

# HIV IN QUEENS, 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>

# TABLE OF CONTENTS (1)

## SLIDE NUMBER:

### **OVERALL**

5. HIV IN QUEENS, 2018

### **NEW DIAGNOSIS**

6. NEW HIV DIAGNOSES IN QUEENS, 2014-2018

7. NUMBER OF NEW HIV DIAGNOSES BY GENDER IN QUEENS, 2014-2018

8. NUMBER OF NEW HIV DIAGNOSES BY RACE/ETHNICITY IN QUEENS, 2014-2018

9. NUMBER OF NEW HIV DIAGNOSES BY AGE IN QUEENS, 2014-2018

10. NUMBER OF NEW HIV DIAGNOSES BY RACE/ETHNICITY AND AGE IN QUEENS, 2018

11. NUMBER OF NEW HIV DIAGNOSES BY TRANSMISSION RISK IN QUEENS, 2014-2018

12. NUMBER OF NEW HIV DIAGNOSES BY AREA-BASED POVERTY LEVEL IN QUEENS, 2014-2018

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

# TABLE OF CONTENTS (2)

## SLIDE NUMBER:

### **PEOPLE NEWLY DIAGNOSED WITH HIV**

14. TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV IN NYC AND QUEENS, 2014-2018
15. TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY GENDER IN QUEENS, 2018
16. TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY RACE/ETHNICITY IN QUEENS, 2018
17. TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY AGE IN QUEENS, 2018
18. TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY TRANSMISSION RISK IN QUEENS, 2018
19. TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY AREA-BASED POVERTY IN QUEENS, 2018
20. TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY COUNTRY OF BIRTH IN QUEENS, 2018
21. MAP OF TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY UHF NEIGHBORHOOD IN NYC, 2018
22. VIRAL SUPPRESSION WITHIN 3 AND 6 MONTHS OF NEW HIV DIAGNOSIS IN NYC AND QUEENS, 2018
23. VIRAL SUPPRESSION WITHIN 3 MONTHS AMONG PEOPLE NEWLY DIAGNOSED WITH HIV IN NYC AND QUEENS, 2014-2018

# TABLE OF CONTENTS (3)

## SLIDE NUMBER:

### **PEOPLE LIVING WITH HIV (PLWH)**

- 24. VIRAL SUPPRESSION AMONG DIAGNOSED PLWH IN NYC AND QUEENS, 2014-2018
- 25. VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY GENDER IN QUEENS, 2018
- 26. VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY RACE/ETHNICITY IN QUEENS, 2018
- 27. VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY AGE IN QUEENS, 2018
- 28. VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY TRANSMISSION RISK IN QUEENS, 2018
- 29. VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY AREA-BASED POVERTY LEVEL IN QUEENS, 2018
- 30. VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY COUNTRY OF BIRTH IN QUEENS, 2018
- 31. MAP OF VIRAL SUPPRESSION BY UHF NEIGHBORHOOD IN NYC, 2018
- 32. PROPORTION OF PLWH IN QUEENS ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2018

### **DEATHS**

- 33. AGE-ADJUSTED DEATH RATES AMONG PLWH IN NYC OVERALL AND BY BOROUGH, 2014-2018
- 34. CAUSE OF DEATH AMONG PWH IN QUEENS, 2017

35. HOW TO FIND OUR DATA

36-37. APPENDIX: DEFINITIONS AND STATISTICAL NOTES

38. TECHNICAL NOTES: HIV CARE CONTINUUM

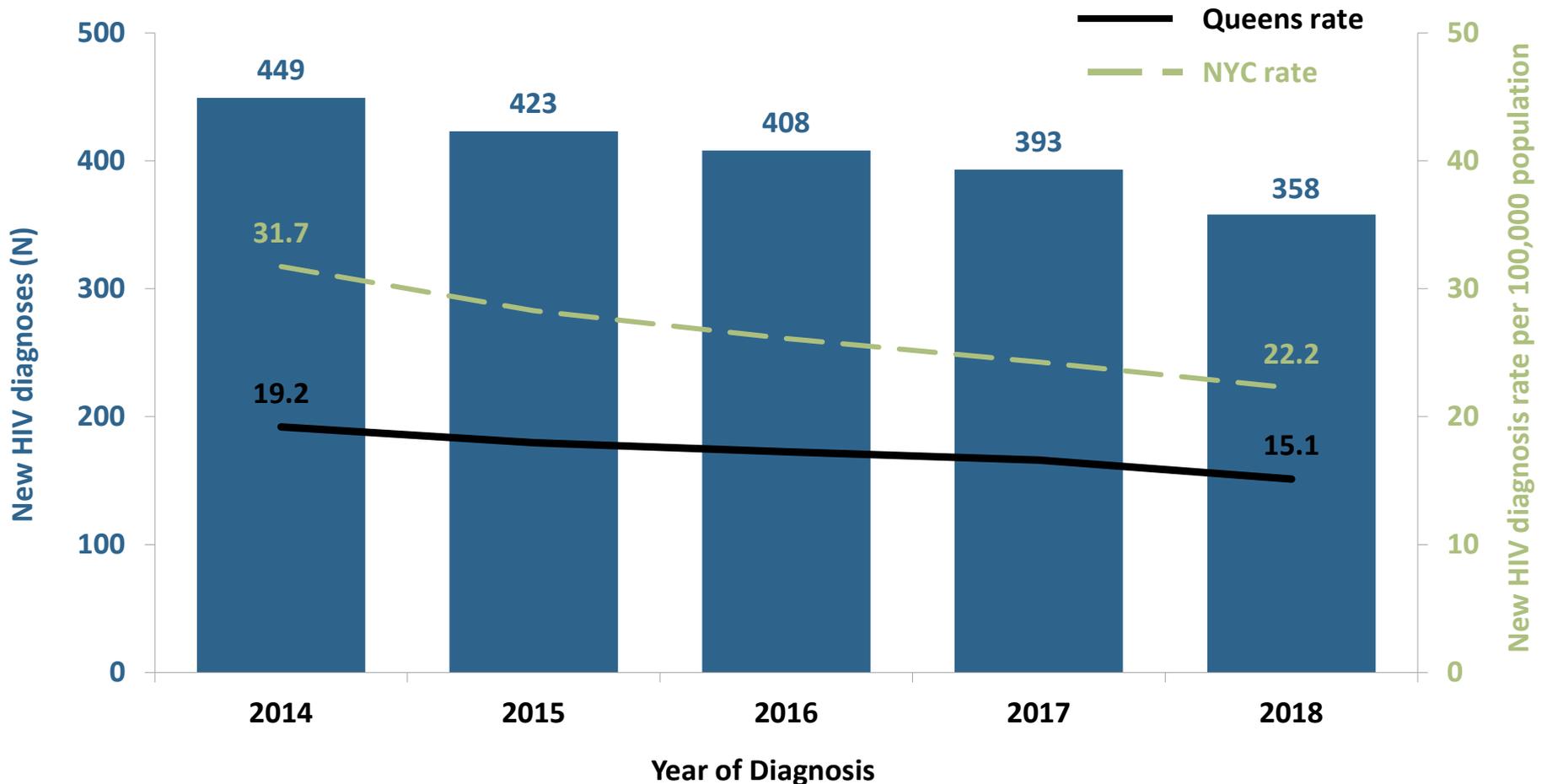
# HIV IN QUEENS, 2018

## BASIC STATISTICS

- **27% of all New Yorkers live in Queens**
- **358 new HIV diagnoses**
  - 19% of all HIV diagnoses in NYC
  - Includes 88 HIV diagnoses concurrent with an AIDS diagnosis (25%)
- **204 new AIDS diagnoses**
- **124 deaths among people with HIV**
  - 4.3 deaths per 1,000 people with HIV<sup>1</sup>

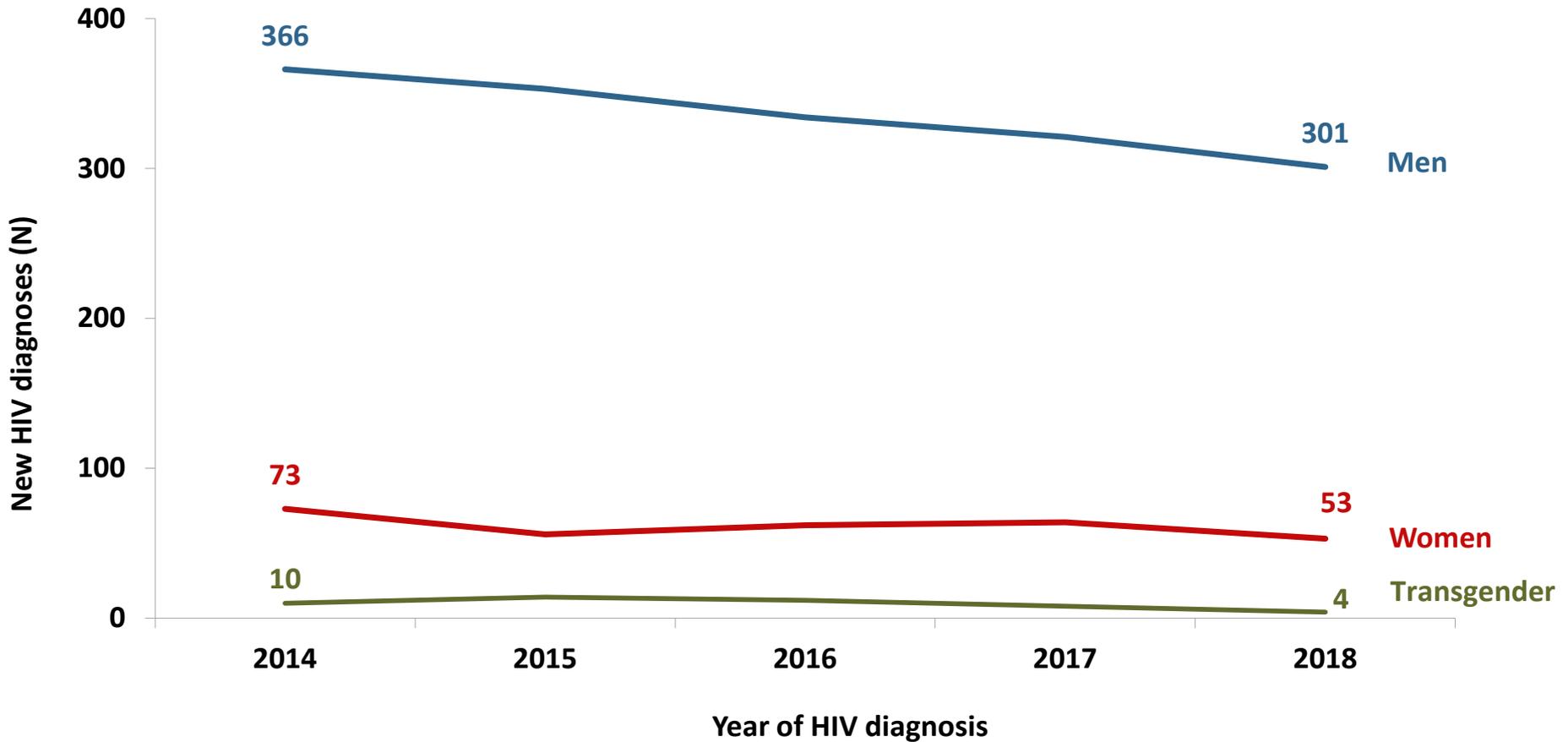
<sup>1</sup>Death rate is age-adjusted to the NYC Census 2010 population. Death data for 2018 are incomplete. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

# NEW HIV DIAGNOSES IN QUEENS, 2014-2018



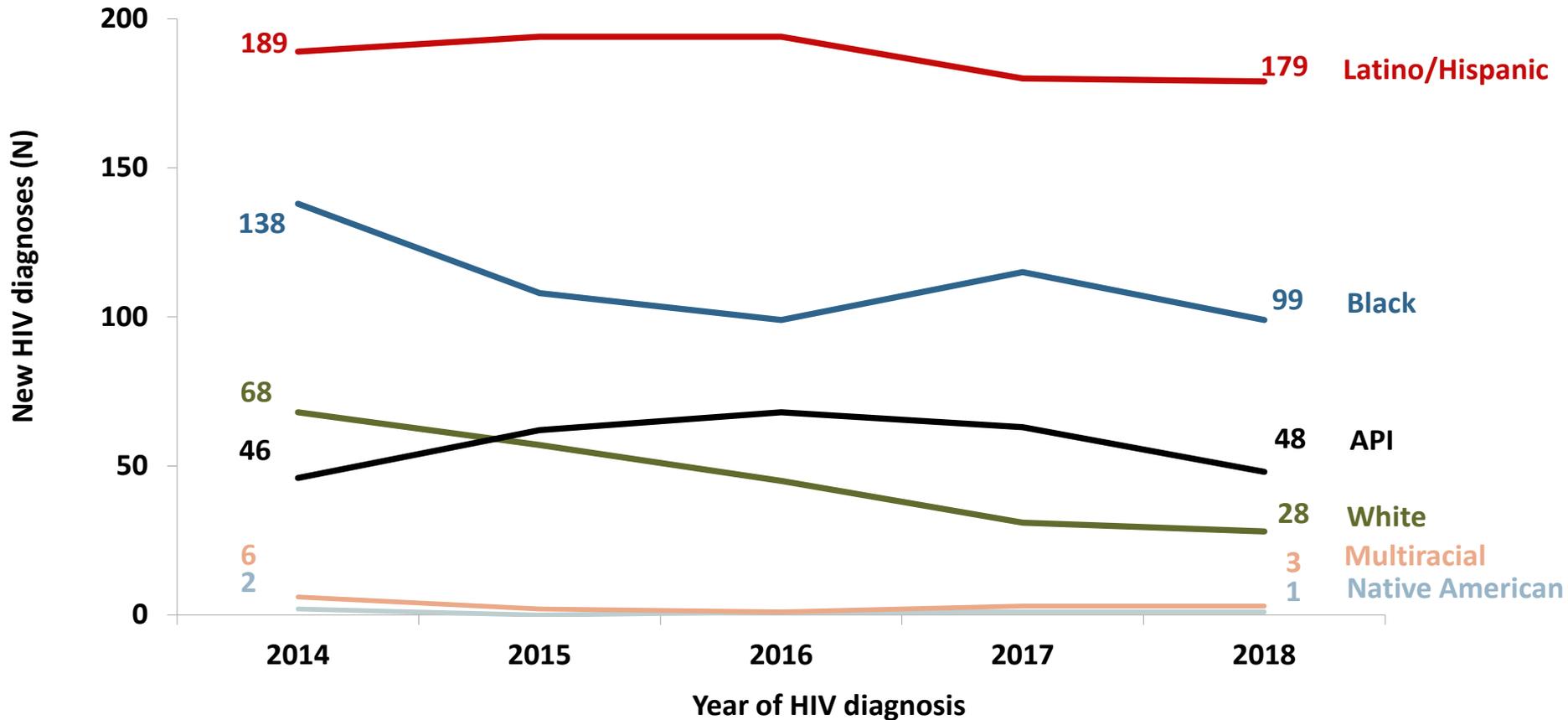
**The number and rate of new HIV diagnoses decreased in Queens between 2014 and 2018. The HIV diagnosis rate was lower in Queens than in NYC overall.**

