

HIV IN STATEN ISLAND, 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>

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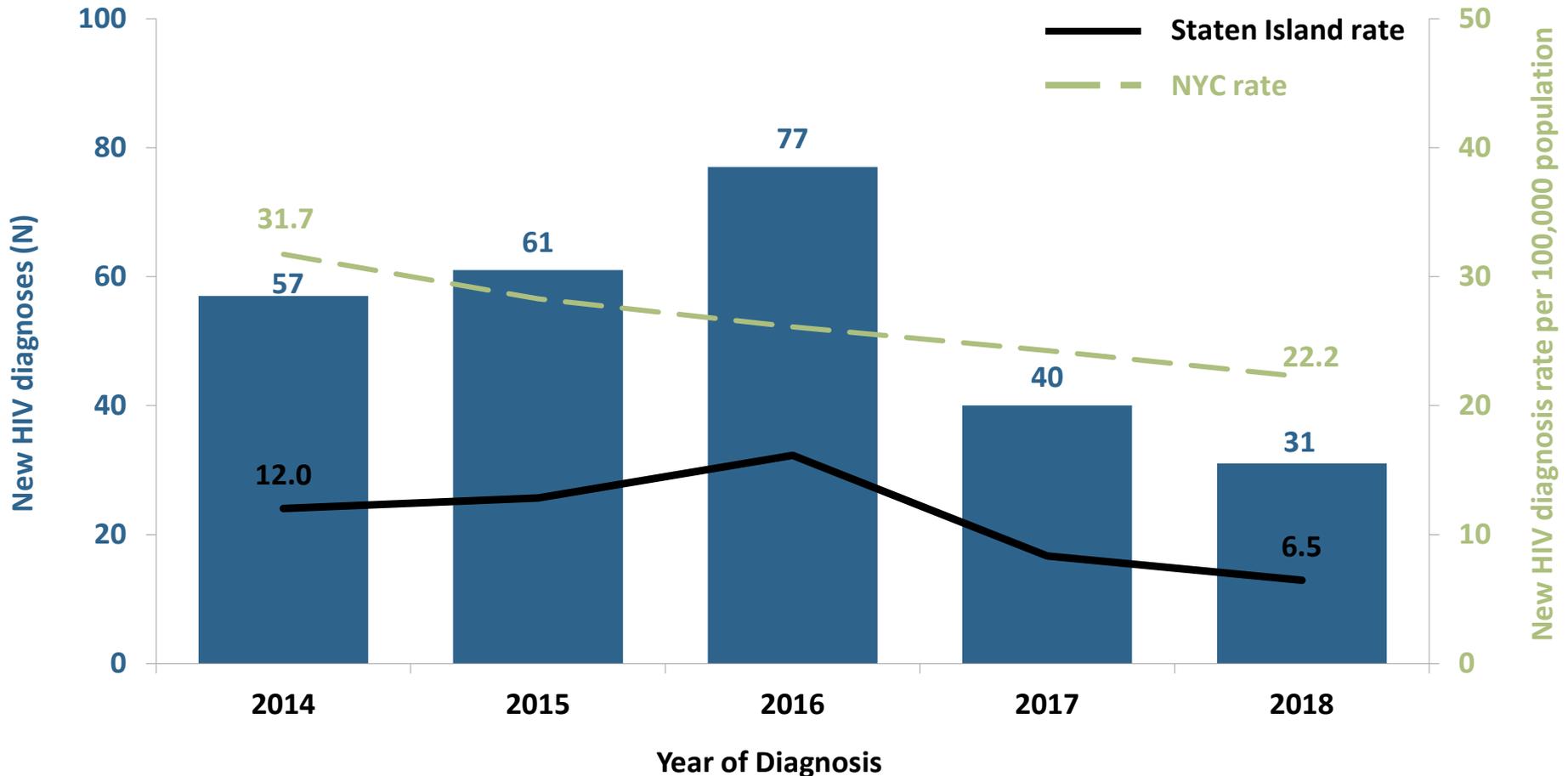
HIV IN STATEN ISLAND, 2018

