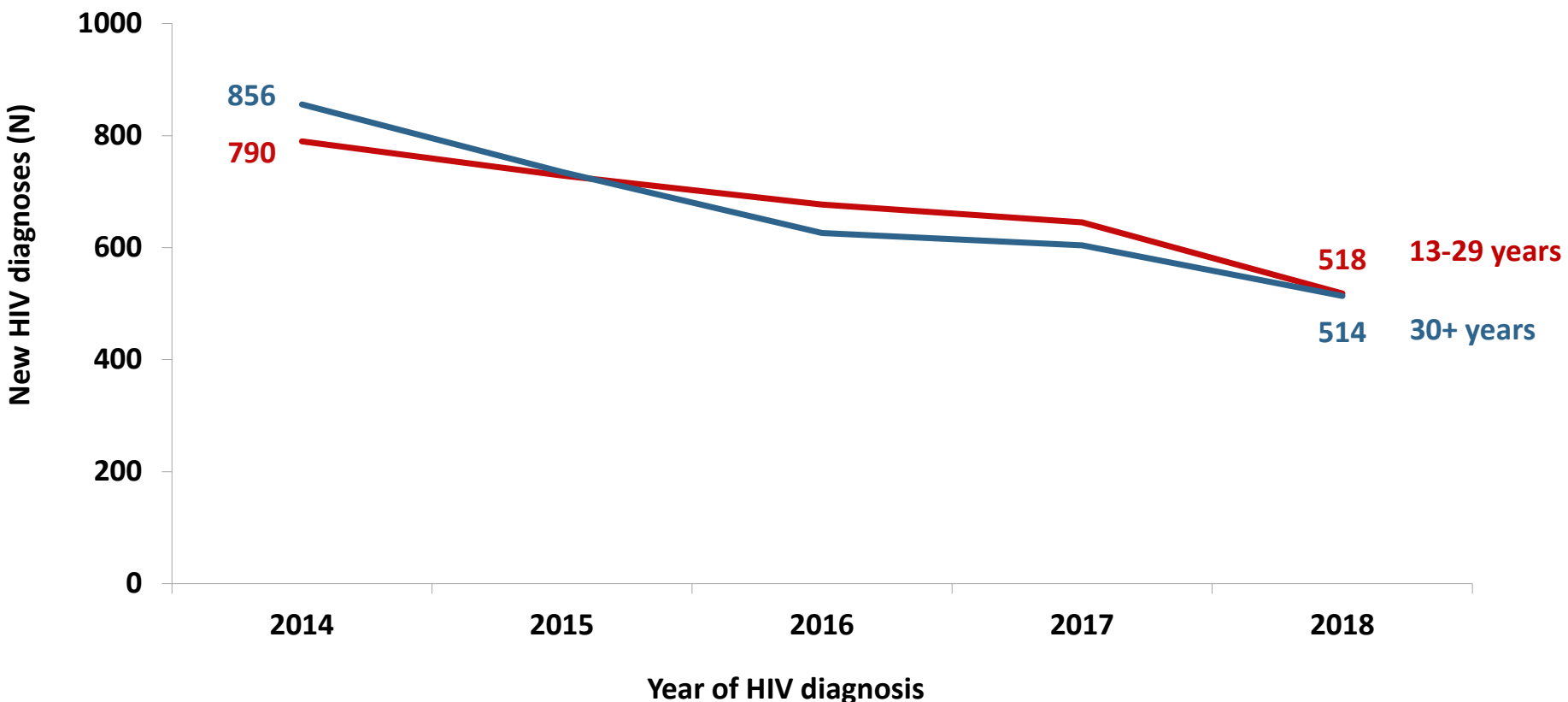
In all NYC boroughs, most HIV diagnoses among men in 2018 were attributed to MSM transmission risk. Brooklyn had the largest number of MSM diagnoses.

Perinatal (N=0) and Unknown (N=376) transmission risks not shown but included in total N by borough. Transgender people with sexual contact (N=2) did not reside in NYC at the time of diagnosis. Men includes transgender men.

¹Includes MSM-IDU risk category.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

NUMBER OF NEW HIV DIAGNOSES AMONG MSM¹ BY AGE IN NYC, 2014-2018

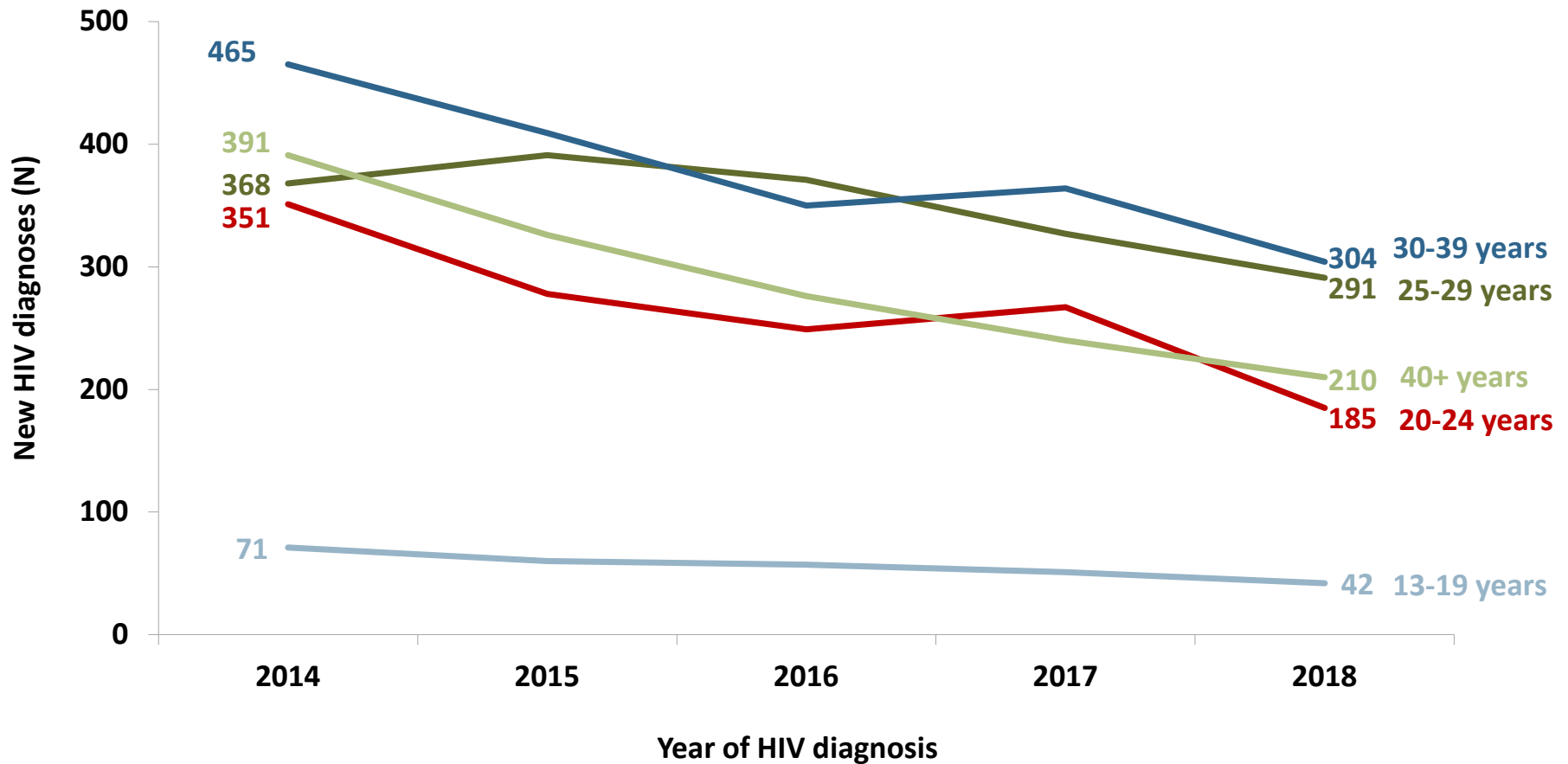


Numbers of new diagnoses decreased among MSM of all ages between 2014 and 2018. In 2018, the number of new diagnoses among MSM ages 13-29 years was similar to the number of new diagnoses among MSM ages 30 years and older.



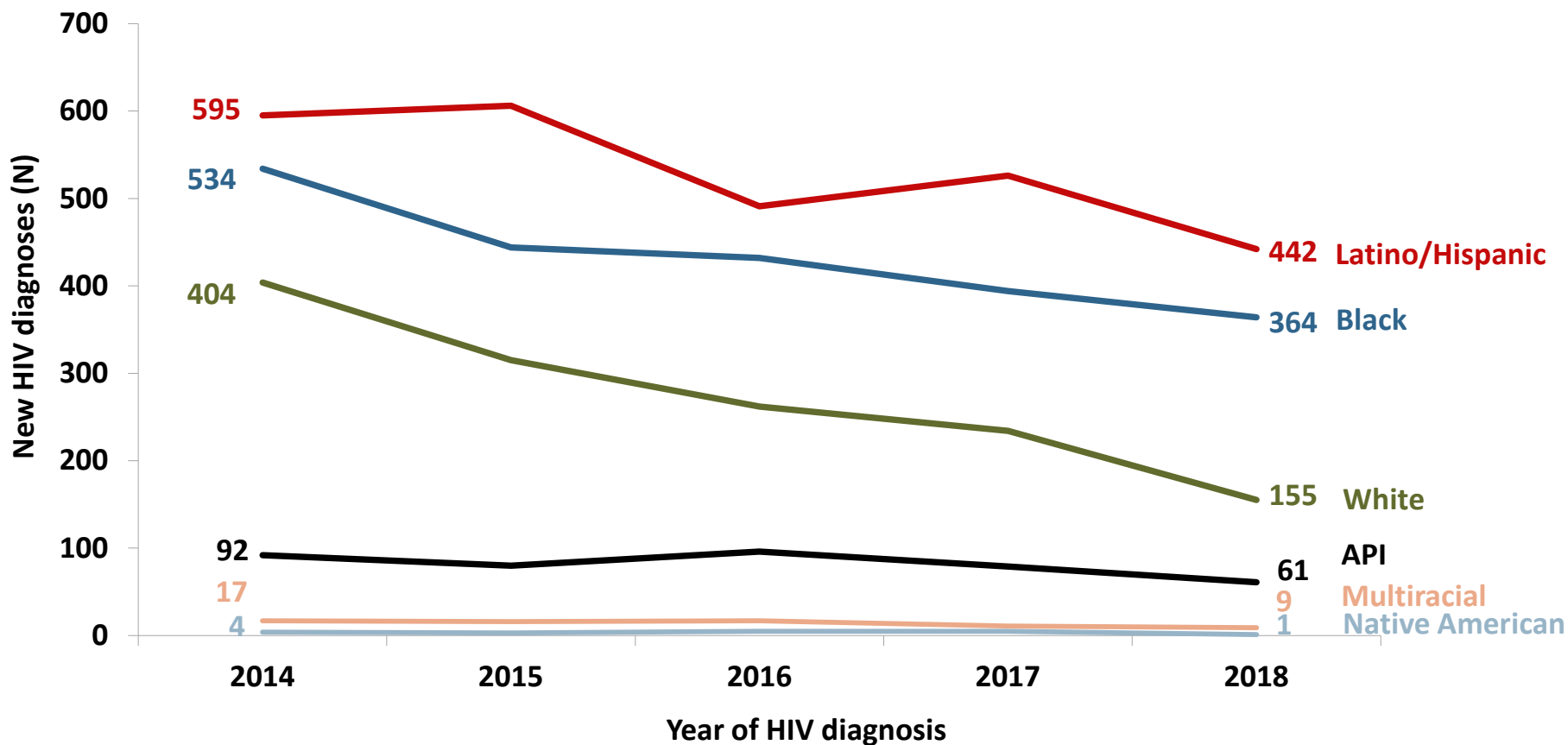
¹Includes MSM-IDU risk category.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

NUMBER OF NEW HIV DIAGNOSES AMONG MSM¹ BY AGE IN NYC, 2014-2018



Between 2014 and 2018, numbers of new HIV diagnoses among MSM decreased among all age groups. MSM ages 30-39 years had the highest number of new diagnoses in 2018.