# NUMBER OF NEW HIV DIAGNOSES BY GENDER IN QUEENS, 2014-2018



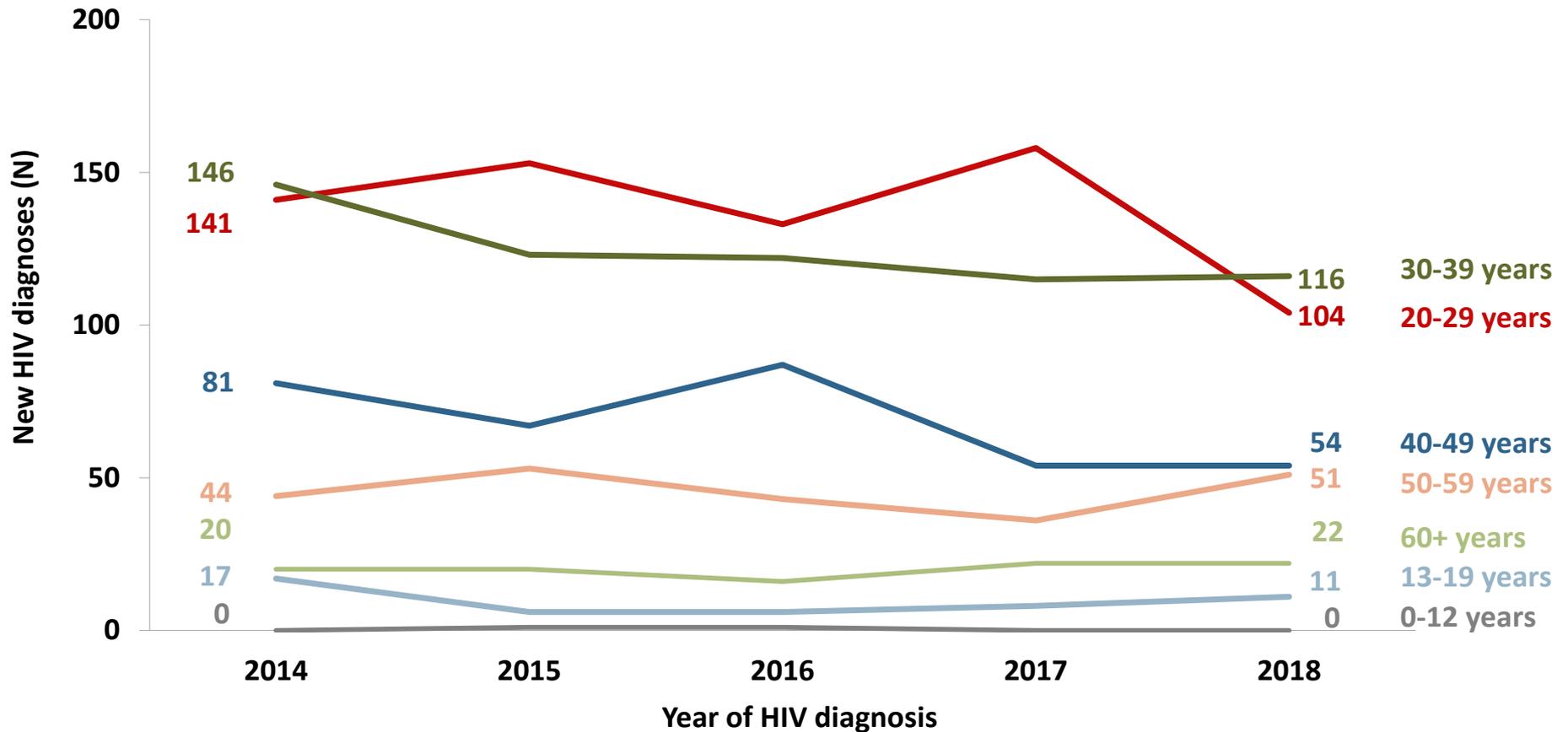
**Between 2014 and 2018, the number of new HIV diagnoses among men, women, and transgender people decreased in Queens.**

# NUMBER OF NEW HIV DIAGNOSES BY RACE/ETHNICITY IN QUEENS, 2014-2018



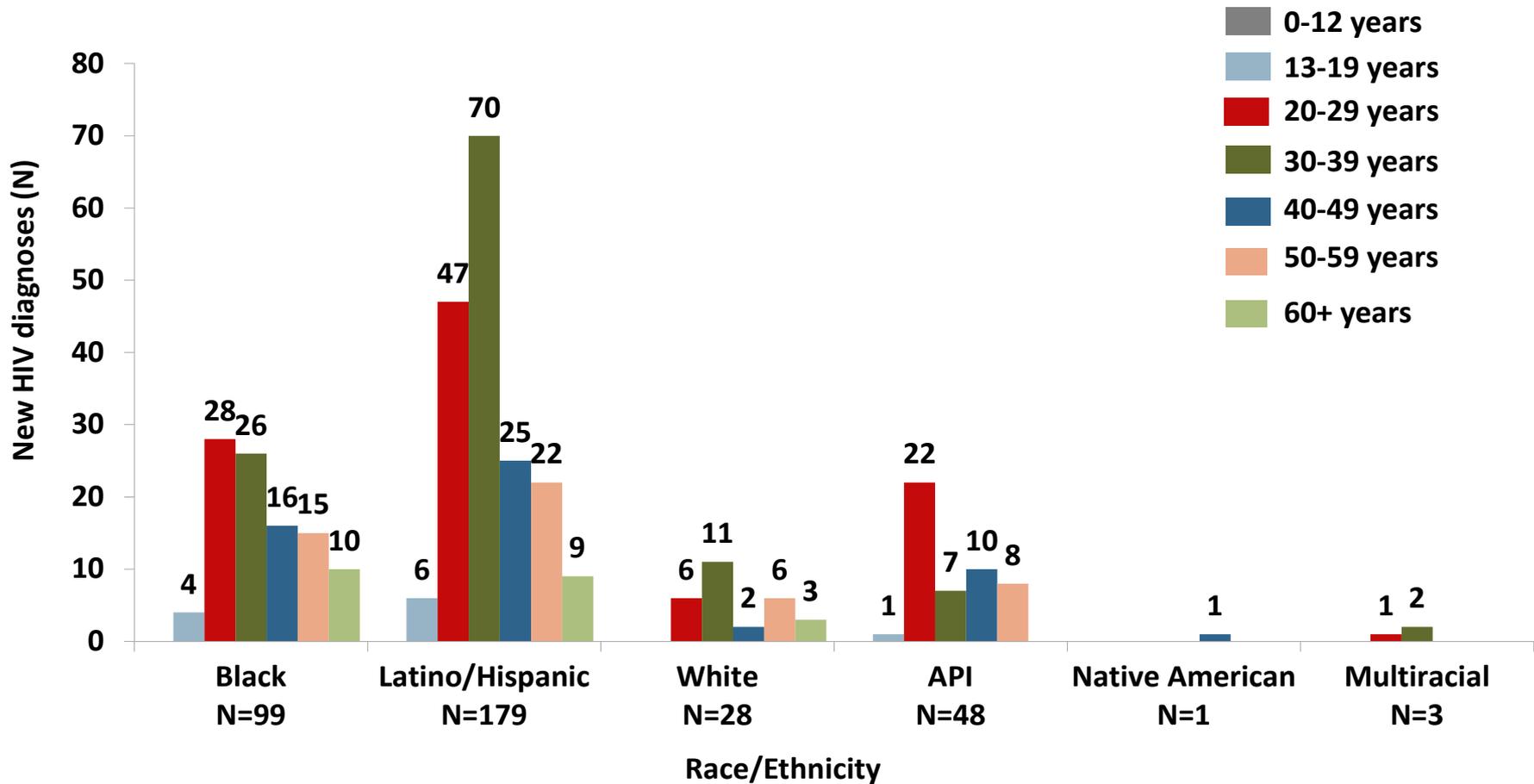
**Between 2014 and 2018, HIV diagnoses decreased among all racial/ethnic groups except Asian/Pacific Islander people. Latino/Hispanic people accounted for the most new diagnoses in Queens.**

# NUMBER OF NEW HIV DIAGNOSES BY AGE IN QUEENS, 2014-2018



**Between 2014 and 2018, people ages 20 to 29 years and 30 to 39 years had the highest numbers of new HIV diagnoses in Queens. New diagnoses decreased among most age groups except among people ages 50 to 59 years and 60 years and older.**

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



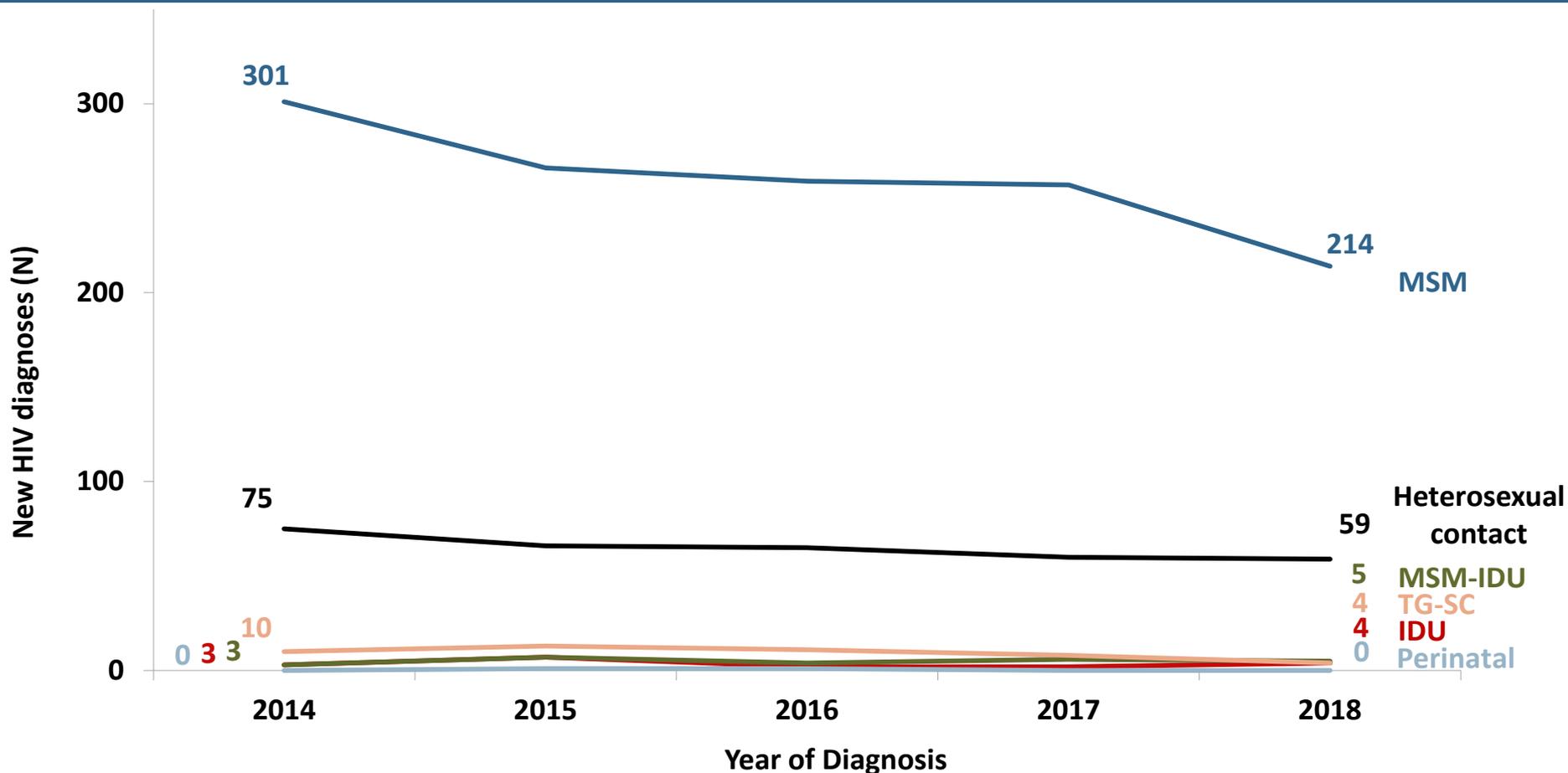
**Latino/Hispanic people ages 20 to 29 years and 30 to 39 years accounted for the largest proportion of new HIV diagnoses in Queens in 2018.**

API=Asian/Pacific Islander.