BASIC STATISTICS

- **6% of all New Yorkers live in Staten Island**
- **31 new HIV diagnoses**
 - 2% of all HIV diagnoses in NYC
 - Includes 6 HIV diagnoses concurrent with an AIDS diagnosis (19%)
- **20 new AIDS diagnoses**
- **27 deaths among people with HIV**
 - 6.9 deaths per 1,000 people with HIV¹

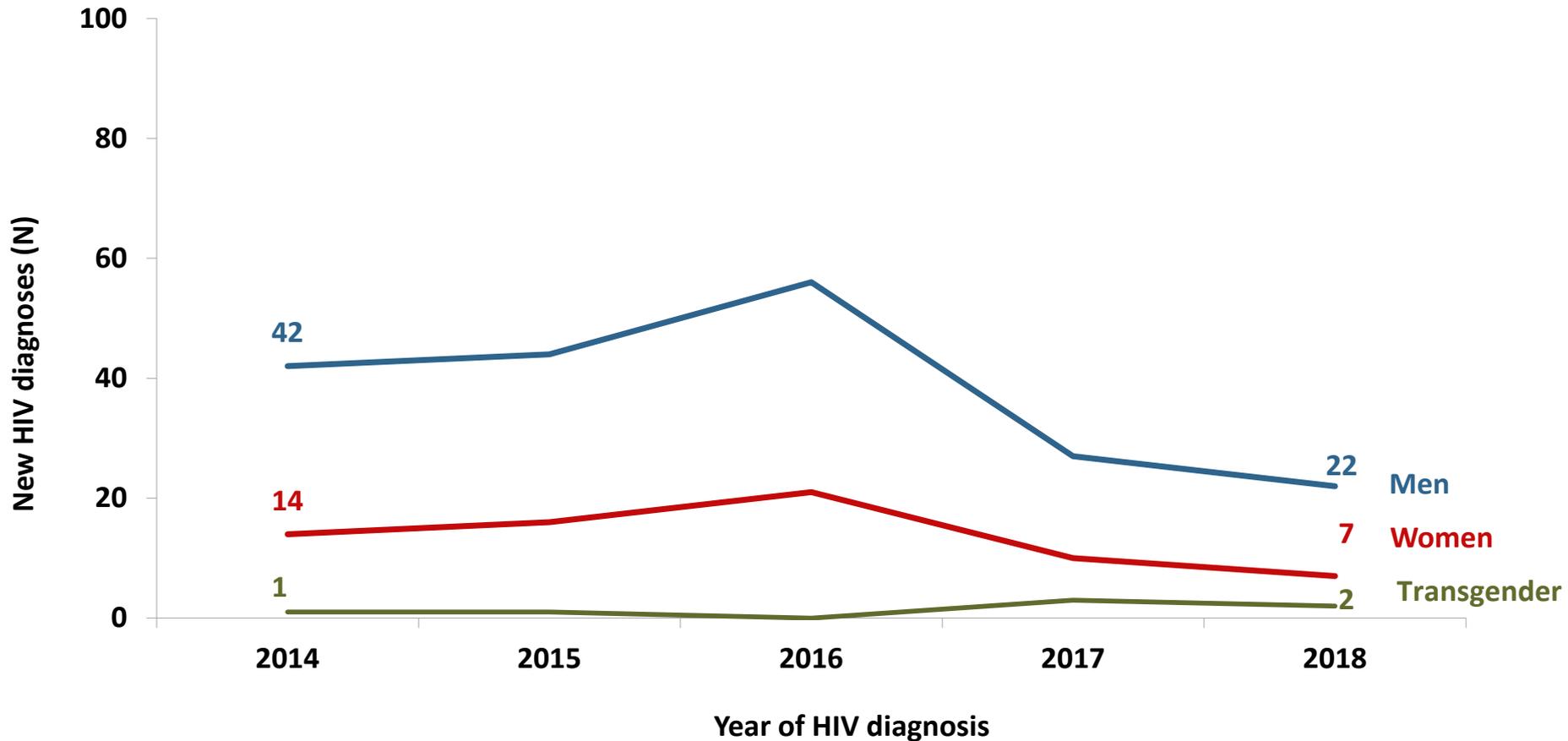
¹Death rate is age-adjusted to the NYC Census 2010 population. Death data for 2018 are incomplete.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