NUMBER OF NEW HIV DIAGNOSES AMONG MSM¹ BY RACE/ETHNICITY IN NYC, 2014-2018



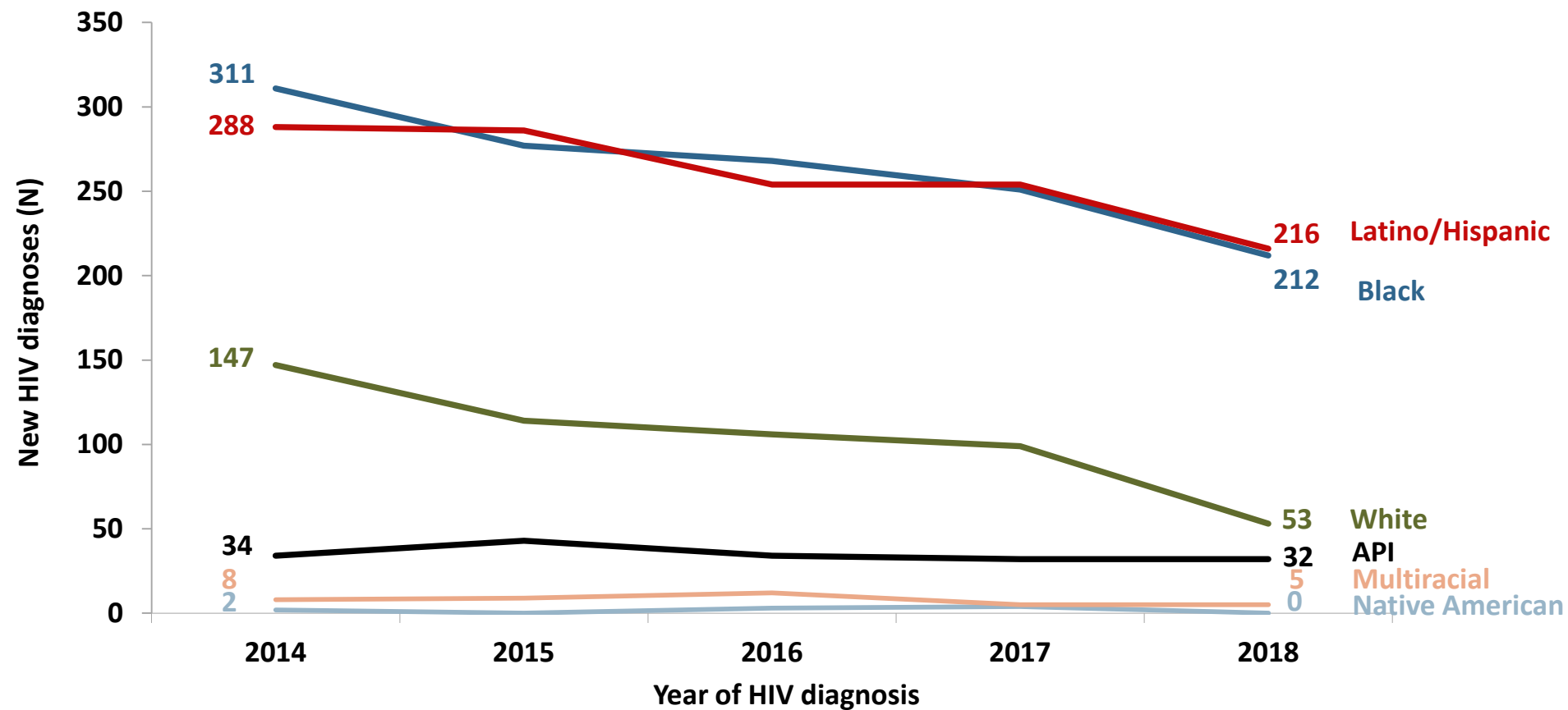
Since 2014, HIV diagnoses have decreased overall among Latino/Hispanic, Black, White, Asian/Pacific Islander, Multiracial, and Native American MSM.

API=Asian/Pacific Islander.

¹Includes MSM-IDU risk category.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

NUMBER OF NEW HIV DIAGNOSES AMONG YOUNG MSM¹ BY RACE/ETHNICITY IN NYC, 2014-2018



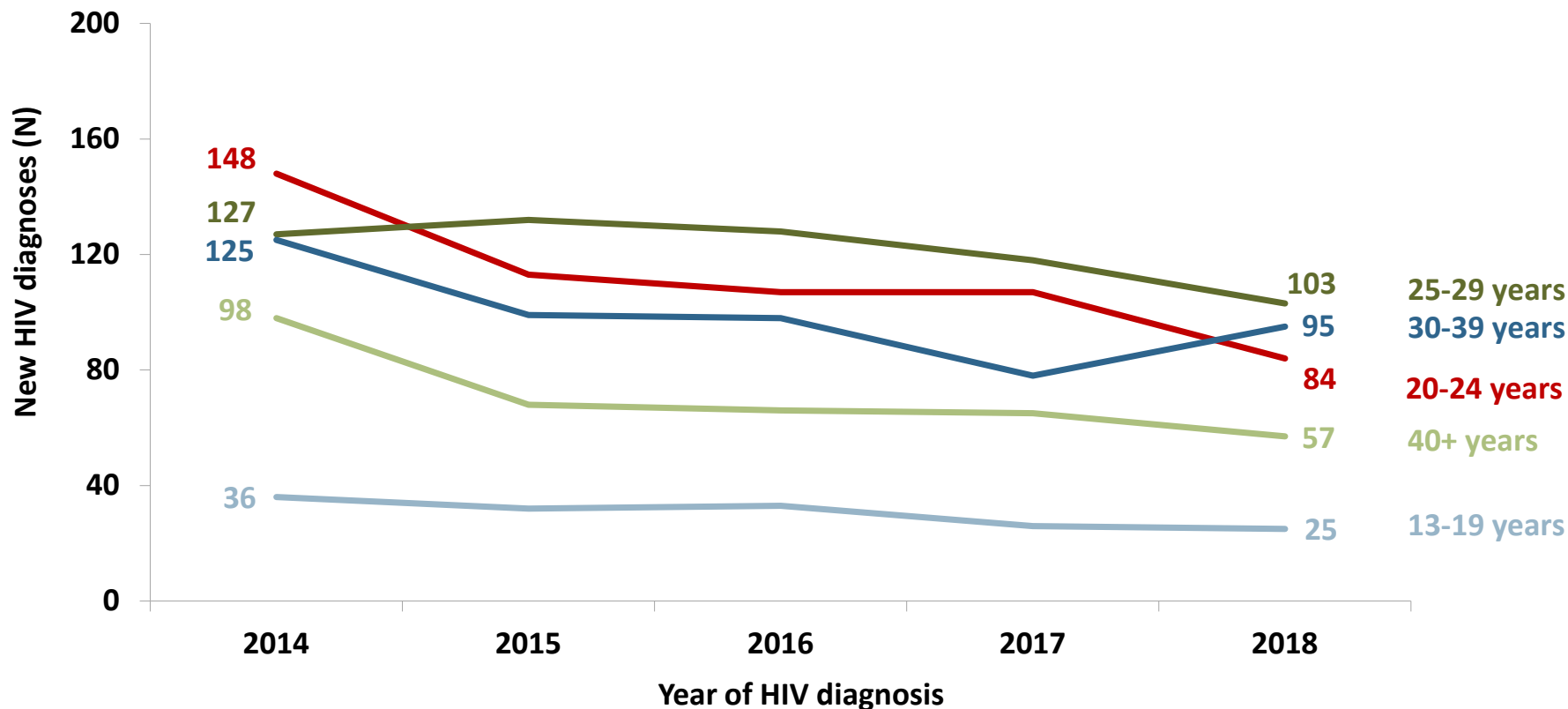
Between 2014 and 2018, HIV diagnoses decreased overall among Black, Latino/Hispanic, and White young MSM¹ but remained stable among Asian/Pacific Islander, Multiracial, and Native American young MSM.

API=Asian/Pacific Islander.

¹Young MSM are those 13-29 years old and includes MSM-IDU risk category.

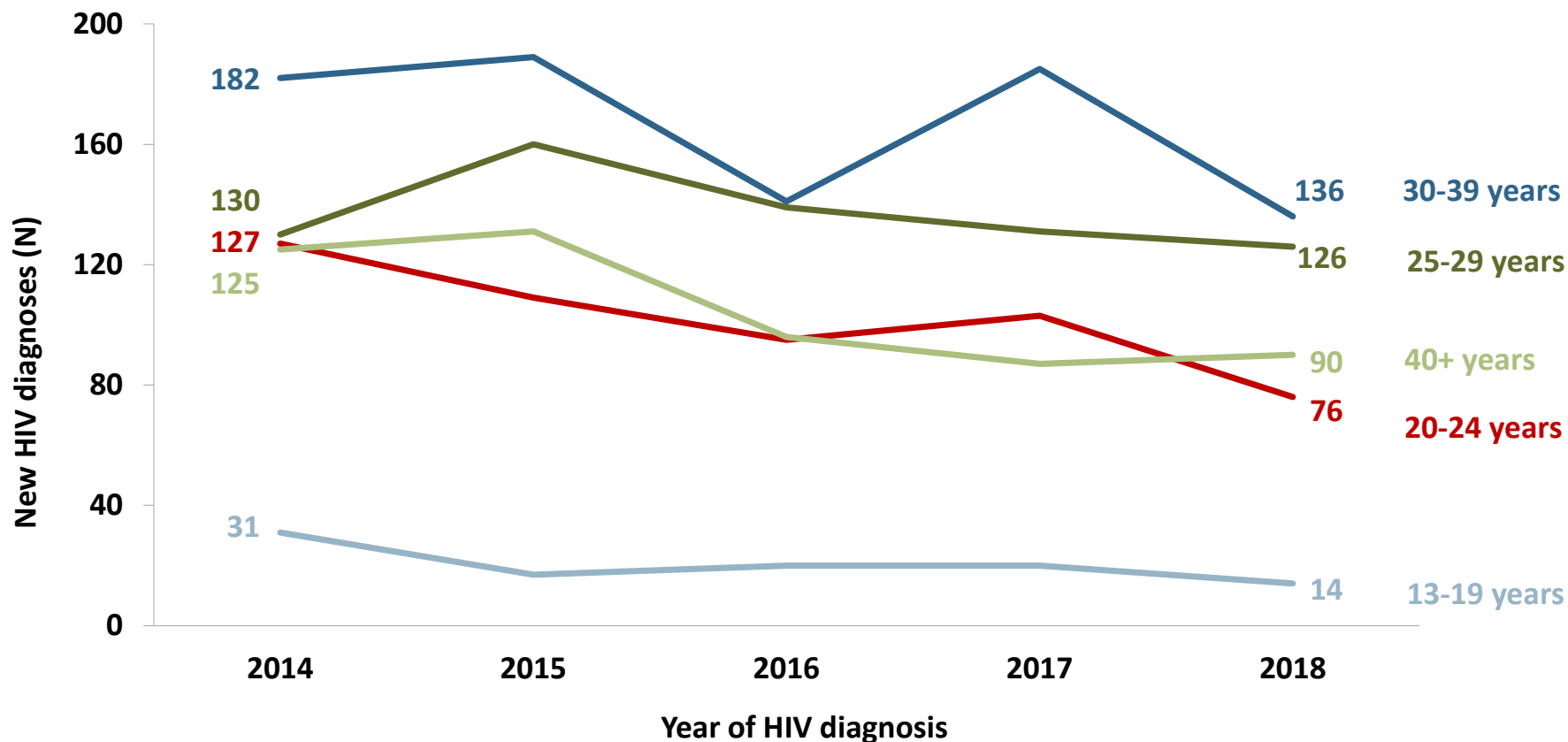
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