Children ages 0 to 12 not shown. There were no new diagnoses among children in Queens 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 QUEENS, 2014-2018



**Between 2014 and 2018, the number of new HIV diagnoses decreased among all transmission risk groups except people with IDU and MSM-IDU transmission risk in Queens.**

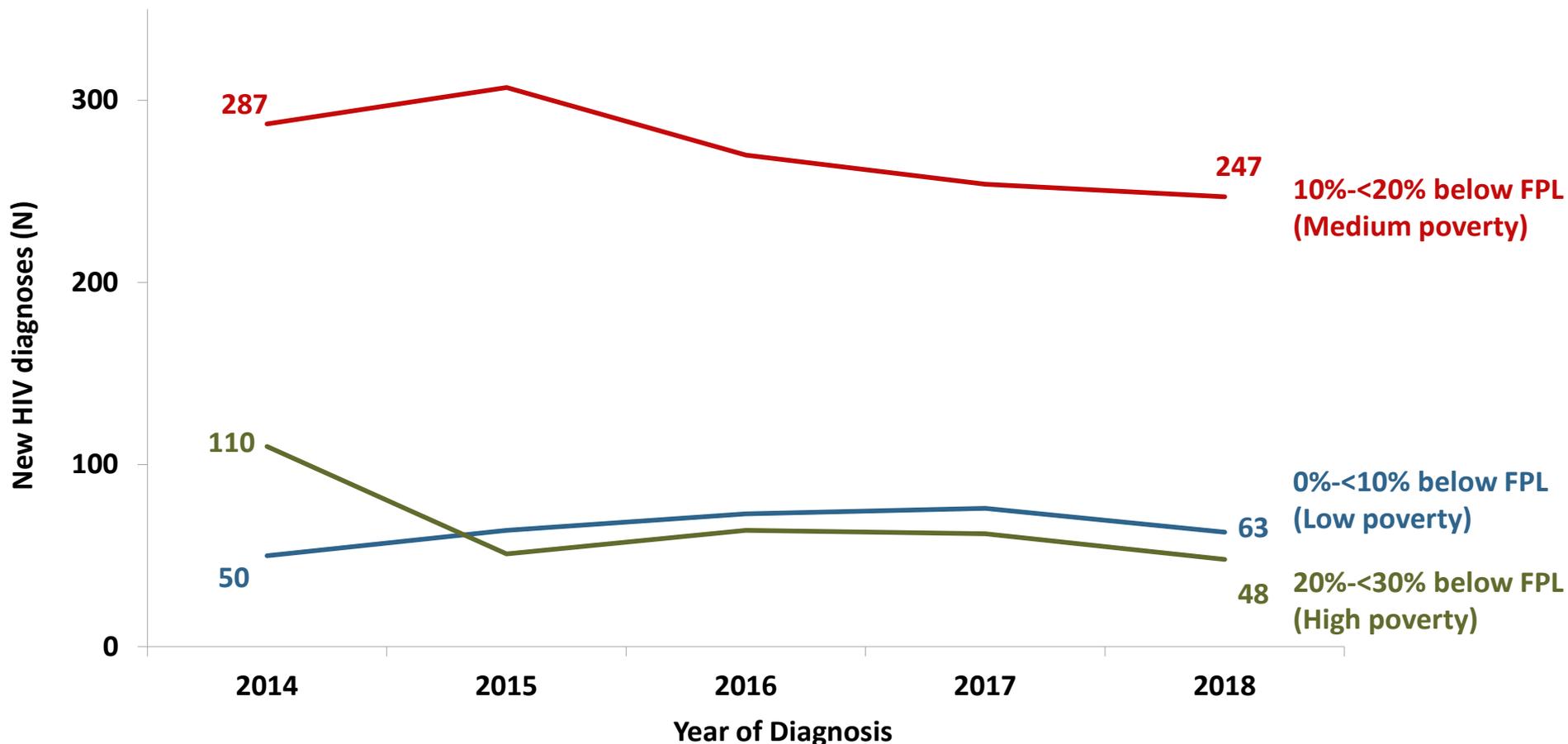
MSM=men who have sex with men; IDU=history of injection drug use; TG-SC=transgender people with sexual contact.

Among those with perinatal transmission risk in Queens, there were N=1 new HIV diagnosis in 2015, and N=1 new diagnosis in 2016.

People with unknown transmission risk are not shown. There were 72 people with unknown risk newly diagnosed with HIV in Queens 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 QUEENS, 2014-2018

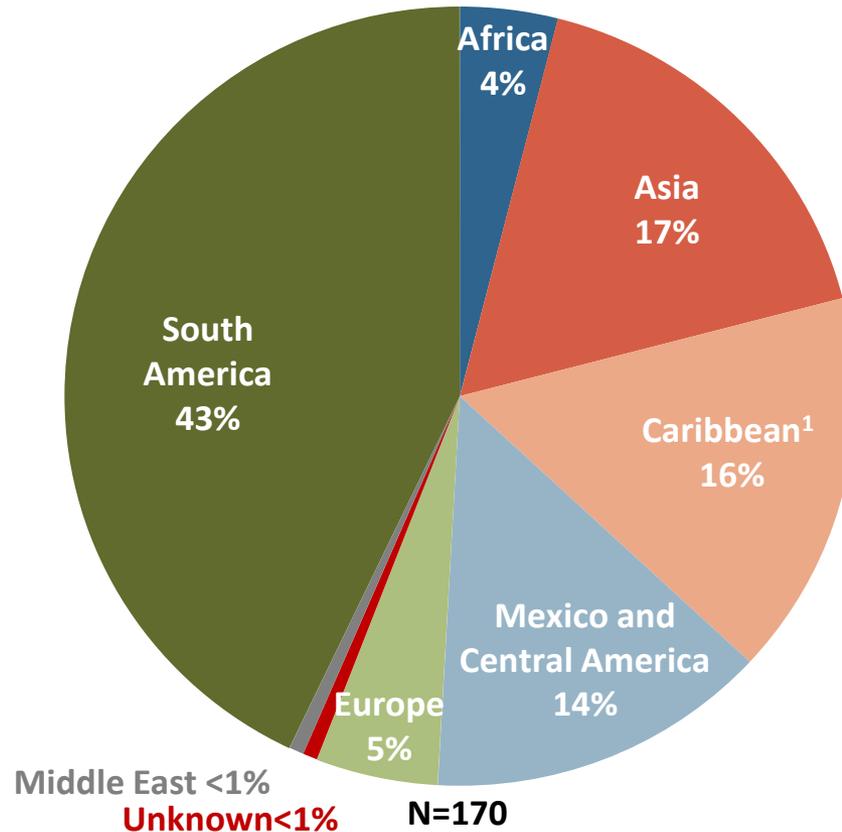


**Between 2014 and 2018, the number of new HIV diagnoses was highest in neighborhoods with medium poverty in Queens.**

FPL=Federal Poverty Level. Queens does not have any ZIP codes that are  $\geq 30\%$  below FPL (very high poverty).

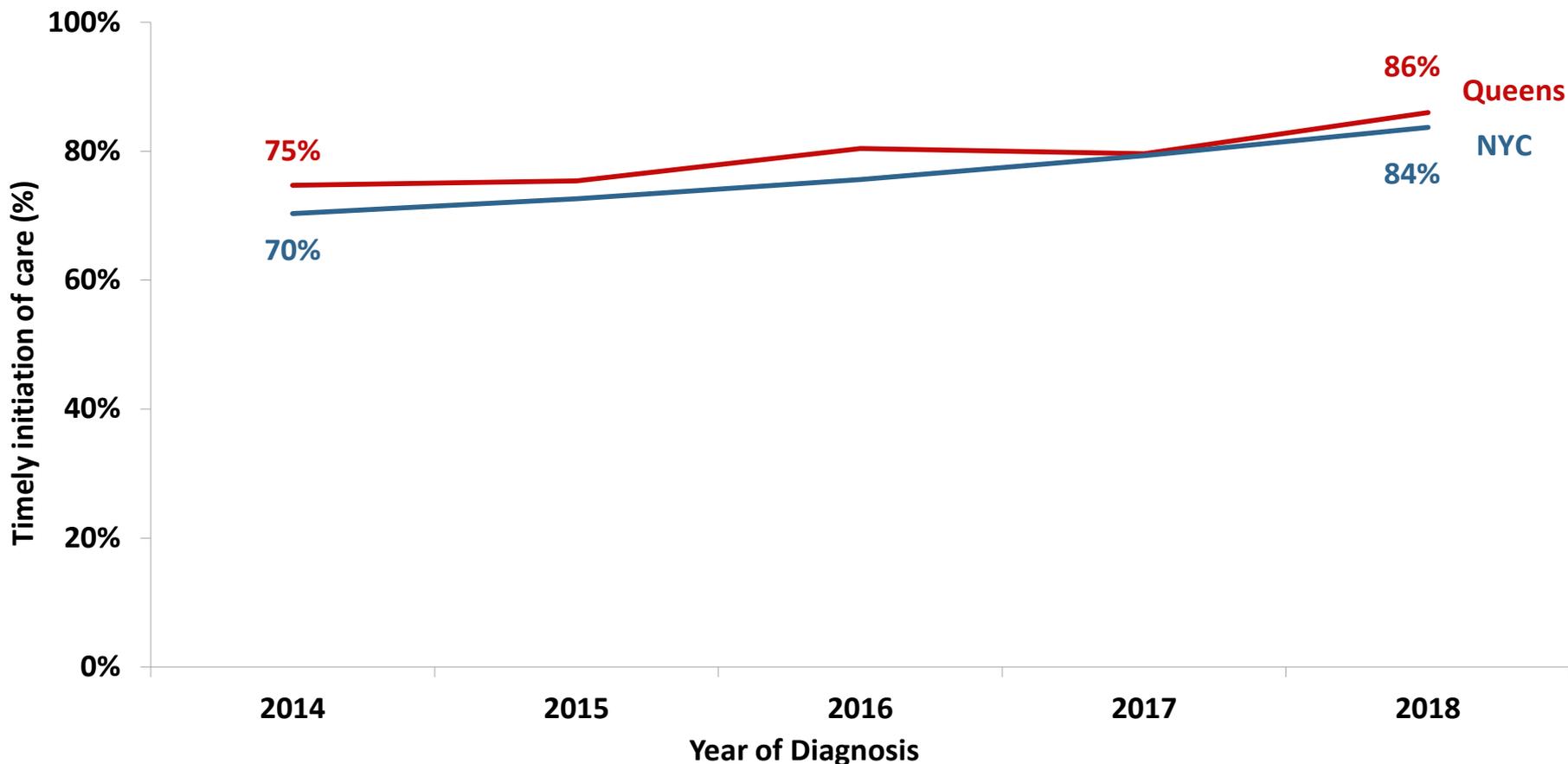
Unknown poverty category is not shown and includes people newly diagnosed with HIV and missing ZIP code at diagnosis. There were no people with unknown ZIP code 12 at diagnosis in Queens in 2018. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

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



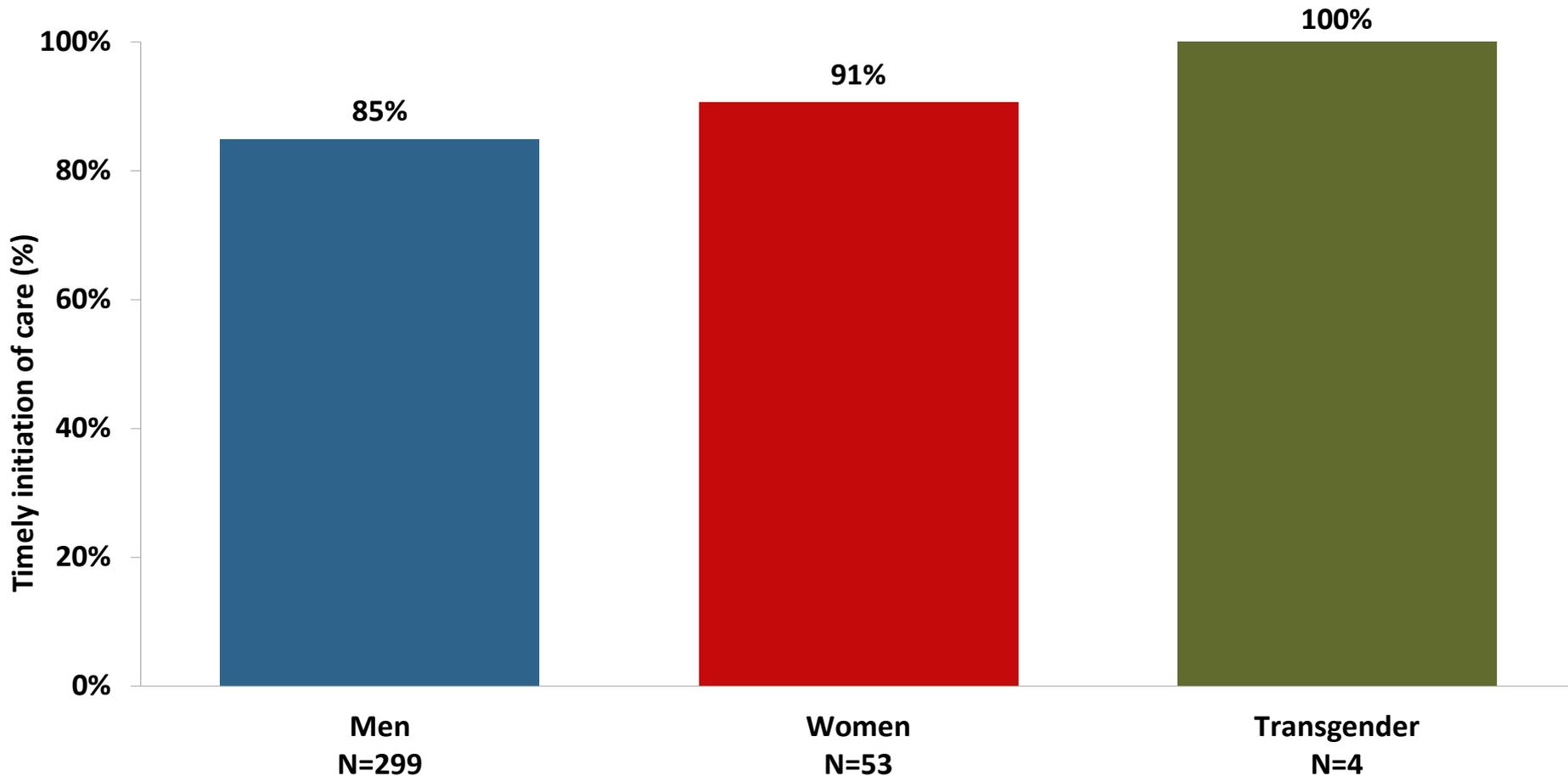
**People born outside the US accounted for 47% of new HIV diagnoses in Queens in 2018. People born in the Caribbean<sup>1</sup>, Mexico and Central America, and South America accounted for 72% of these new HIV diagnoses.**

# TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV IN NYC AND QUEENS, 2014-2018



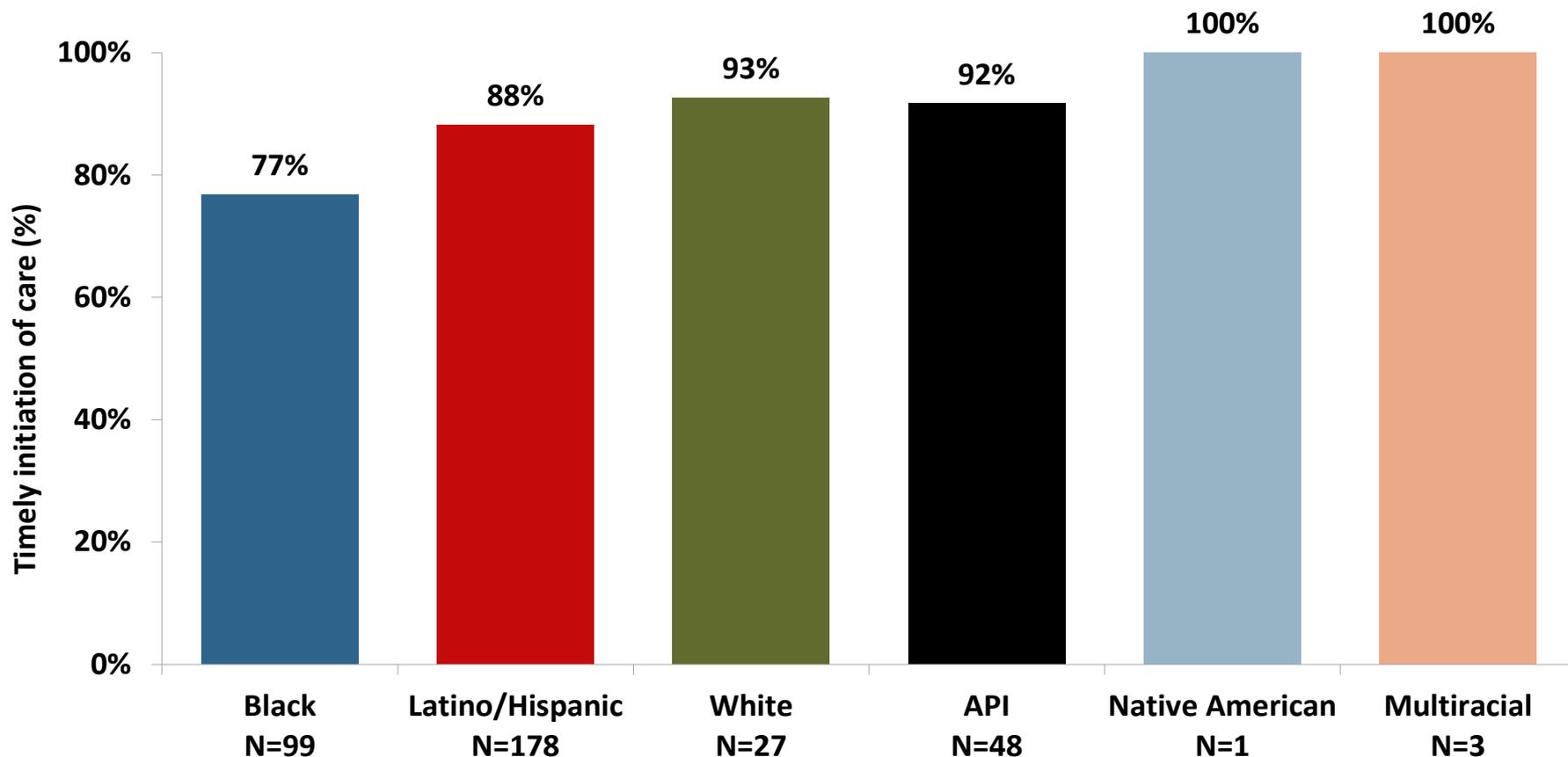
**Between 2014 and 2018, timely initiation of care among people newly diagnosed with HIV increased in Queens and in NYC overall.**

# TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY GENDER IN QUEENS, 2018



**Among people newly diagnosed with HIV in Queens in 2018, a smaller proportion of men were linked timely to care than women, and none of the 4 newly diagnosed transgender people were linked timely to care.**

# TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY RACE/ETHNICITY IN QUEENS, 2018



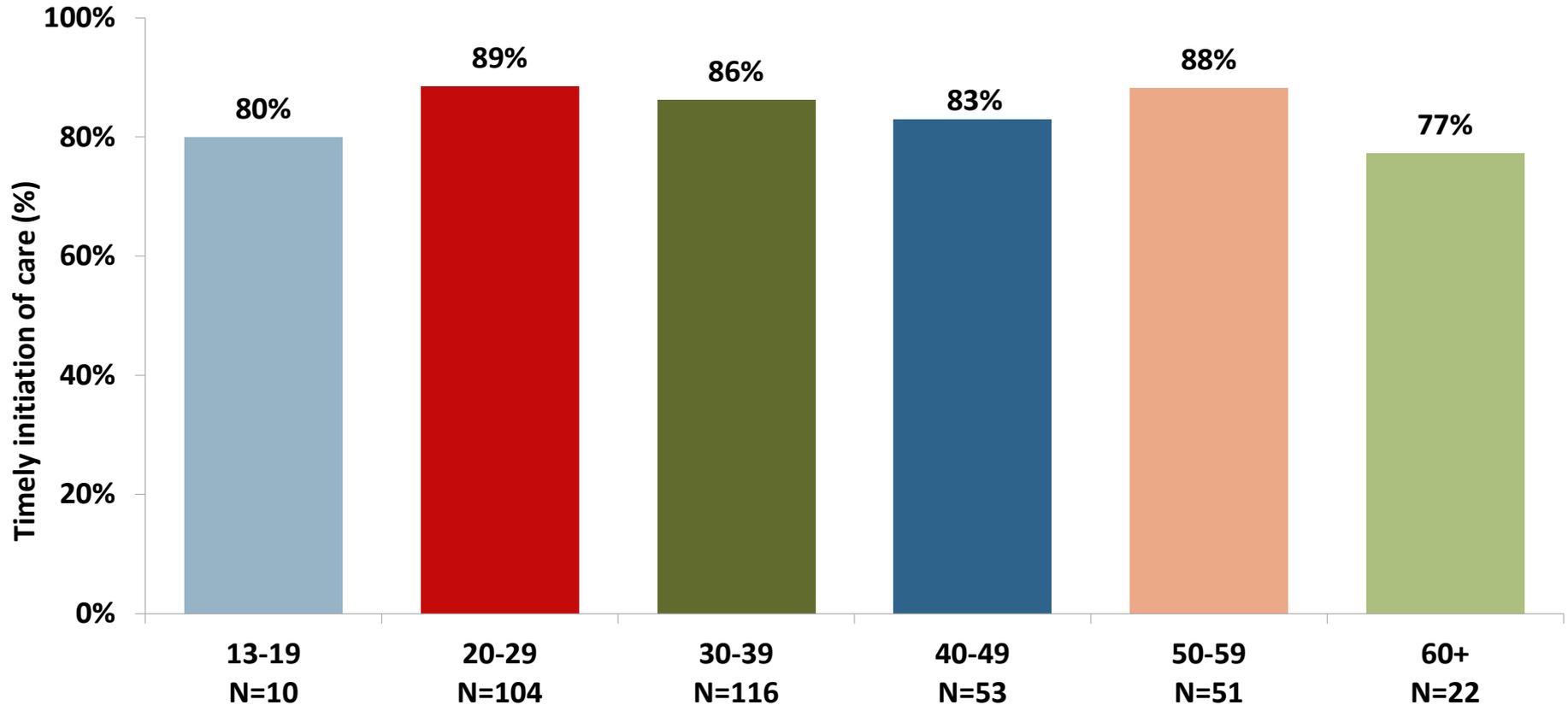
**Among people newly diagnosed with HIV in Queens in 2018, a smaller proportion of Black people were linked timely to care, and none of the 3 newly diagnosed multiracial people were linked timely to care.**

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.

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 AGE IN QUEENS, 2018



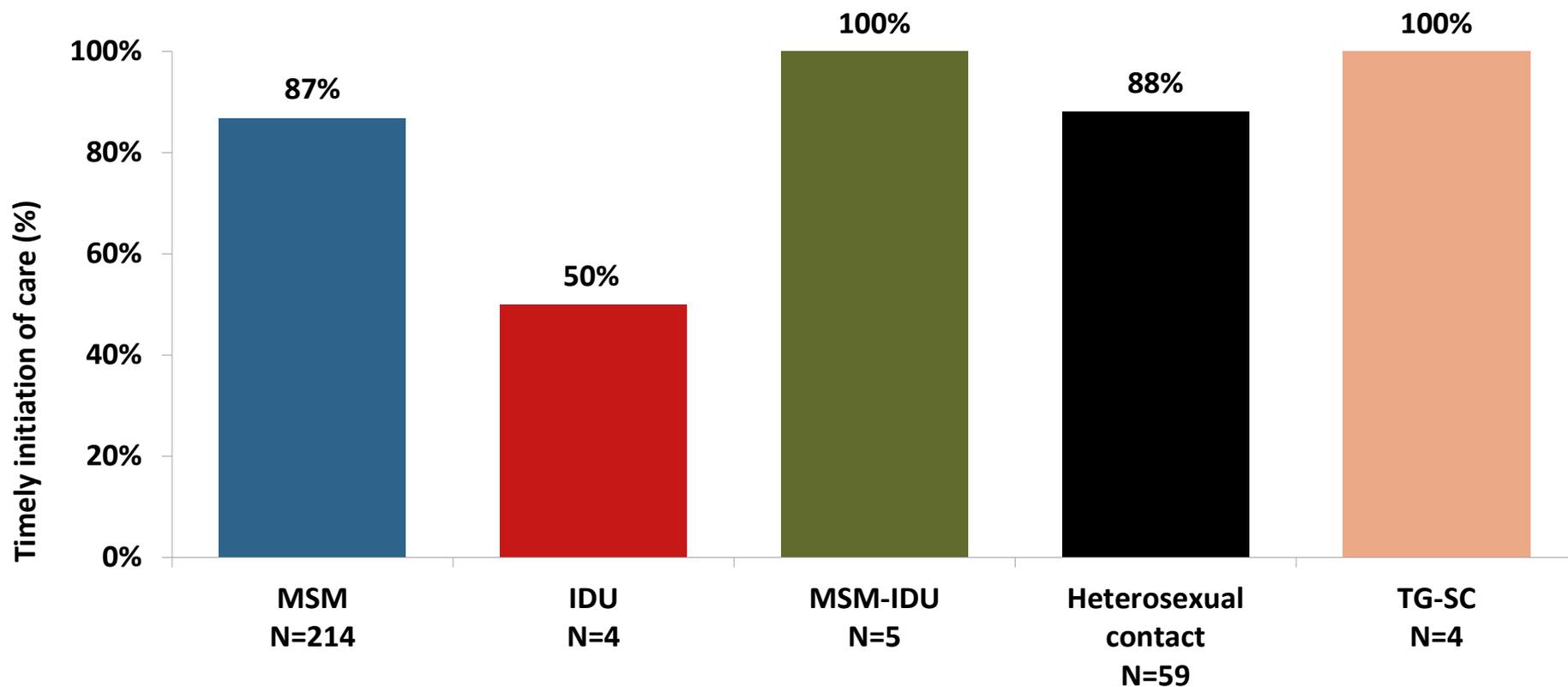
**Among people newly diagnosed with HIV in Queens in 2018, people ages 13 to 19 years and 60 years and older had the smallest proportion with timely initiation of care.**

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 Queens 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 QUEENS, 2018



**Among people newly diagnosed with HIV in Queens in 2018, MSM and people with heterosexual contact had similar proportions with timely initiation of care. None of the people with IDU or TG-SC transmission risk were linked timely to care.**

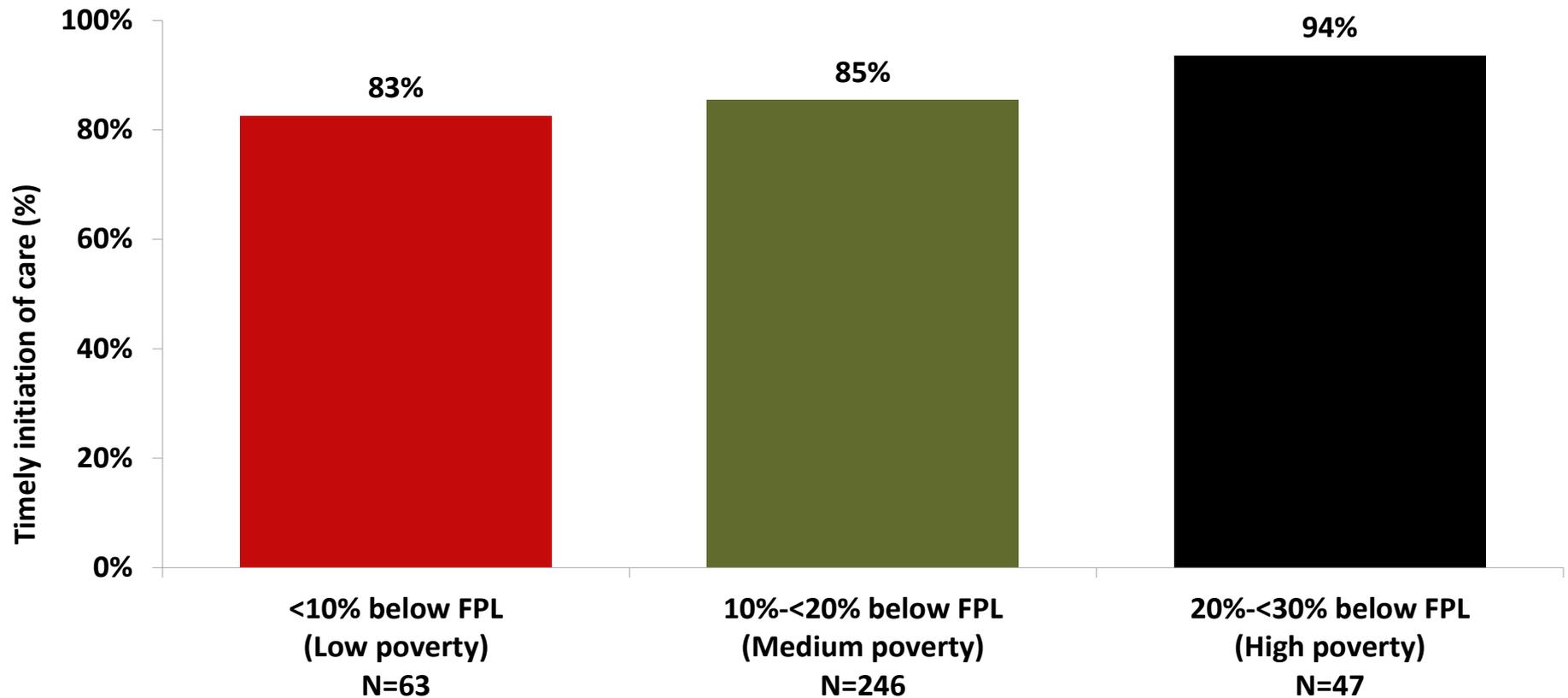
MSM=men who have sex with men; IDU=history of injection drug use; TG-SC=transgender people with sexual contact.

