HIV/AIDS AMONG MEN WHO HAVE SEX WITH MEN (MSM) IN NYC, 2015

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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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• 2,011 new HIV diagnoses among males
• 1,483 new HIV diagnoses among MSM
  – 74% of diagnoses among males
  – Includes 204 HIV diagnoses concurrent with an AIDS diagnosis (14%)
• 578 new AIDS diagnoses among MSM
• 436 deaths among MSM with HIV/AIDS
  – 7.1 deaths per 1,000 mid-year MSM living with HIV/AIDS

*MSM risk category includes men who have sex with men and inject drugs (MSM-IDU) and excludes transgender men.
Males include transgender men.
^Death rate is age-adjusted to the NYC Census 2010 population.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016
Of all males newly diagnosed with HIV, 53% were Black or Latino/Hispanic MSM. Most newly diagnosed men reported with heterosexual contact risk were Black.

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

*Includes MSM-IDU risk category. Male includes transgender men.

Native American and multiracial groups not shown because of small numbers. In NYC in 2015, there were N=2 Native American and N=18 multiracial men newly diagnosed with HIV.

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016
Starting in 2007, over half of new HIV diagnoses among MSM have occurred in young men ages 13-29. Numbers of new diagnoses decreased in both age groups of MSM between 2011 and 2015.

*Includes MSM-IDU risk category.

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
The numbers of new HIV diagnoses among MSM have declined since 2011 for those under age 24 and since 2013 for those ages 20-24.

*Young MSM are those 13-29 years old and include MSM-IDU risk category.

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
Since 2011, HIV diagnoses have decreased among Black and White MSM and have been relatively stable among Latino/Hispanic and Asian/Pacific Islander MSM.

*Includes MSM-IDU risk category.
Native American and multiracial groups not shown due to small numbers. In NYC in 2015, there were N=2 Native American and N=11 multiracial MSM newly diagnosed with HIV (non-AIDS).
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
NUMBER OF NEW HIV (NON-AIDS) DIAGNOSES AMONG YOUNG MSM* BY RACE/ETHNICITY IN NYC, 2011-2015

Since 2011, HIV diagnoses have 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 2015, there were no Native American and N=8 multiracial young MSM newly diagnosed with HIV.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016
There were 2 Native American and 11 multiracial MSM newly diagnosed with HIV in NYC in 2015. Young MSM accounted for a larger proportion of new HIV (non-AIDS) diagnoses among MSM of color than among White MSM in NYC in 2015.

*Includes MSM-IDU risk category.
Native American and multiracial groups not shown due to small numbers. In NYC in 2015, there were N=2 Native American and N=11 multiracial MSM newly diagnosed with HIV.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016
In all NYC boroughs, most HIV diagnoses among males were attributed to MSM transmission risk in 2015. Manhattan had the largest number of MSM diagnoses.

Perinatal, Transgender people with sexual contact, and Unknown transmission risks not shown but included in total N by borough.

*Includes MSM-IDU risk category.
Male includes transgender men.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
The neighborhoods with the highest rates of new MSM HIV diagnoses were Chelsea-Clinton, Central and East Harlem, Washington Heights-Inwood, and Bedford Stuyvesant-Crown Heights.

Diagnosis rates calculated using the intercensal 2015 NYC population estimates.

*Includes MSM-IDU risk category.

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
Staten Island\(^\wedge\), the Bronx, and Brooklyn had the highest death rates among MSM with HIV/AIDS. However, the largest number of deaths among MSM with HIV/AIDS occurred in Manhattan.

*Includes MSM-IDU risk category.
\(^{\wedge}\)Rate is based on small numbers and should be interpreted with caution.
\(^{\dagger}\)Age-adjusted to the NYC Census 2010 population.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016
The foreign-born accounted for 30% of new HIV diagnoses overall and 28% among MSM new diagnoses. The Caribbean\(^\text{^}\) and Central and South America accounted for 74% of new HIV diagnoses among foreign-born MSM in 2015.

*Includes MSM-IDU risk category.
\(^\text{^}\)Excludes Puerto Rico and the US Virgin Islands.

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016
In 2014, 56% of deaths among MSM with HIV/AIDS were non-HIV-related. Of these, 23% were caused by non-AIDS-defining cancers, 22% by cardiovascular diseases, and 2% by substance abuse.

*Includes MSM-IDU risk category.
^Cause of death data are not yet available for 2015.
†ICD10 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 June 30, 2016.
Of the approximately 38,000 MSM* infected with HIV and living in NYC in 2015, 75% had a suppressed viral load.

*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 June 30, 2016
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.
- “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:

- HIV diagnosis rates were calculated using intercensal 2015 NYC male population estimates, as the population of MSM in NYC is unknown.
- 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 (91.0%), 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 2015, 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 (93.6%), 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 2015 of ≤200 copies/mL, plus the estimated number of out-of-care 2015 PLWHA with a viral load ≤200 copies/mL, based on a statistical weighting method.