NUMBER OF NEW HIV DIAGNOSES AMONG BLACK MSM¹ BY AGE IN NYC, 2014-2018



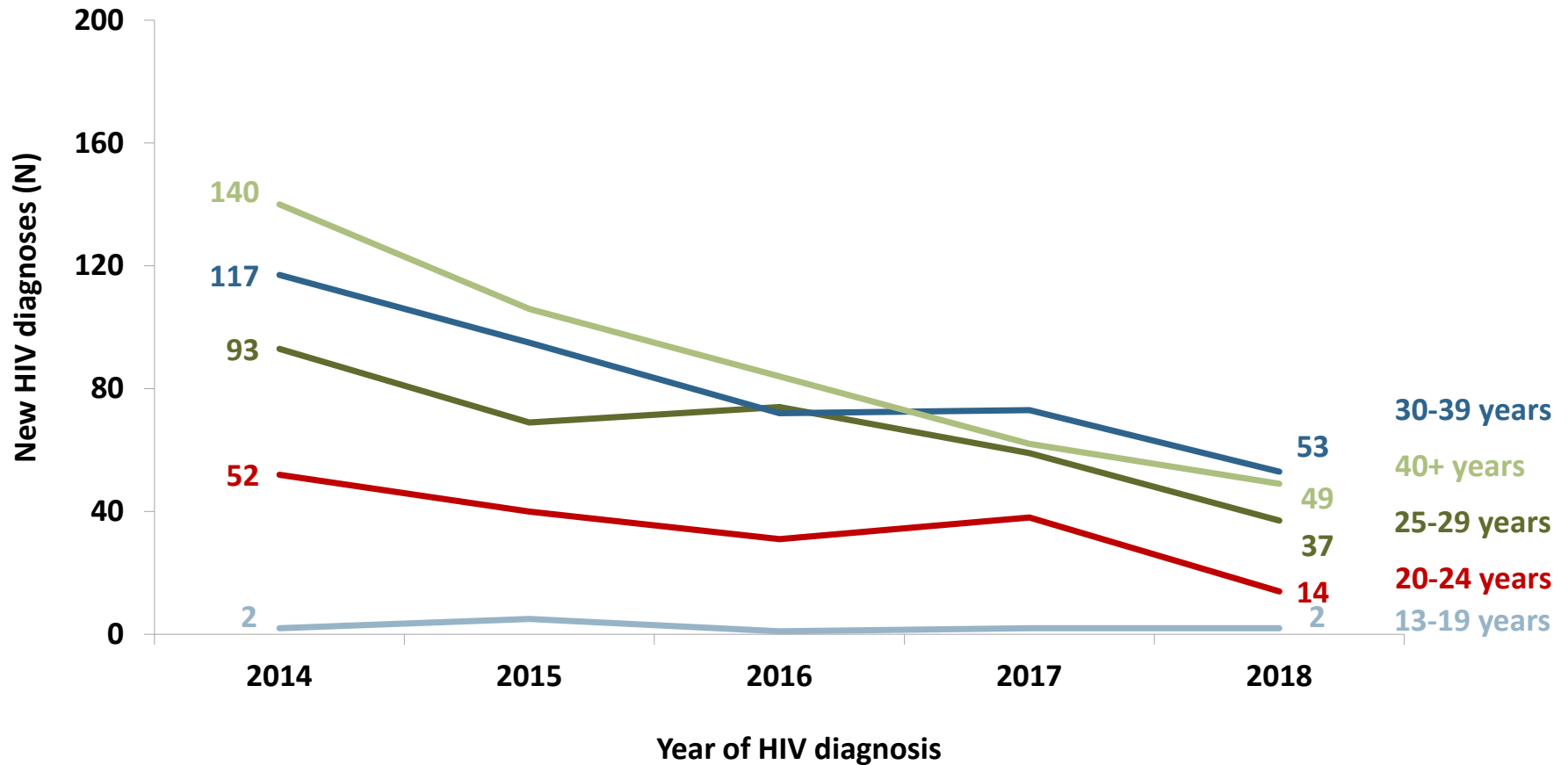
Overall between 2014 and 2018, new HIV diagnoses among Black MSM decreased, with the largest decrease among those ages 20-24 years. From 2015 to 2018, the highest number of new diagnoses was among those ages 25-29 years.

NUMBER OF NEW HIV DIAGNOSES AMONG LATINO/HISPANIC MSM¹ BY AGE IN NYC, 2014-2018



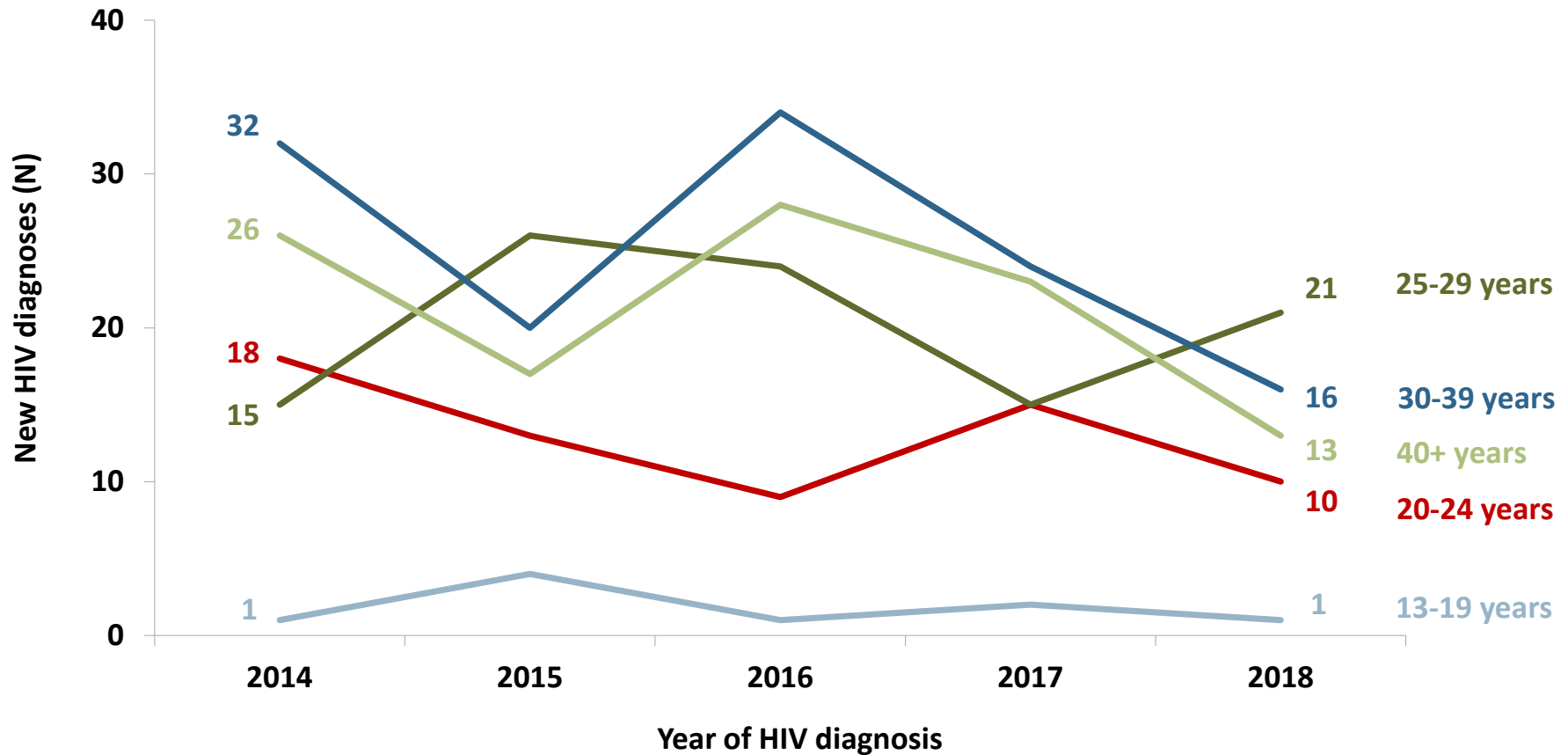
Overall between 2014 and 2018, new HIV diagnoses among Latino/Hispanic MSM decreased. From 2014 to 2018, the number of diagnoses was highest among MSM ages 30-39 years.

NUMBER OF NEW HIV DIAGNOSES AMONG WHITE MSM¹ BY AGE IN NYC, 2014-2018



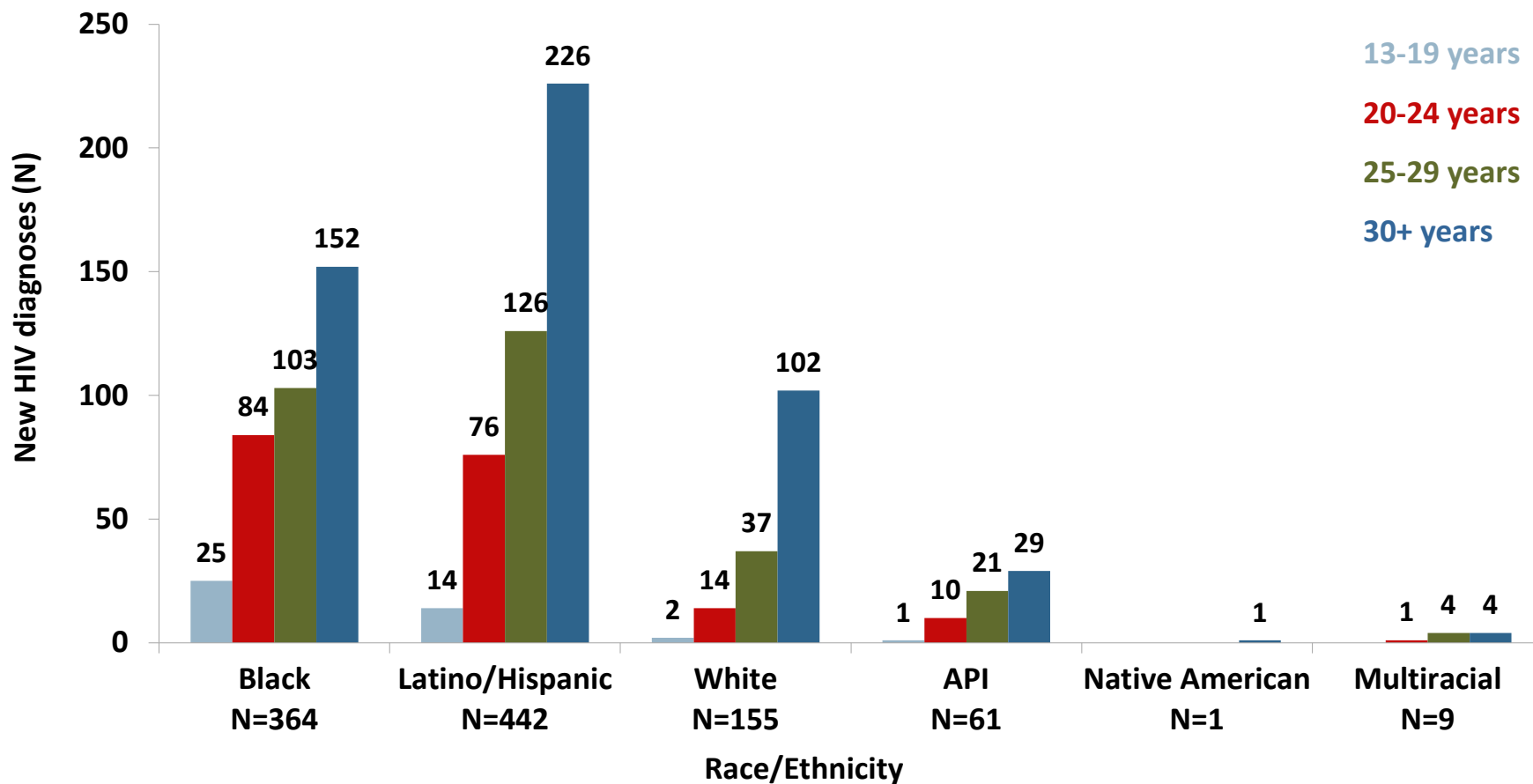
Overall between 2014 and 2018, new HIV diagnoses among White MSM decreased. In 2018, the highest number of new diagnoses was among those 30-39 years.