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=72) are not displayed. There were no new diagnoses among people with perinatal transmission risk or other risk in Queens 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 AREA-BASED POVERTY IN QUEENS, 2018



**Among people newly diagnosed with HIV in Queens in 2018, those living in low-poverty areas had the smallest proportion timely linked to care.**

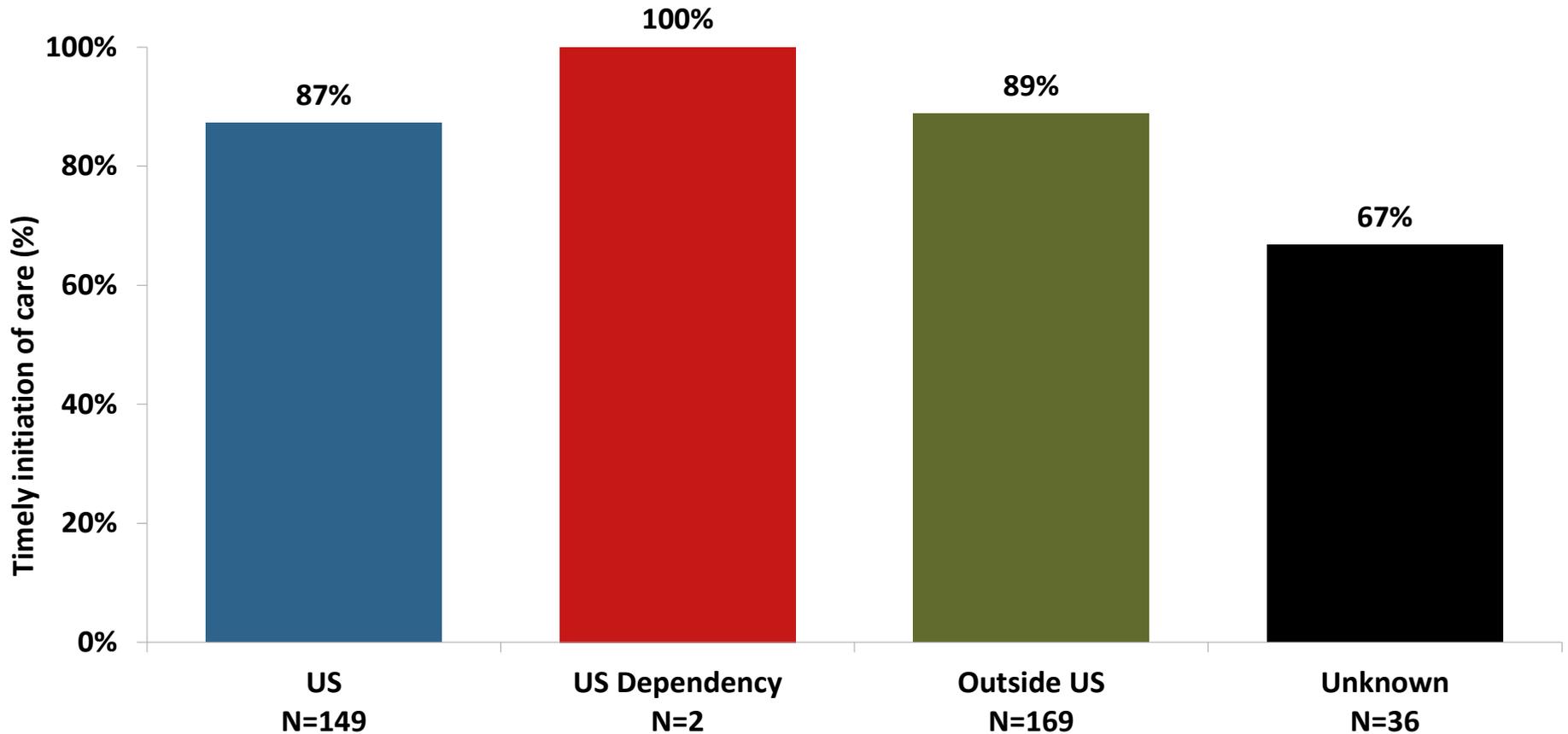
FPL=Federal Poverty Level. Queens does not have any ZIP codes that are  $\geq 30\%$  below FPL (very high poverty).

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 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 QUEENS, 2018



**Among people newly diagnosed with HIV in Queens in 2018, people whose country of birth was unknown had a smaller proportion timely linked to care than US-born people or people born outside the US.**

# 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

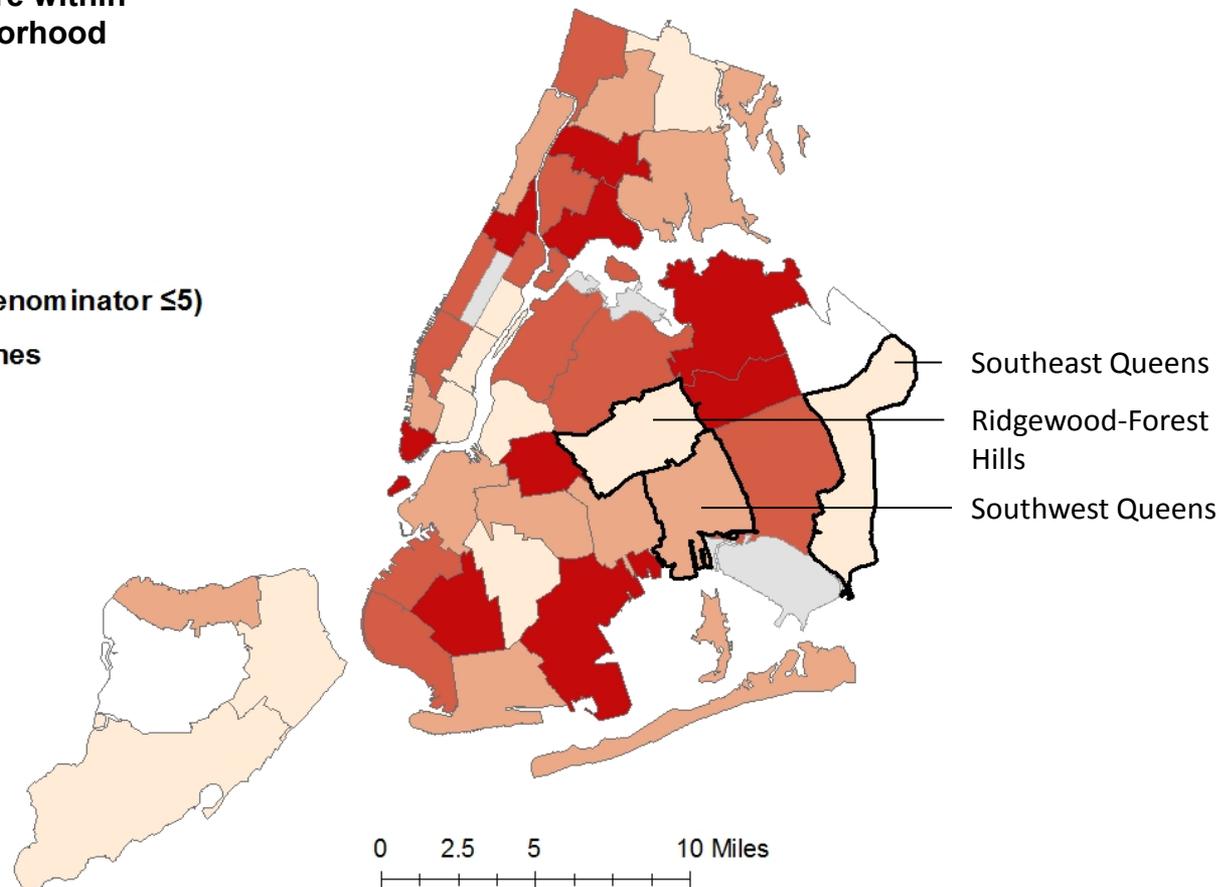
81.1 - 86.1

86.2 - 89.7

89.8 - 100.0

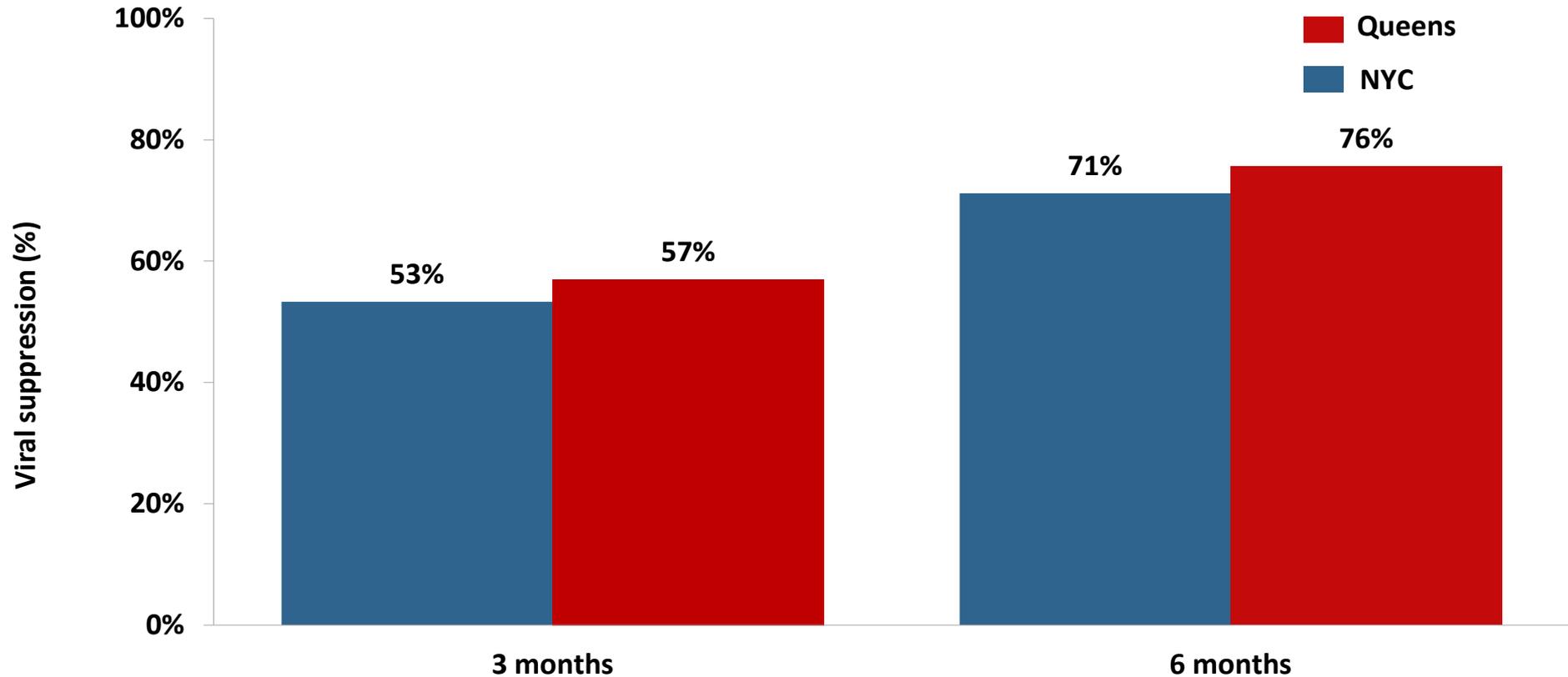
Data not shown (denominator  $\leq 5$ )

Non-residential zones



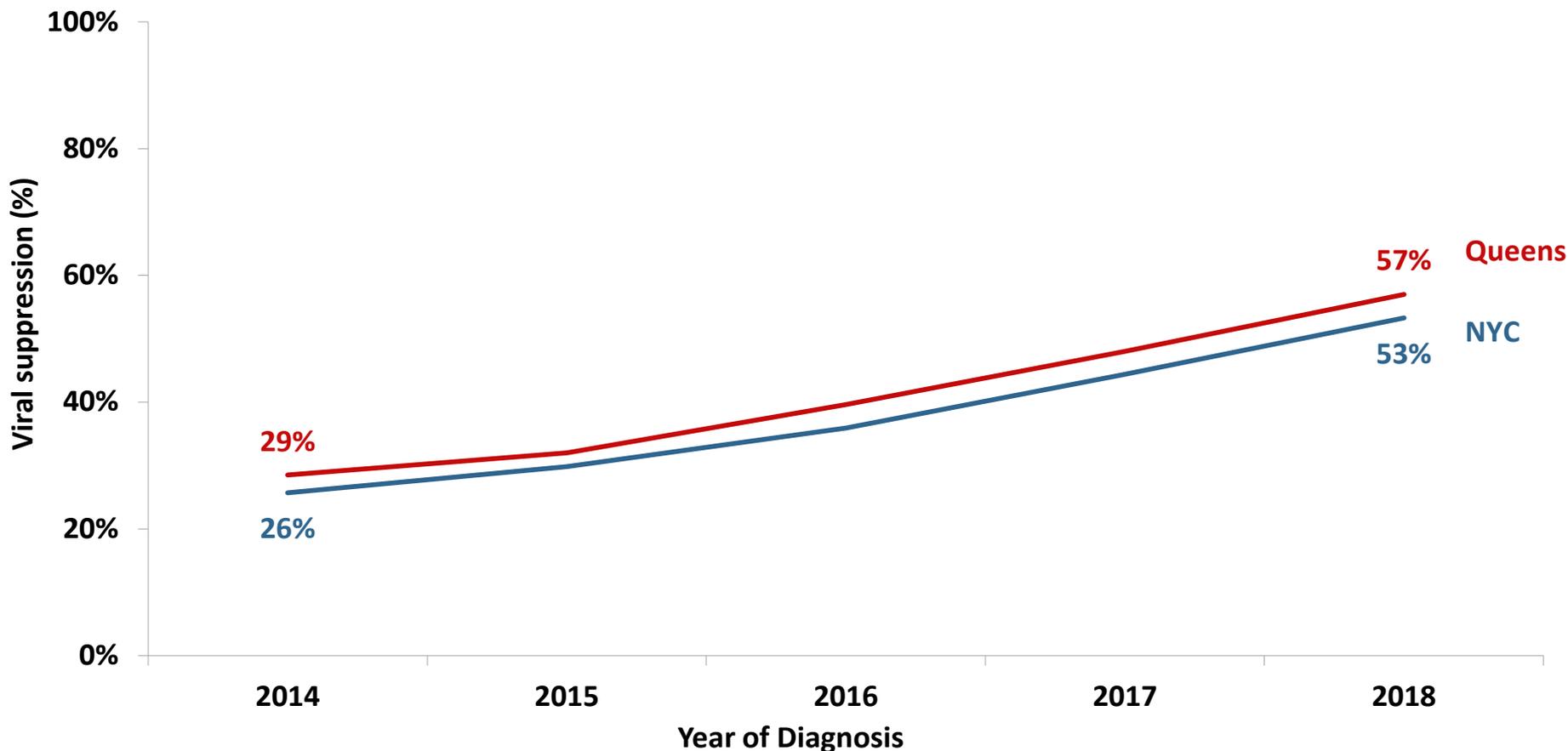
**Queens neighborhoods with the smallest proportions of people timely linked to care in 2018 were Ridgewood-Forest Hills (77.8%), Southeast Queens (81.0%), and Southwest Queens (81.1%).**

# VIRAL SUPPRESSION WITHIN 3 AND 6 MONTHS OF NEW HIV DIAGNOSIS IN NYC AND QUEENS, 2018



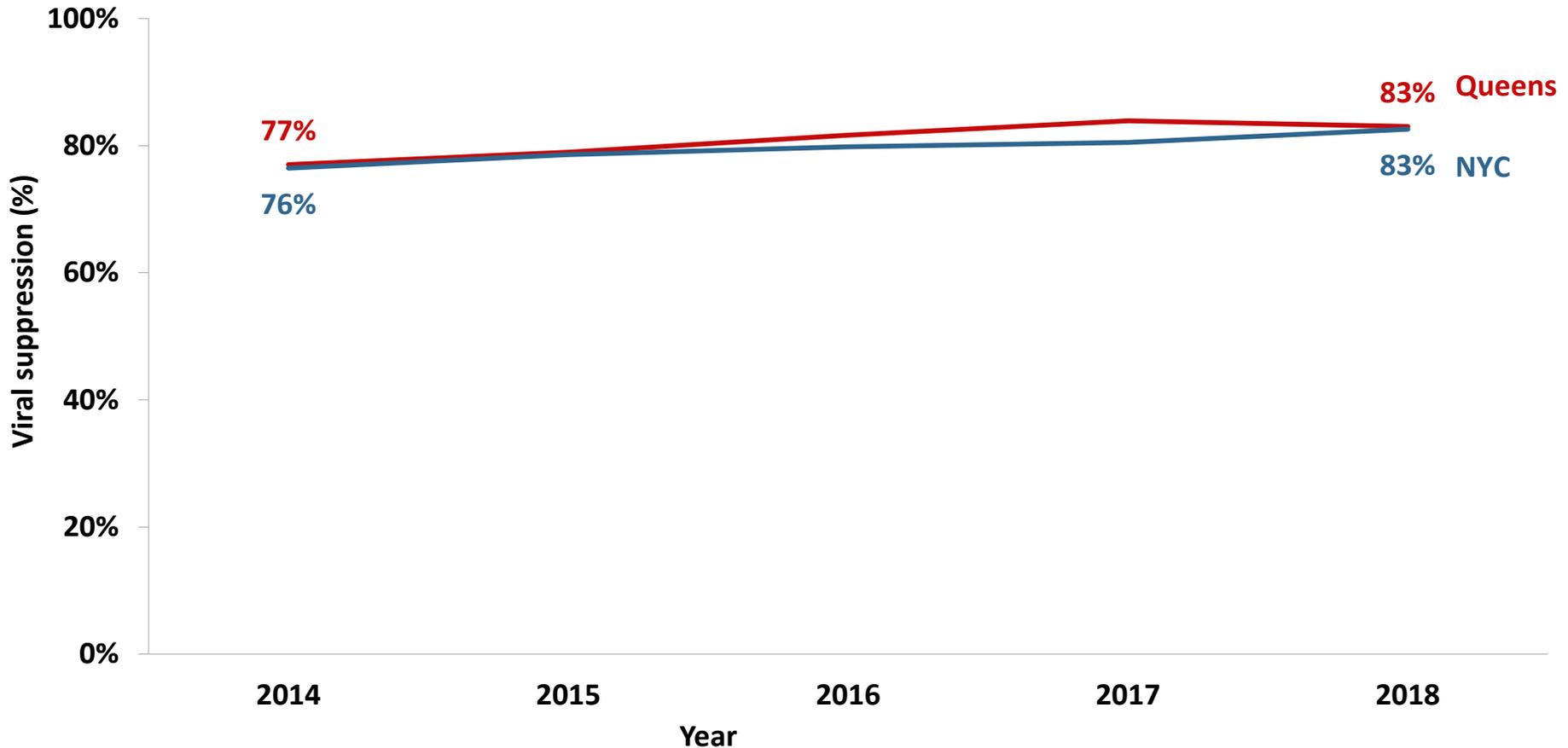
**Among people newly diagnosed with HIV in 2018, a larger proportion of Queens residents achieved viral suppression within 3 and 6 months of diagnosis than New Yorkers overall.**

# VIRAL SUPPRESSION WITHIN 3 MONTHS AMONG PEOPLE NEWLY DIAGNOSED WITH HIV IN NYC AND QUEENS, 2014-2018



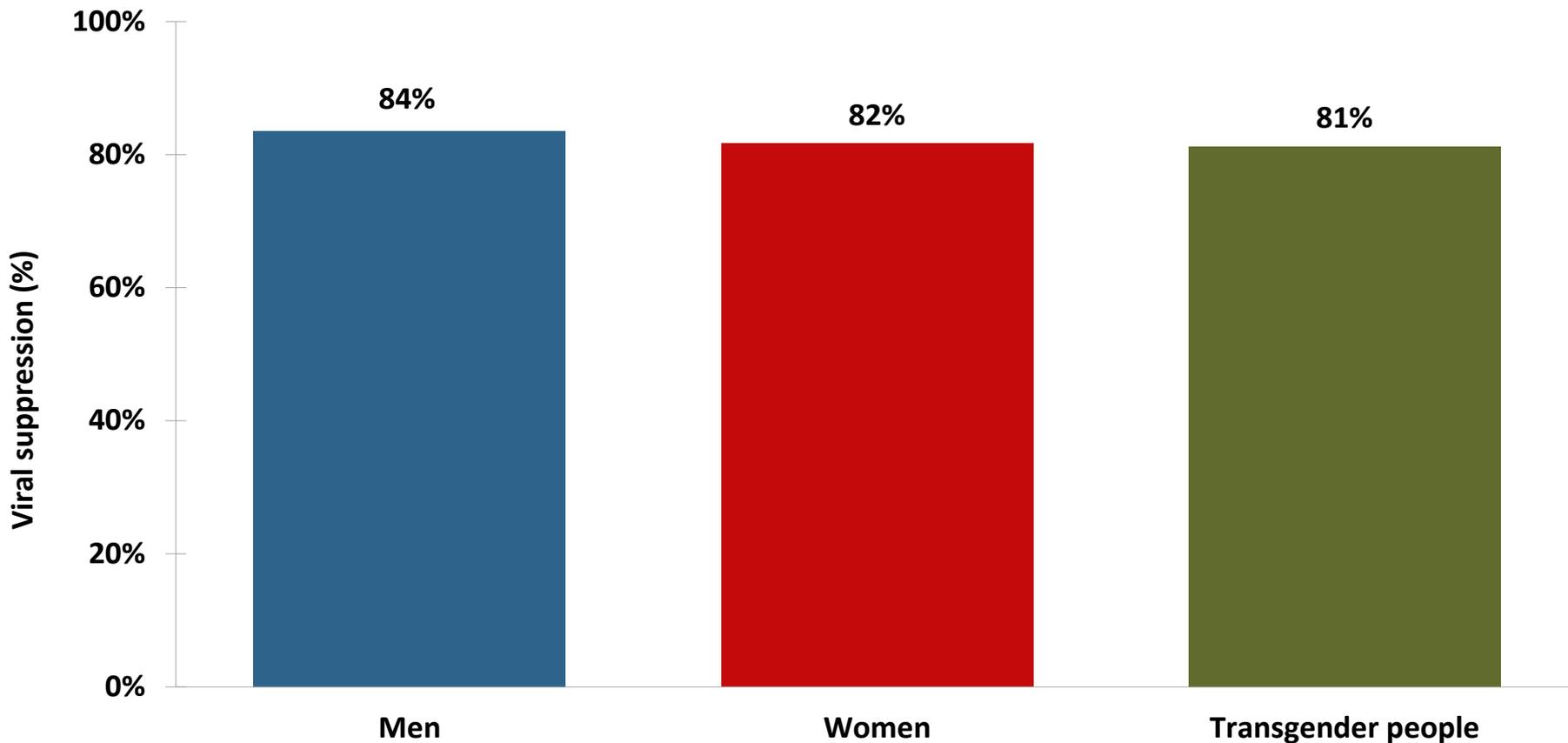
**Between 2014 and 2018, viral suppression within 3 months among people newly diagnosed with HIV increased in Queens and in NYC overall.**

# VIRAL SUPPRESSION AMONG DIAGNOSED PLWH IN NYC AND QUEENS, 2014-2018



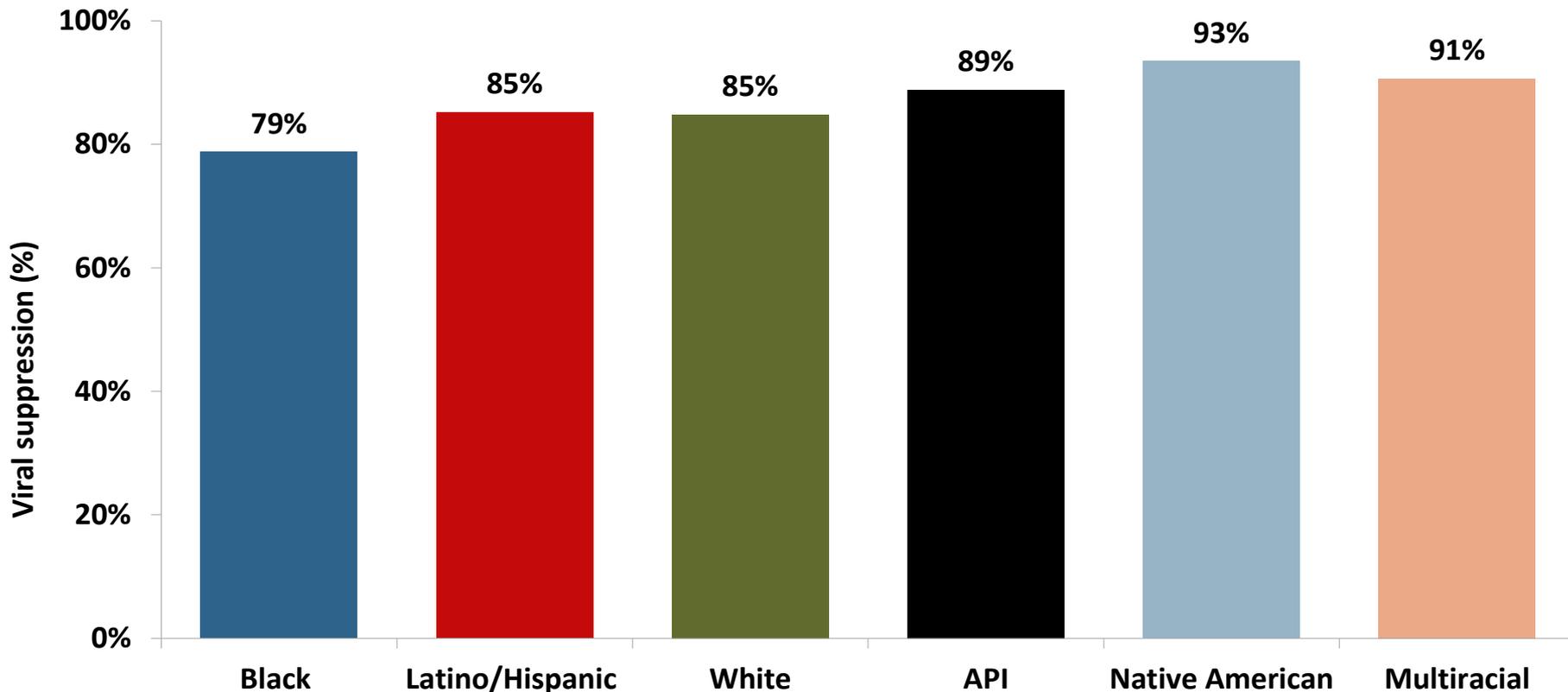
**Between 2014 and 2018, viral suppression among all diagnosed PLWH increased in Queens and in NYC overall.**

# VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY GENDER IN QUEENS, 2018



**Among diagnosed PLWH in Queens, a smaller proportion of transgender people and women were virally suppressed compared to men.**

# VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY RACE/ETHNICITY IN QUEENS, 2018



**Among diagnosed PLWH in Queens, Black people had the smallest proportion virally suppressed compared to PLWH from other racial/ethnic groups.**