NUMBER OF NEW HIV DIAGNOSES AMONG ASIAN/PACIFIC ISLANDER MSM¹ BY AGE IN NYC, 2014-2018



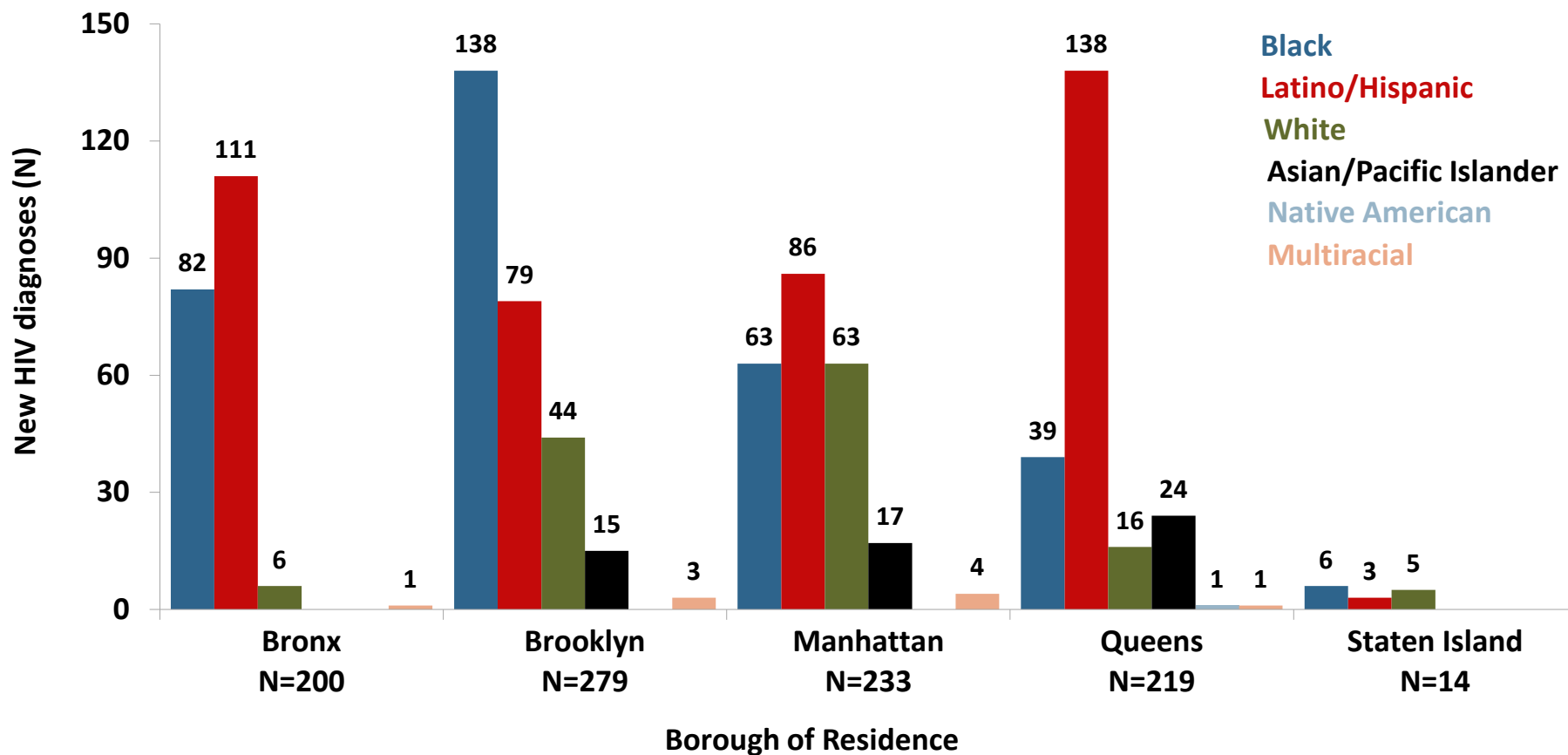
Overall between 2014 and 2018, new HIV diagnoses among Asian/Pacific Islander MSM have remained stable. In 2018, the highest number of new diagnoses was among those ages 25-29 years.

NUMBER OF NEW HIV DIAGNOSES AMONG MSM¹ BY RACE/ETHNICITY AND AGE IN NYC, 2018



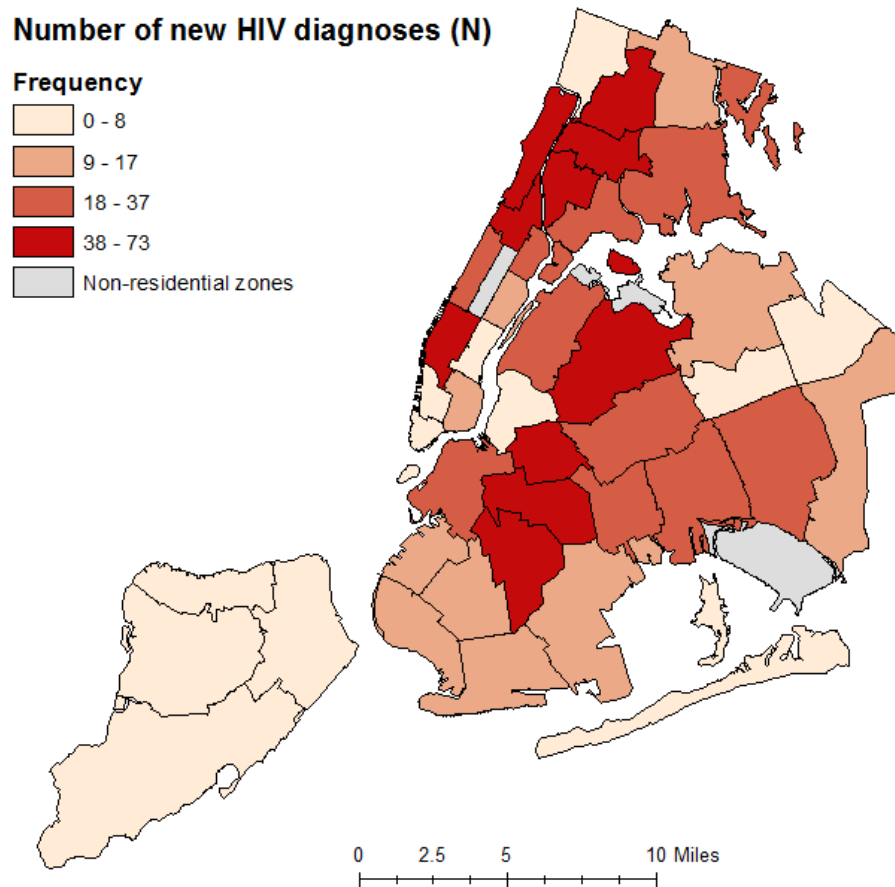
Young MSM accounted for a larger proportion of new HIV diagnoses among MSM of color, particularly Black MSM, compared with White MSM in NYC in 2018.

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

MAP OF NEW HIV DIAGNOSES AMONG MSM¹ BY UHF NEIGHBORHOOD IN NYC, 2018



The UHF neighborhoods with the highest numbers of new HIV diagnoses among MSM were West Queens², Bedford Stuyvesant-Crown Heights, Washington Heights-Inwood, Williamsburg-Bushwick, Chelsea-Clinton, Fordham-Bronx Park.

¹Includes MSM-IDU risk category.

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

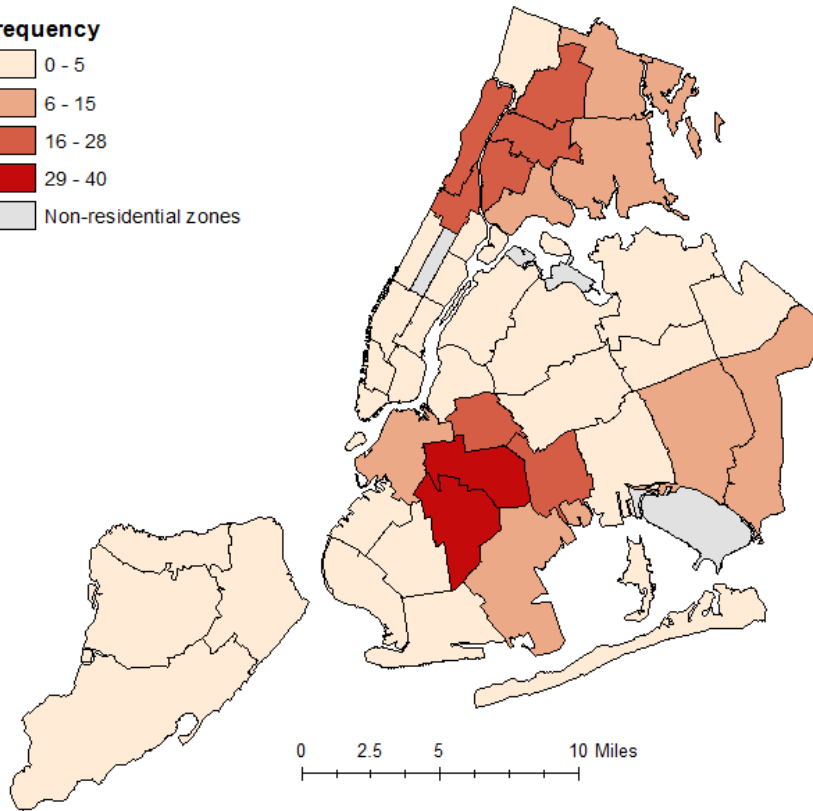
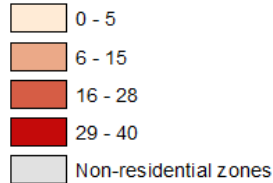
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