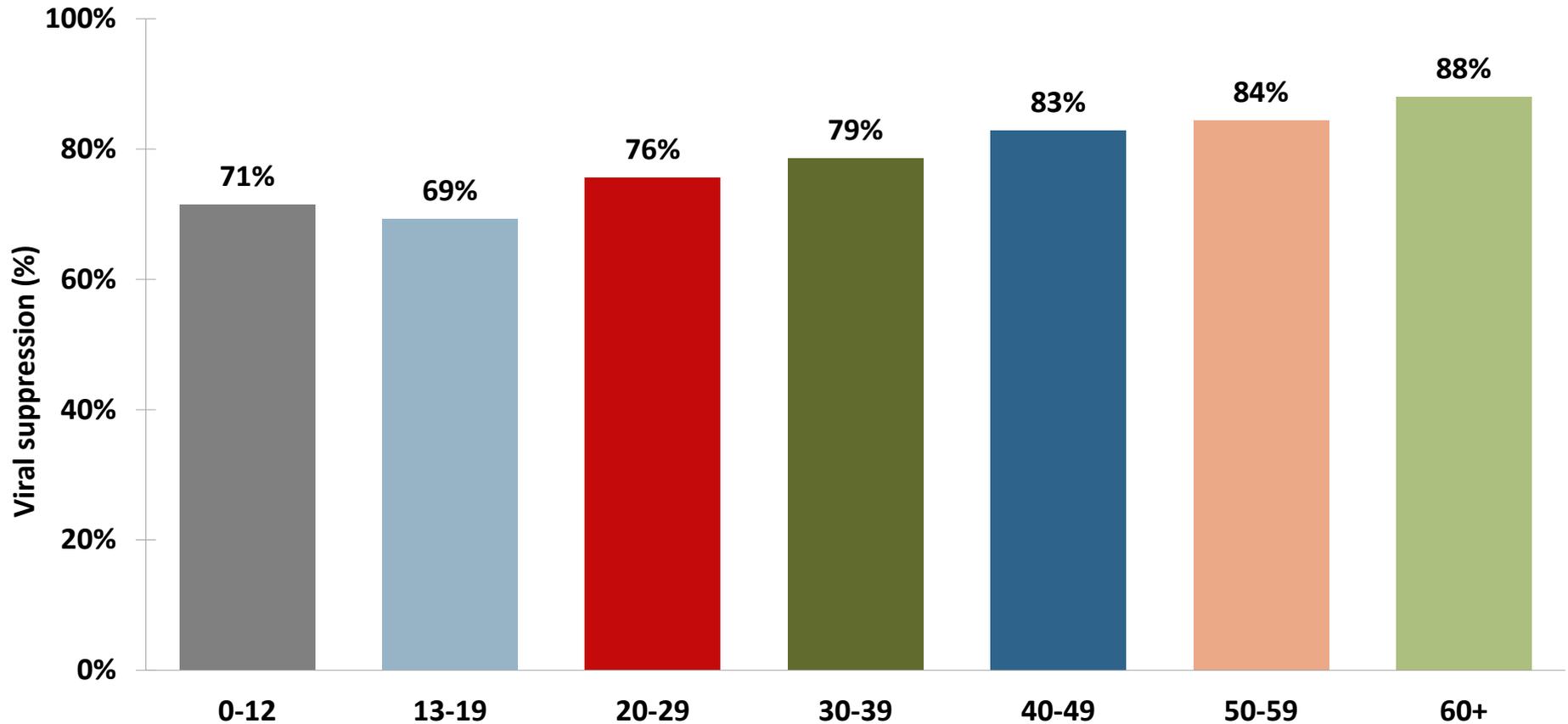
API=Asian/Pacific Islander.

Viral suppression is defined as most recent viral load in 2018 was <200 copies/mL.

Unknown race/ethnicity not shown. There were 13 people whose race/ethnicity was unknown in Queens in 2018.

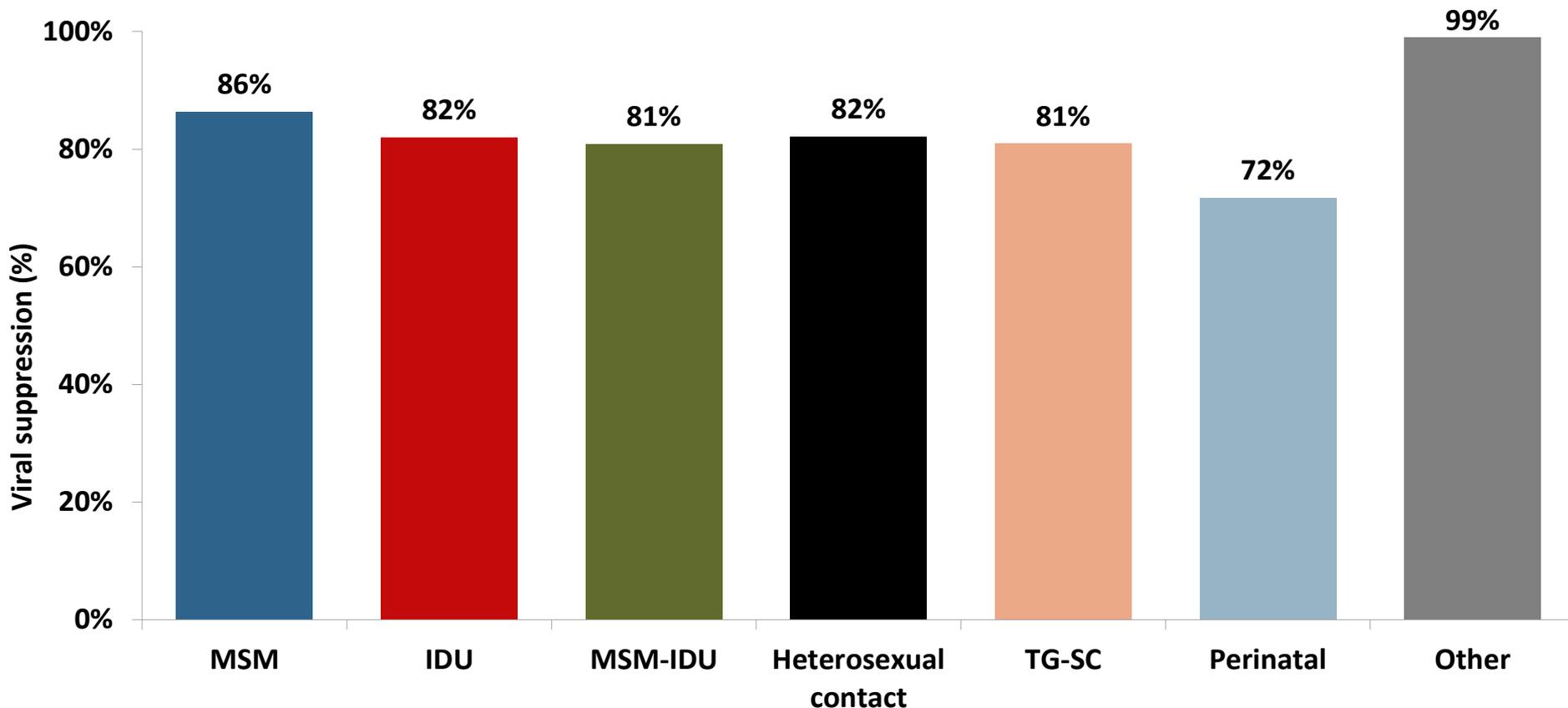
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

# VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY AGE IN QUEENS, 2018



**Among diagnosed PLWH in Queens, children ages 0 to 12 years and those ages 13 to 19 years had the smallest proportion virally suppressed, and those ages 60 years and older had the largest.**

# VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY TRANSMISSION RISK IN QUEENS, 2018



**Among diagnosed PLWH in Queens, people with perinatal transmission risk had the smallest proportion virally suppressed.**

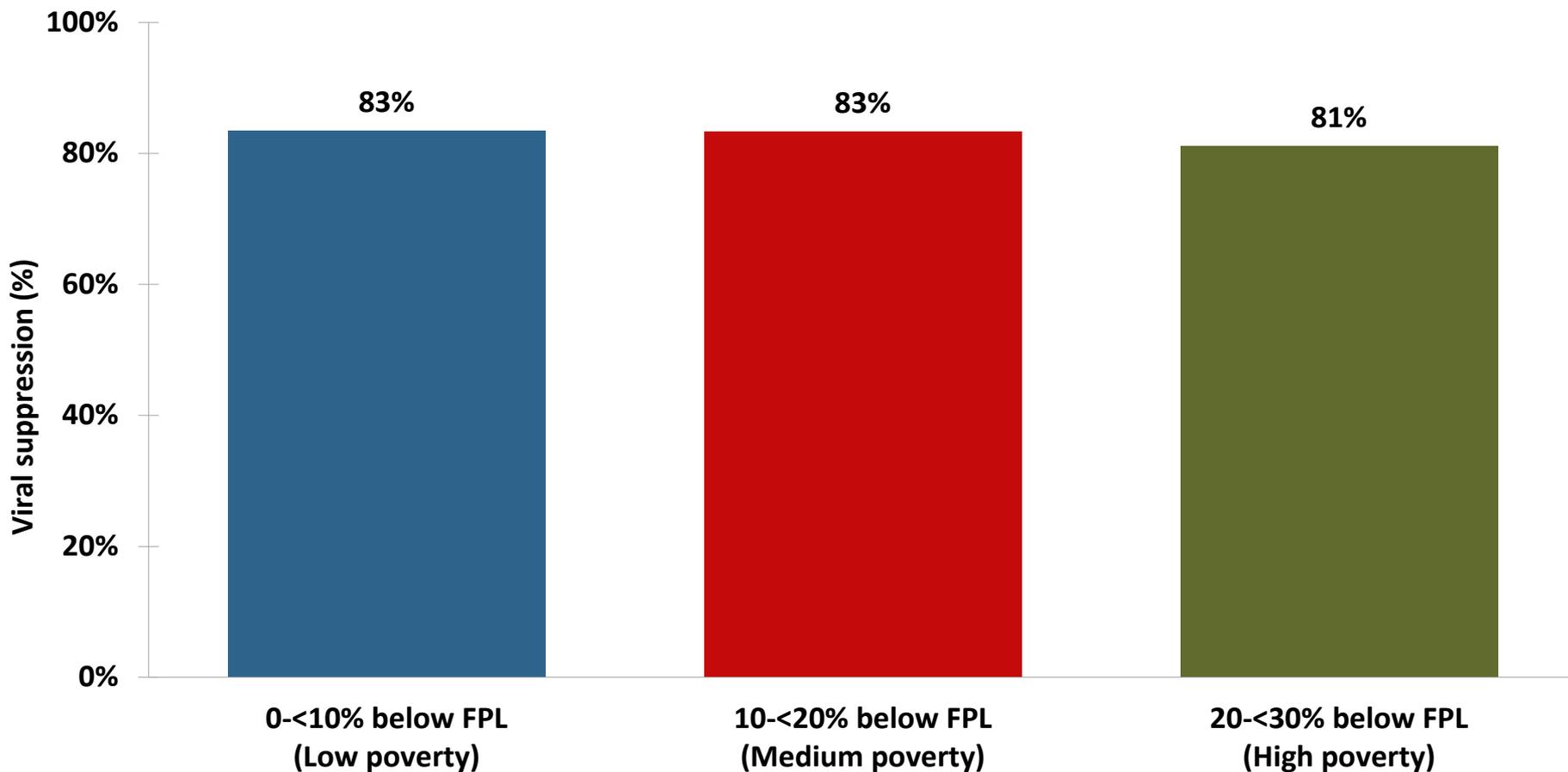
MSM=men who have sex with men; IDU=history of injection drug use; TG-SC=transgender people with sexual contact.

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 QUEENS, 2018



**Among diagnosed PLWH in Queens, smaller proportions of people living in higher poverty neighborhoods were virally suppressed.**

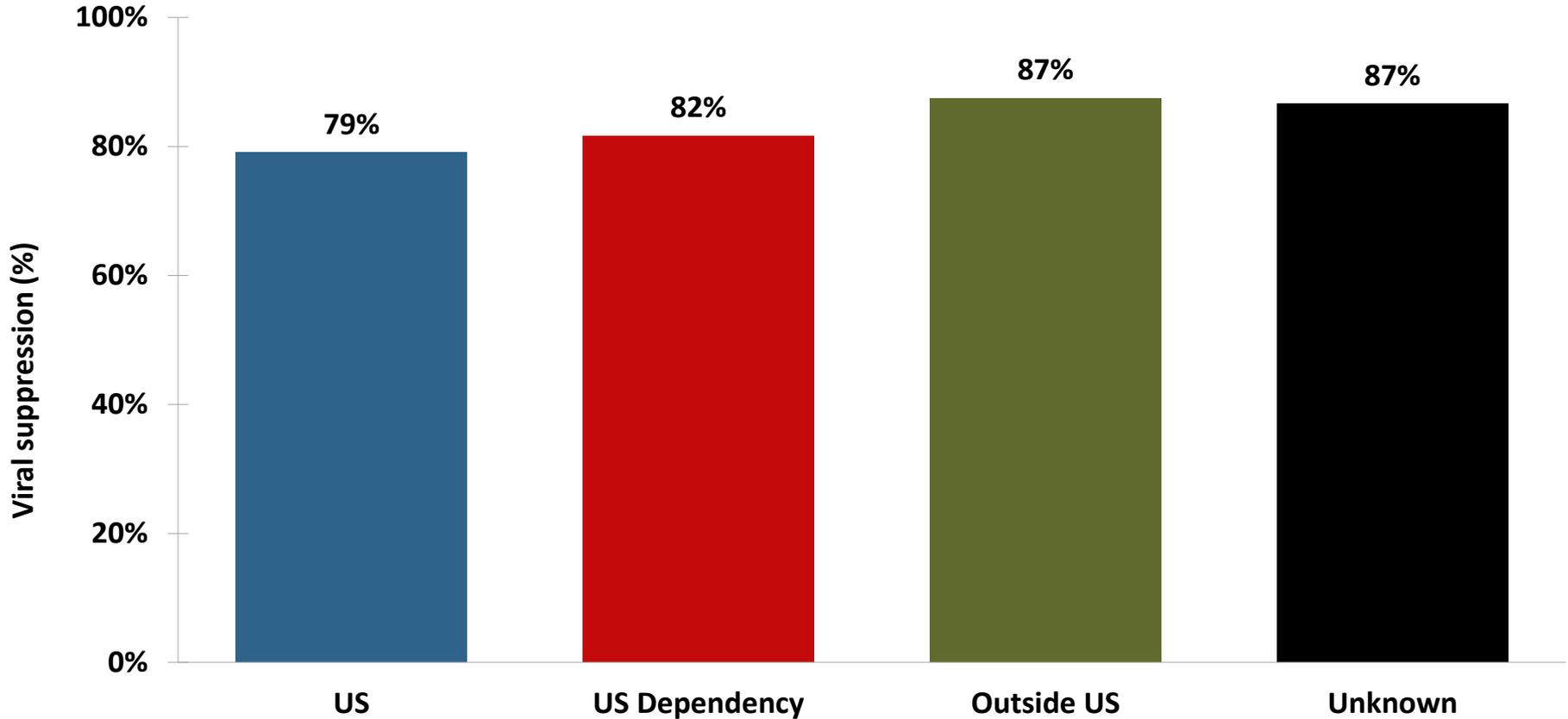
FPL=Federal Poverty Level. Queens does not have any ZIP codes that are  $\geq 30\%$  below FPL (very high poverty).

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 AREA OF BIRTH IN QUEENS, 2018



**Among diagnosed PLWH in Queens, 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 BY UHF NEIGHBORHOOD IN NYC, 2018

Proportion virally suppressed  
by UHF neighborhood

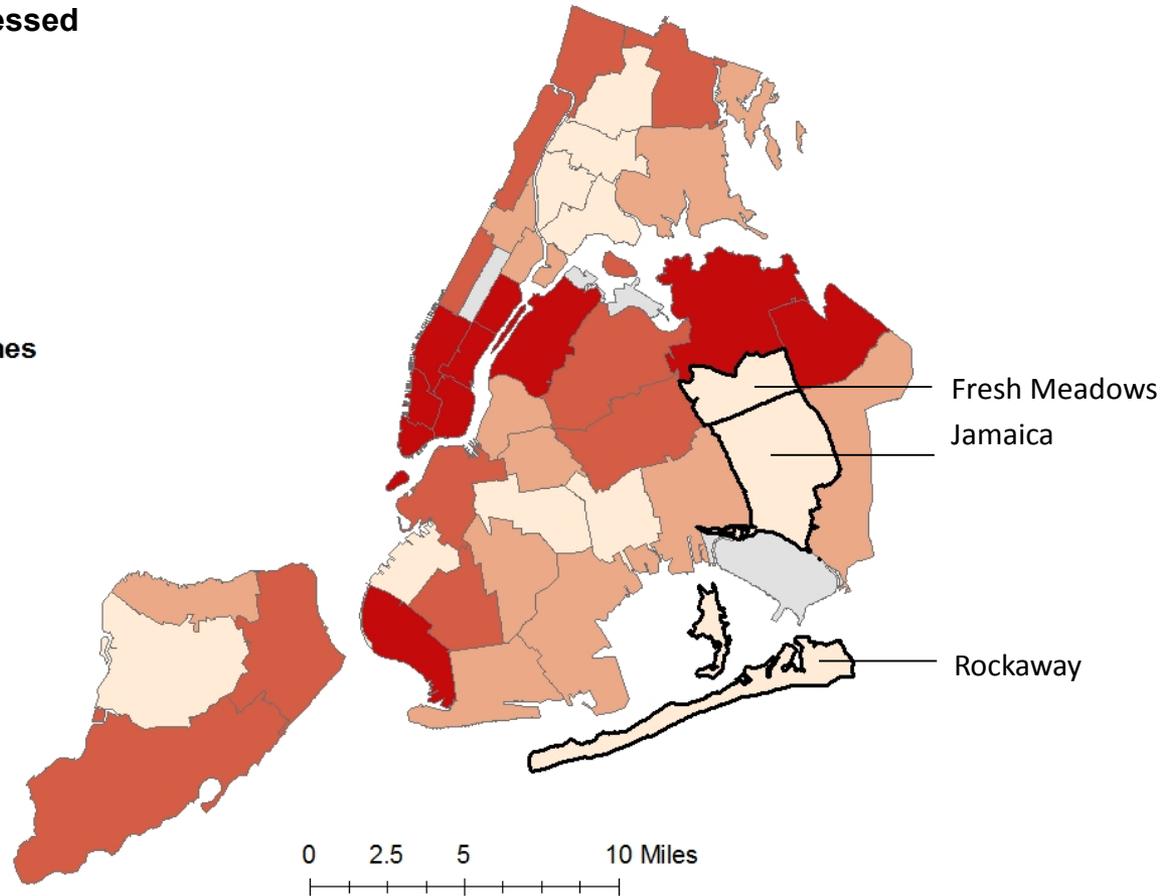
75.1 - 80.7

80.8 - 83.2

83.3 - 86.2

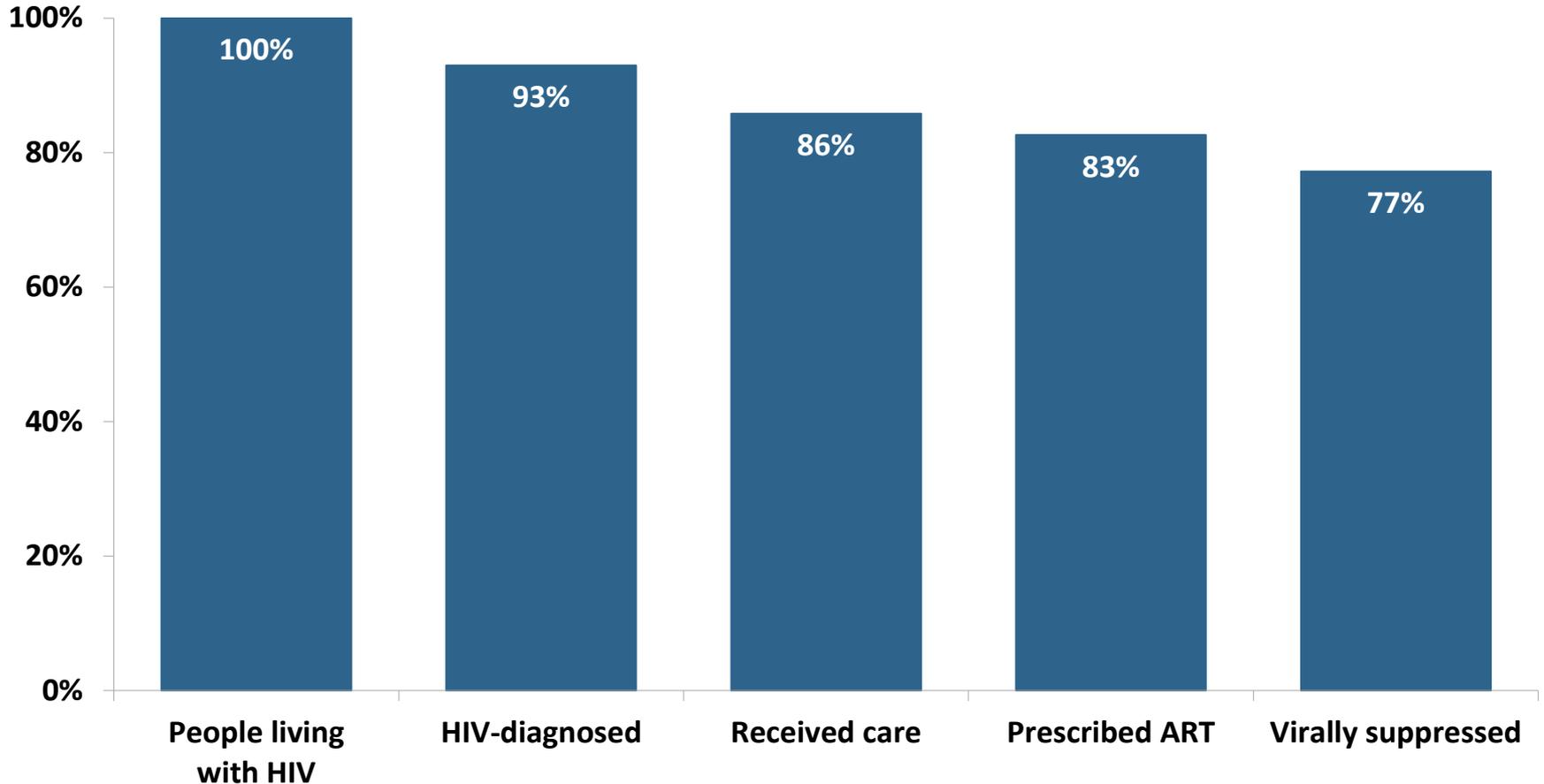
86.3 - 91.2

Non-residential zones



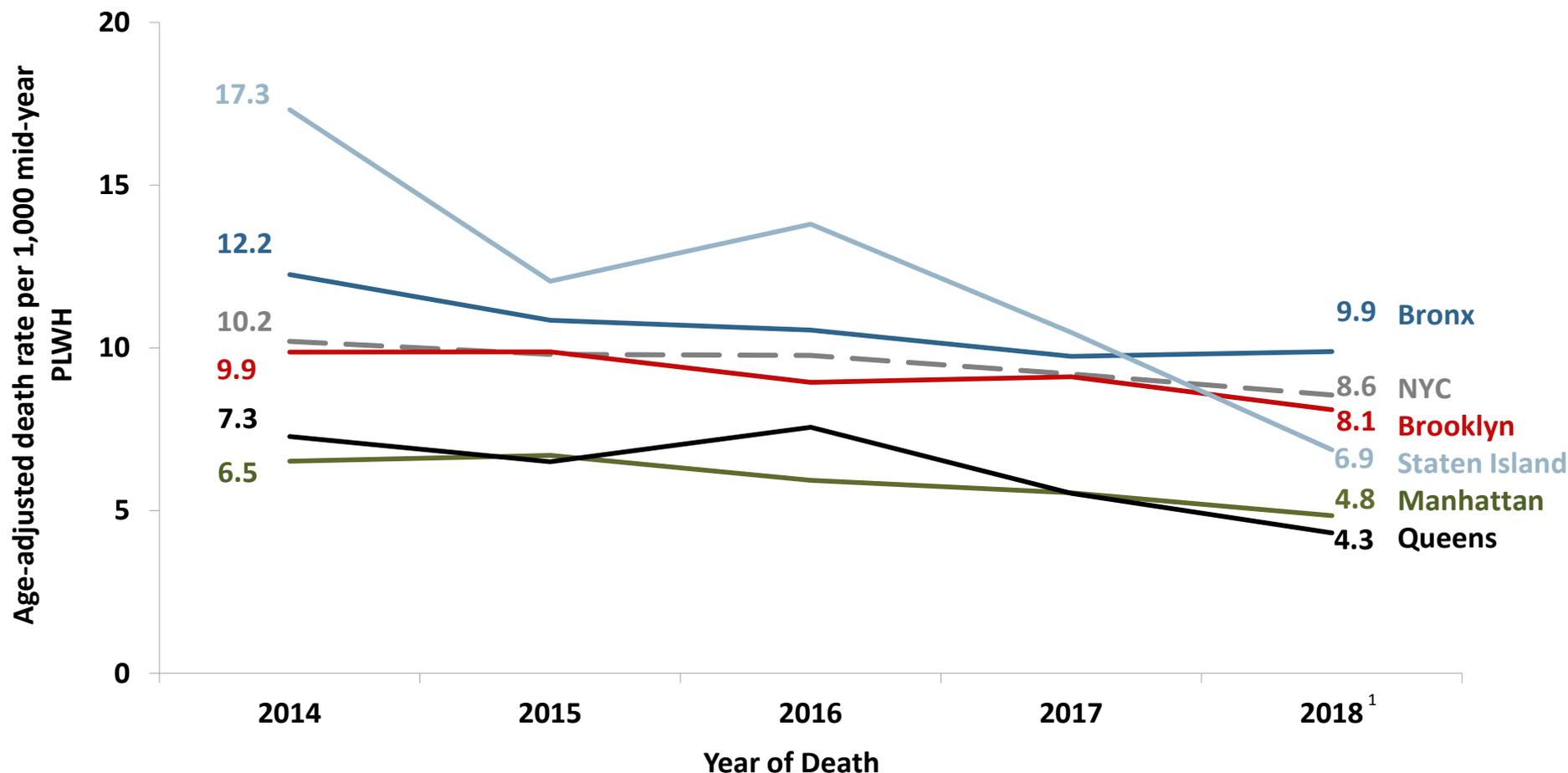
**Queens neighborhoods with the smallest proportion of virally suppressed PLWH in 2018 were Rockaway (77.6%), Fresh Meadows (78.4%), and Jamaica (80.1%).**

# PROPORTION OF PLWH IN QUEENS ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2018



**Of approximately 13,200 PLWH in Queens in 2018, 77% had a suppressed viral load.**

# AGE-ADJUSTED DEATH RATES AMONG PEOPLE WITH HIV IN NYC OVERALL AND BY BOROUGH, 2014-2018

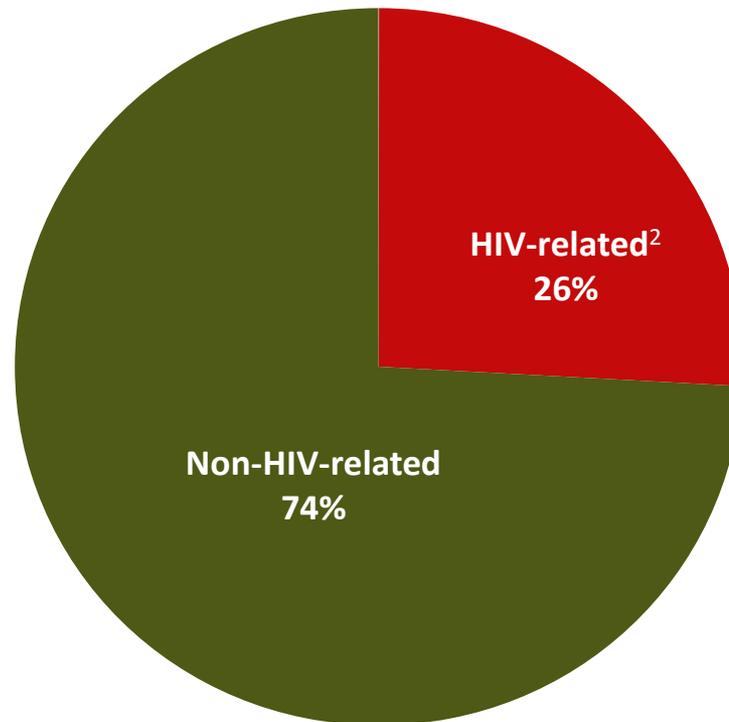


**The age-adjusted death rate among people with HIV decreased in Queens between 2014 and 2018. By borough, Queens had the lowest rate in 2018.**

Age-adjusted to the NYC Census 2010 population.

<sup>1</sup>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 PEOPLE WITH HIV IN QUEENS, 2017<sup>1</sup>



**In 2017, 74% of deaths among people with HIV in Queens were due to non-HIV-related causes. Among these, the top causes were cardiovascular diseases (38%), non-HIV-related cancers (27%), and accidents (11%).**

<sup>1</sup>Cause of death data are not yet available for 2018.

<sup>2</sup>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 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](mailto:HIVReport@health.nyc.gov)
  - 2 weeks minimum needed for requests to be completed

# APPENDIX:

## 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.
- 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](http://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  $\geq 1$  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.