MAP OF NEW HIV DIAGNOSES AMONG BLACK AND LATINO/HISPANIC MSM¹ BY UHF NEIGHBORHOOD, 2018

Black MSM

Number of new HIV diagnoses (N)

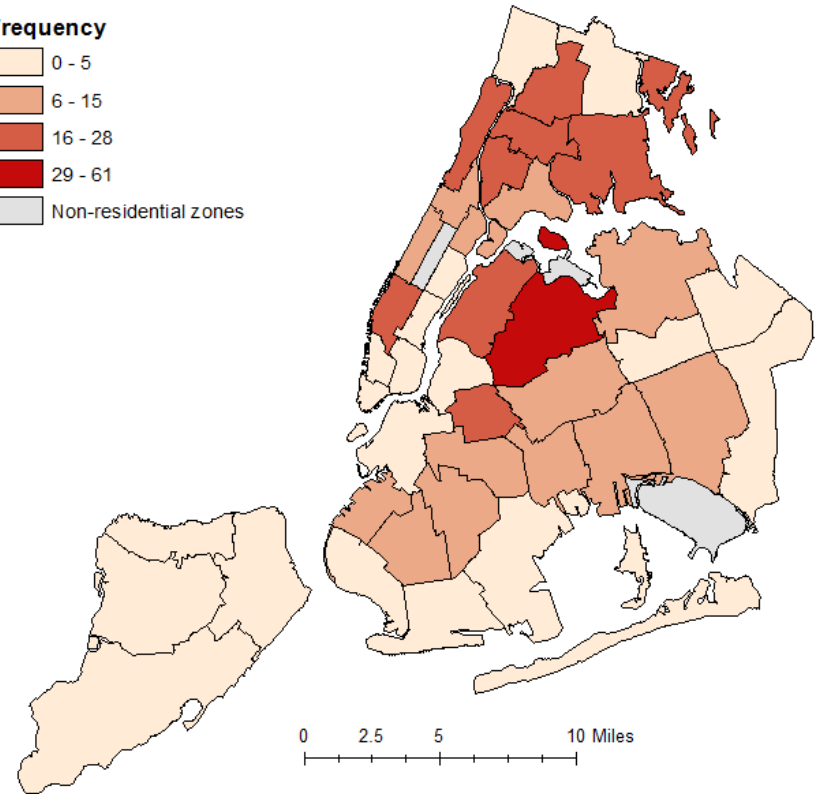
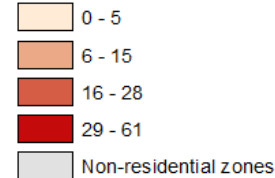
Frequency



Latino/Hispanic MSM

Number of new HIV diagnoses (N)

Frequency



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

¹Includes MSM-IDU risk category.

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

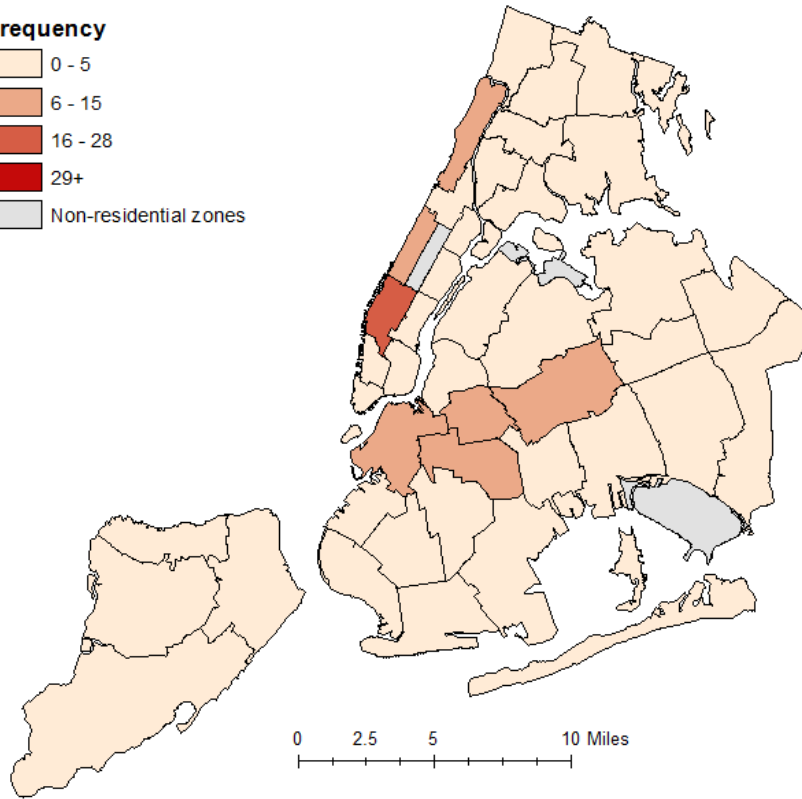
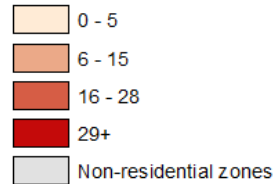
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

MAP OF NEW HIV DIAGNOSES AMONG WHITE AND ASIAN/PACIFIC ISLANDER MSM¹ BY UHF NEIGHBORHOOD, 2018

White MSM

Number of new HIV diagnoses (N)

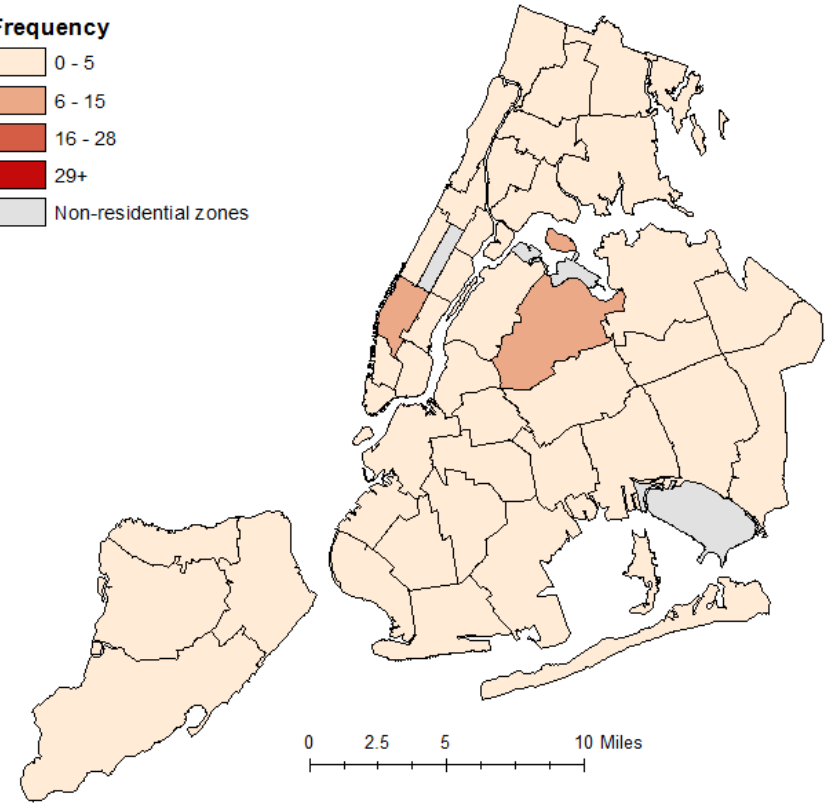
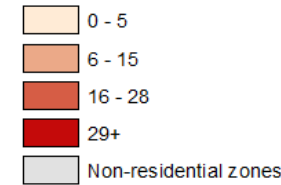
Frequency



API MSM

Number of new HIV diagnoses (N)

Frequency



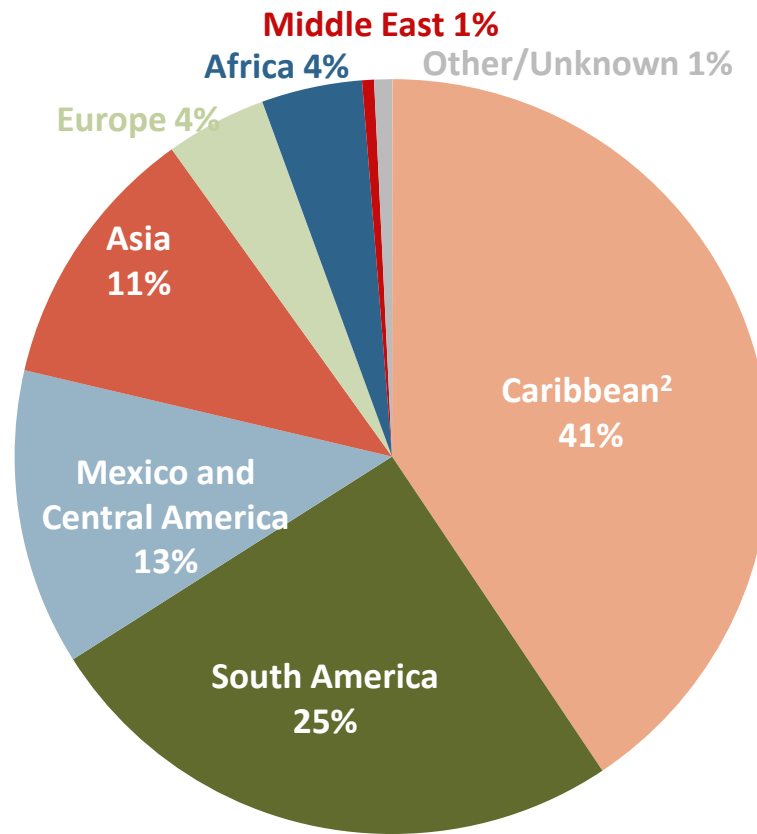
The UHF neighborhoods with the highest numbers of new HIV diagnoses among White MSM were Chelsea-Clinton, Williamsburg-Bushwick, and Washington Heights-Inwood. Among API MSM, UHF neighborhoods with the highest numbers of new HIV diagnoses were West Queens², Chelsea-Clinton, and East Harlem.

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, 2019.

PERCENTAGE OF NEW HIV DIAGNOSES AMONG MSM¹ BORN OUTSIDE OF THE US BY REGION OF BIRTH, NYC, 2018



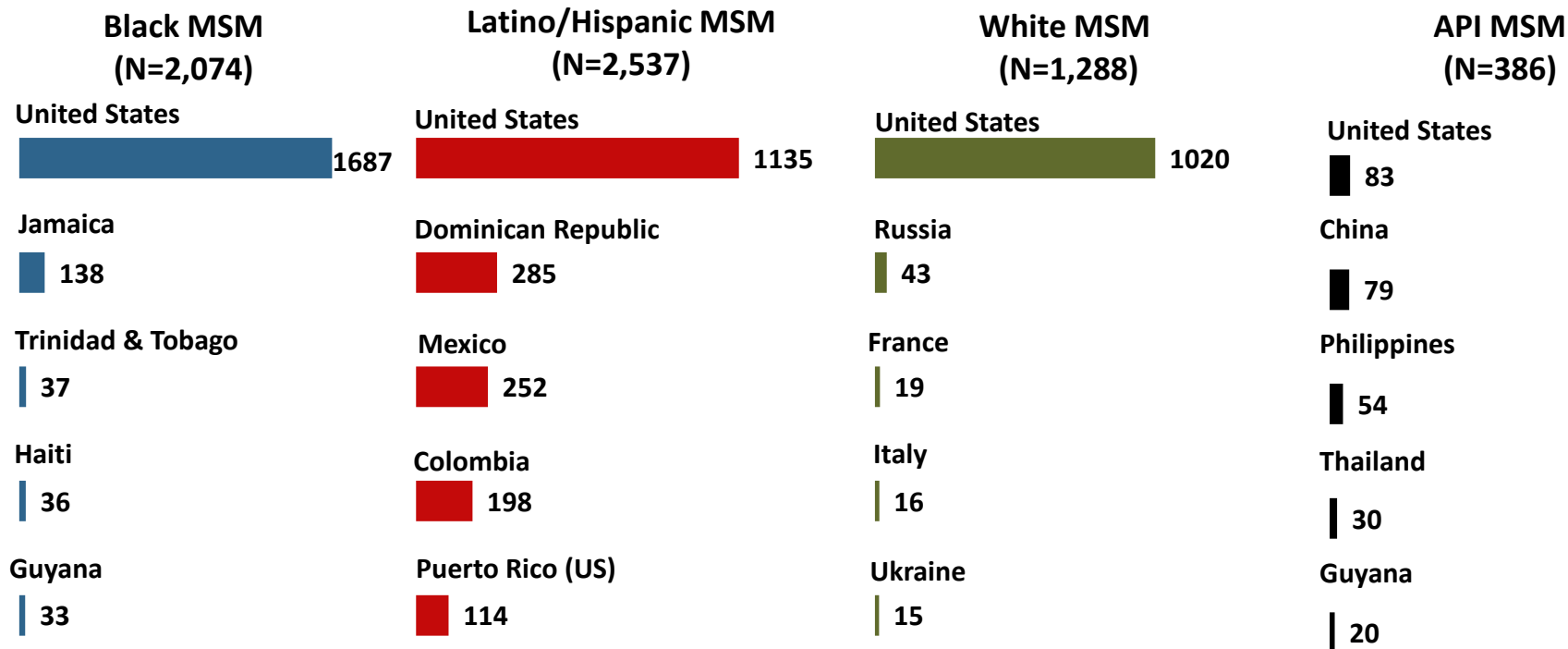
People born outside the US accounted for 38% of new HIV diagnoses overall and 44% among new MSM diagnoses. The Caribbean², South America, and Mexico and Central America accounted for 79% of new HIV diagnoses among MSM born outside of the US in 2018.

¹Includes MSM-IDU risk category.

²Excludes Puerto Rico and the US Virgin Islands.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

TOP COUNTRIES OF BIRTH AMONG NEWLY DIAGNOSED MSM¹ BY RACE/ETHNICITY IN NYC, 2014-2018



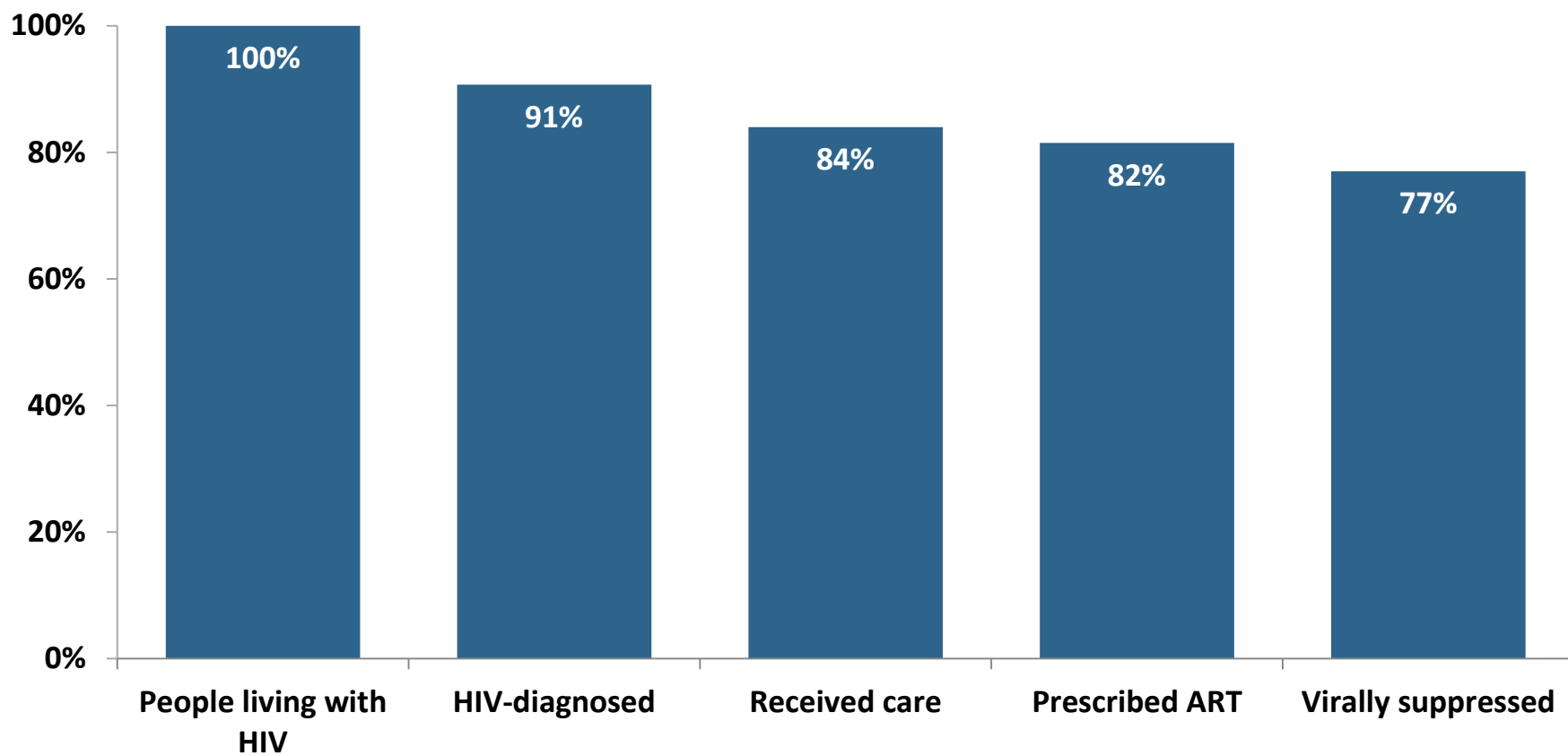
Between 2014 and 2018, Jamaica, the Dominican Republic, Russia, and China were the second-leading countries of birth for newly diagnosed Black, Latino/Hispanic, White, and Asian/Pacific Islander MSM, respectively. The majority of MSM across all groups were born in the US.

¹Includes MSM-IDU risk category.

API = Asian/Pacific Islander. Native American and multiracial groups not shown. In NYC between 2014 and 2018, there were N=17 Native American MSM and N=65 multiracial MSM newly diagnosed with HIV.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

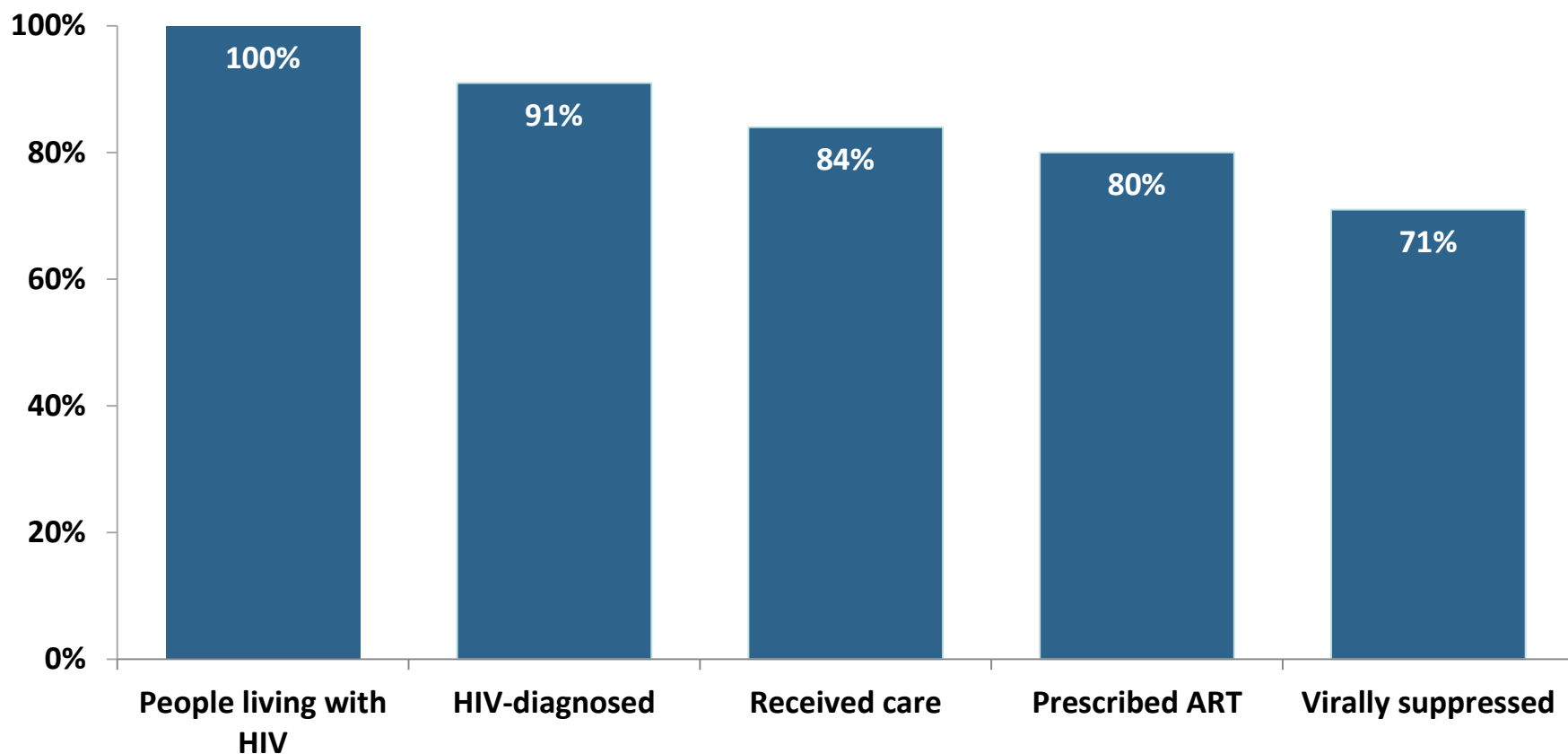
PROPORTION OF MSM¹ LIVING WITH HIV IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2018



Of the approximately 41,200 MSM¹ with HIV living in NYC in 2018, 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, 2019.

PROPORTION OF BLACK MSM¹ LIVING WITH HIV IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2018



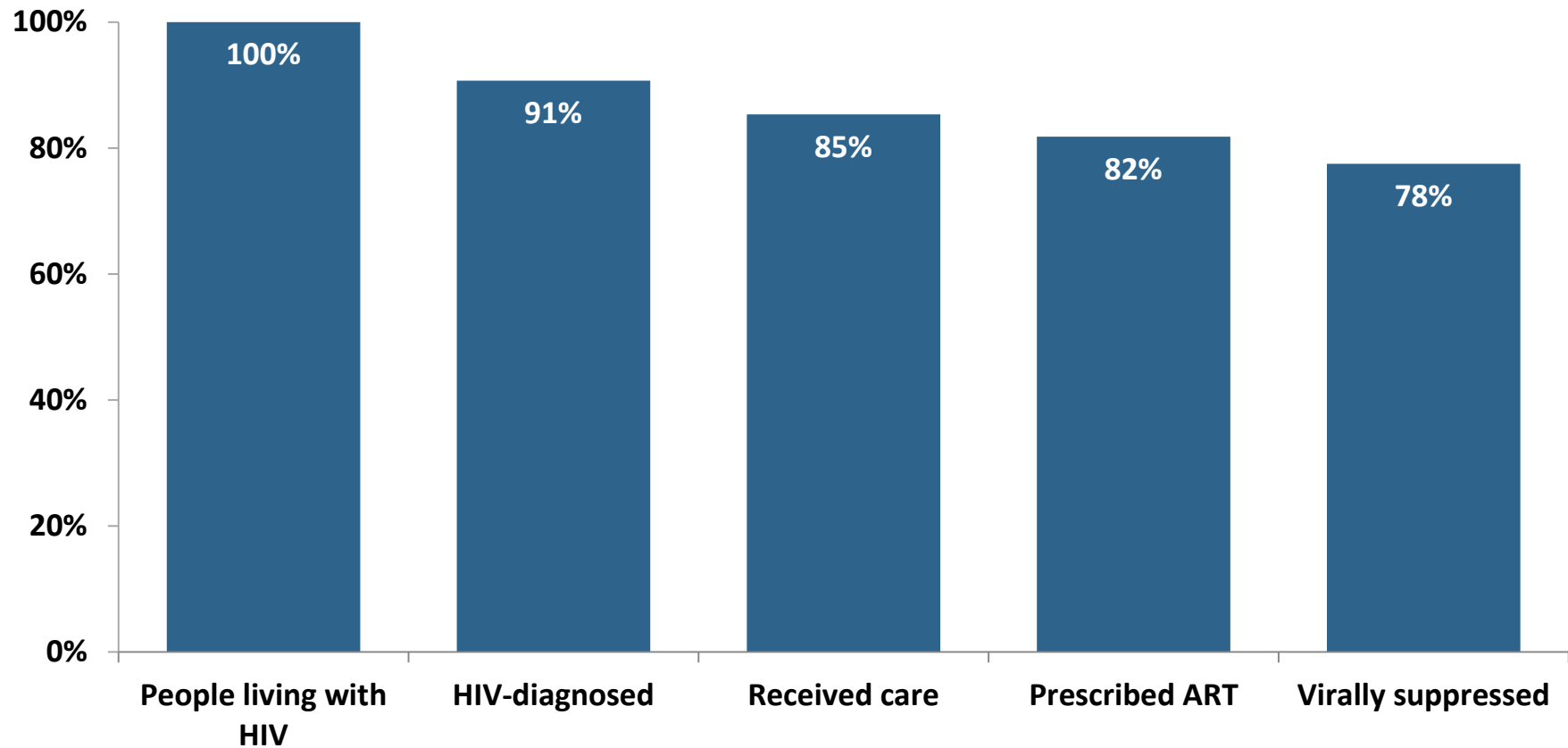
Of the approximately 14,000 Black MSM with HIV living in NYC in 2018, 71% had a suppressed viral load.

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, 2019.

PROPORTION OF LATINO/HISPANIC MSM¹ LIVING WITH HIV IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2018



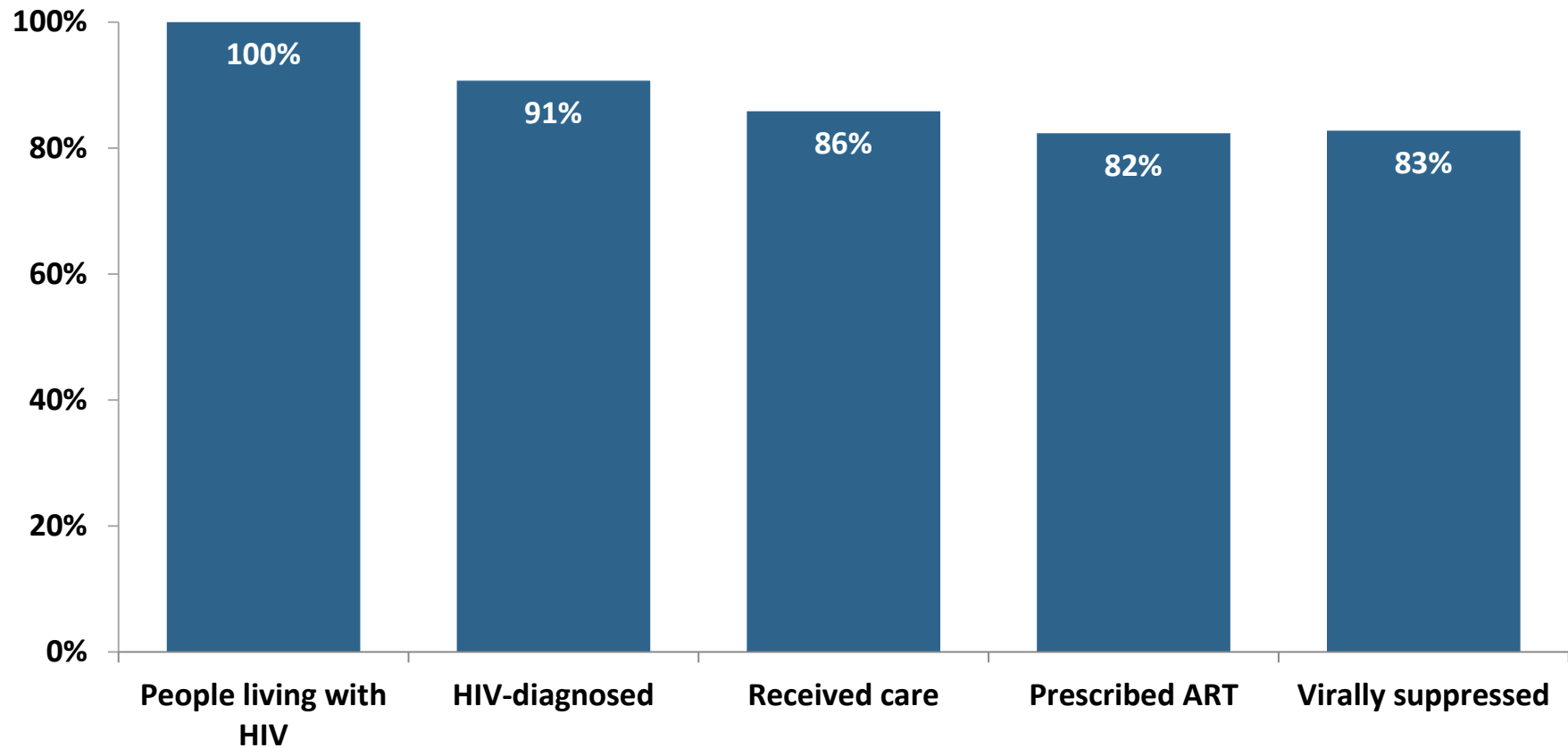
Of the approximately 13,500 Latino/Hispanic MSM with HIV living in NYC in 2018, 78% had a suppressed viral load.

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, 2019.

PROPORTION OF WHITE MSM¹ LIVING WITH HIV IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2018



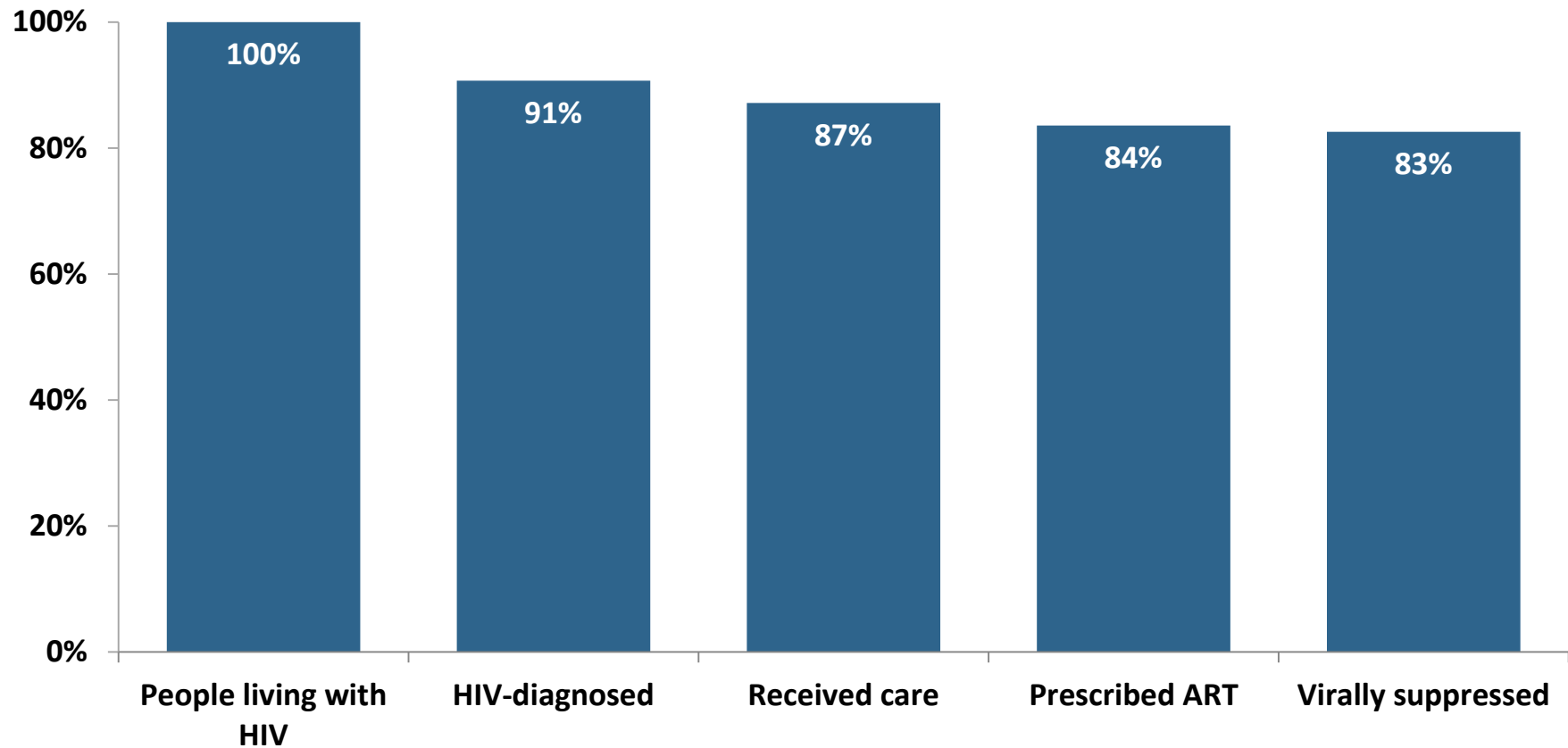
Of the approximately 11,800 White MSM with HIV living in NYC in 2018, 83% had a suppressed viral load.

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, 2019.

PROPORTION OF ASIAN/PACIFIC ISLANDER MSM¹ LIVING WITH HIV IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2018



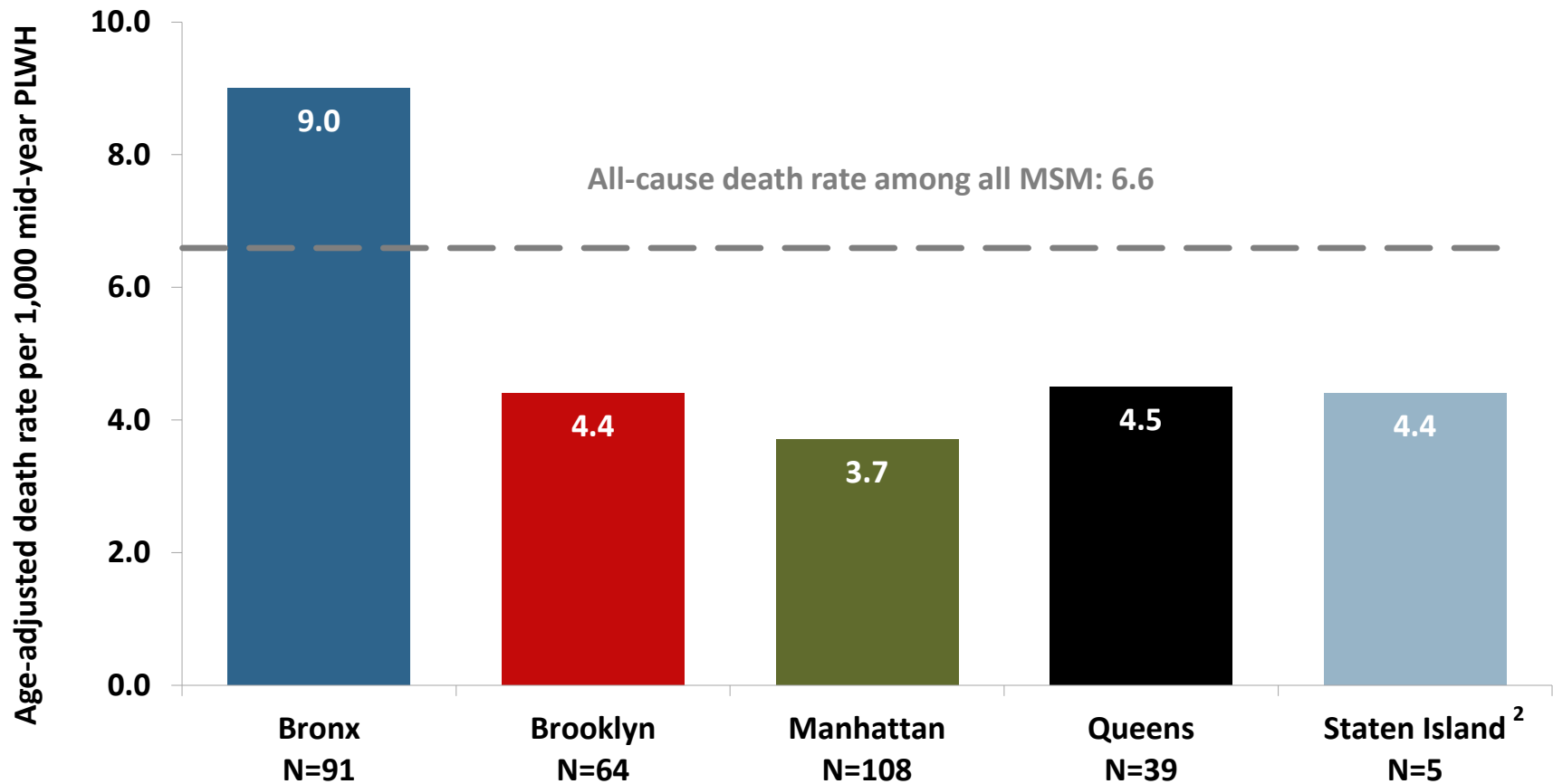
Of the approximately 1,300 Asian/Pacific Islander MSM with HIV living in NYC in 2018, 83% had a suppressed viral load.

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, 2019.

AGE-ADJUSTED DEATH RATES AMONG MSM¹ WITH HIV BY BOROUGH OF RESIDENCE IN NYC, 2018



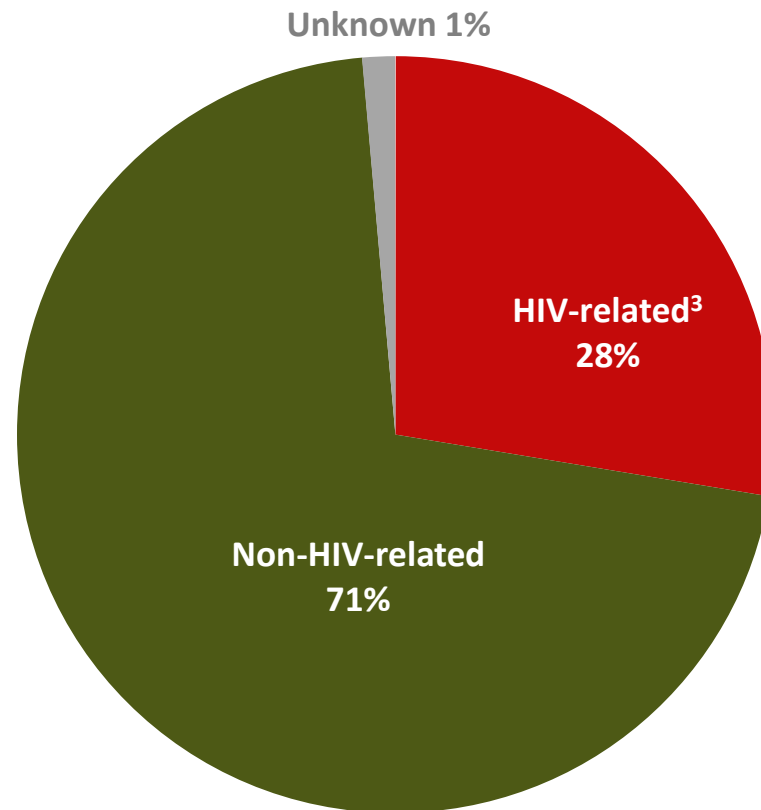
The Bronx had the highest death rate among MSM with HIV. However, the highest number of deaths was among MSM with HIV residing in Manhattan.

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 2018 are incomplete. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

CAUSE OF DEATH AMONG MSM¹ WITH HIV IN NYC, 2017²



In 2017, 71% of deaths among MSM with HIV were due to non-HIV-related causes. Among these, the top causes were cardiovascular diseases (20.6%), non-HIV-related cancers (17.5%), and accidents (11.2%).

¹Includes MSM-IDU risk category.

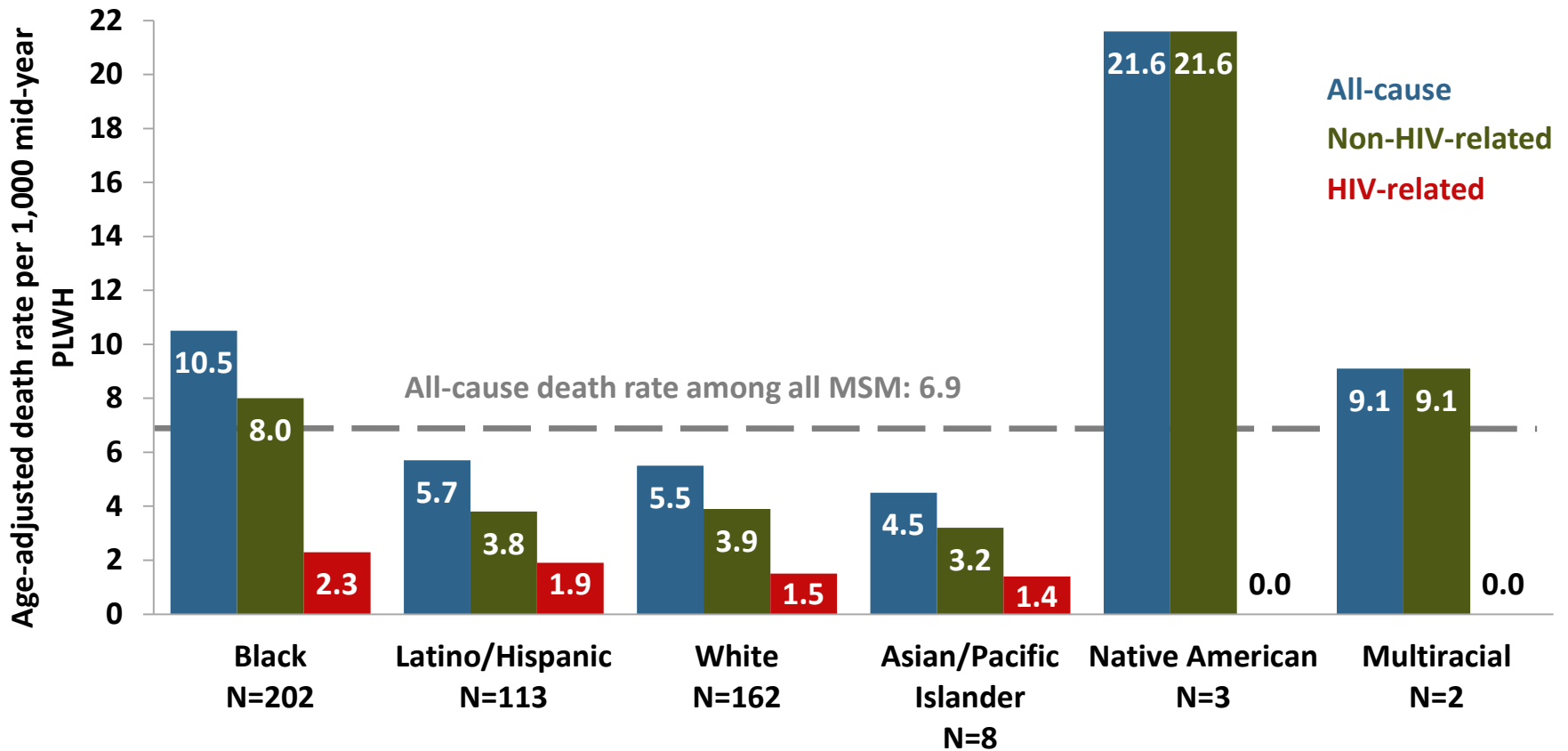
²Cause of death data are not yet available for 2018.

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>.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

AGE-ADJUSTED¹ DEATH RATES AMONG MSM² BY RACE/ETHNICITY AND CAUSE OF DEATH IN NYC, 2017



Age-adjusted death rates in 2017 were highest for Black MSM. The majority of deaths for MSM of all races were attributed to non-HIV-related causes.

¹Rates are age-adjusted to the NYC 2010 Census population. Death data for 2018 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.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

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

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.
- “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.
- 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.
- “Men” includes transgender men. For more information on transgender surveillance in NYC, please see the “HIV among People identified as Transgender” slide set.
- 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.
- 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.

APPENDIX 2:

TECHNICAL NOTES: NYC HIV CARE CONTINUUM

- “People living with HIV”: calculated as “HIV-diagnosed” divided by the estimated proportion of men who have sex with men (MSM) living with HIV who had been diagnosed (90.6%), 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 categorized as “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 total number of people diagnosed and reported with HIV in NYC.
 - Source: NYC HIV Surveillance Registry. Method: Xia Q, et al. Proportions of Patients With HIV received care and Virally Suppressed in New York City and the United States. *JAIDS* 2016;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 who “Received care” multiplied by the estimated proportion of MSM PLWH prescribed ART in the previous 12 months (95.9%), 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 received care and Virally Suppressed in New York City and the United States. *JAIDS* 2016;68(3):351-358.