NEW HIV DIAGNOSES IN STATEN ISLAND, 2014-2018



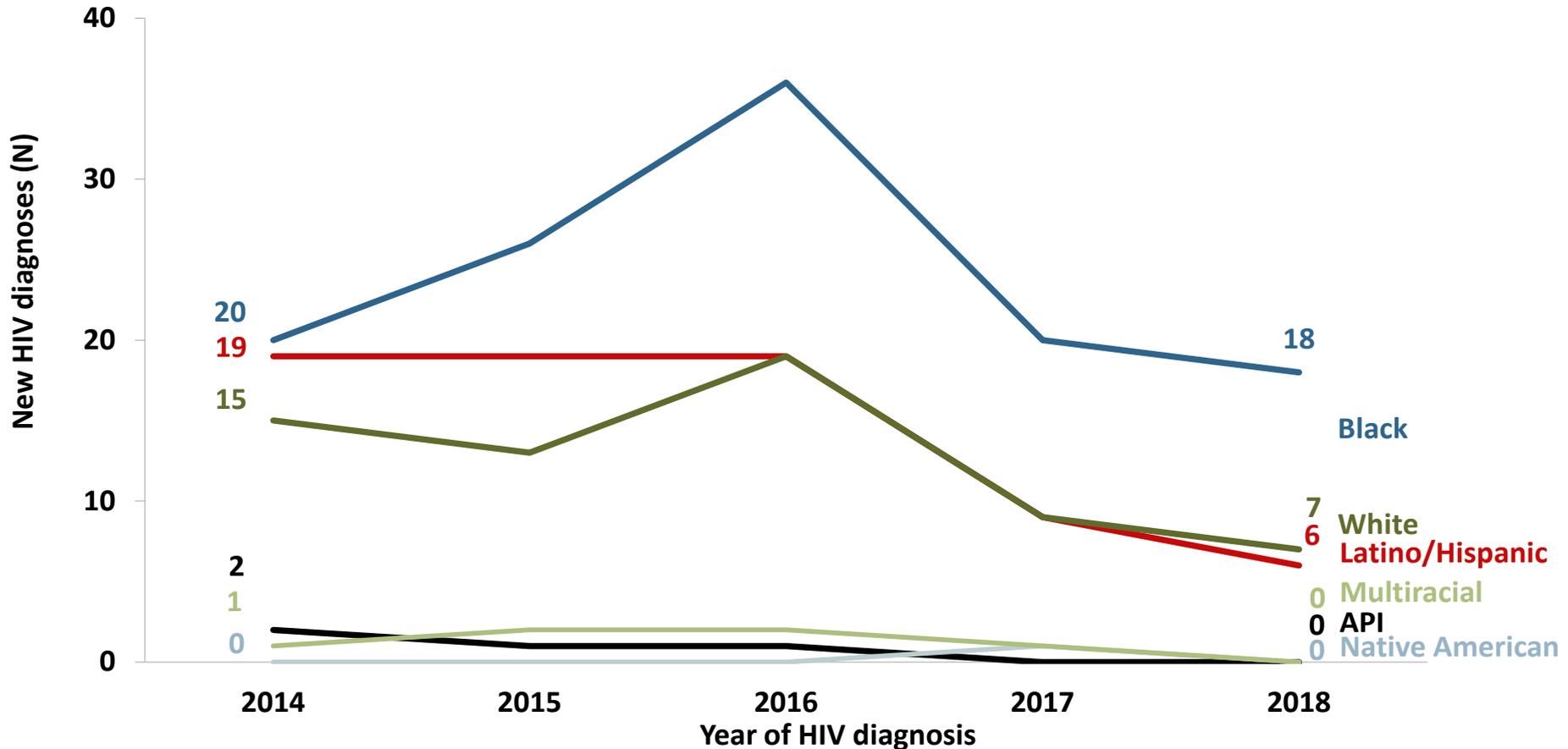
The number and rate of new HIV diagnoses decreased in Staten Island between 2014 and 2018. The rate was lower in Staten Island than in NYC overall.

NUMBER OF NEW HIV DIAGNOSES BY GENDER IN STATEN ISLAND, 2014-2018



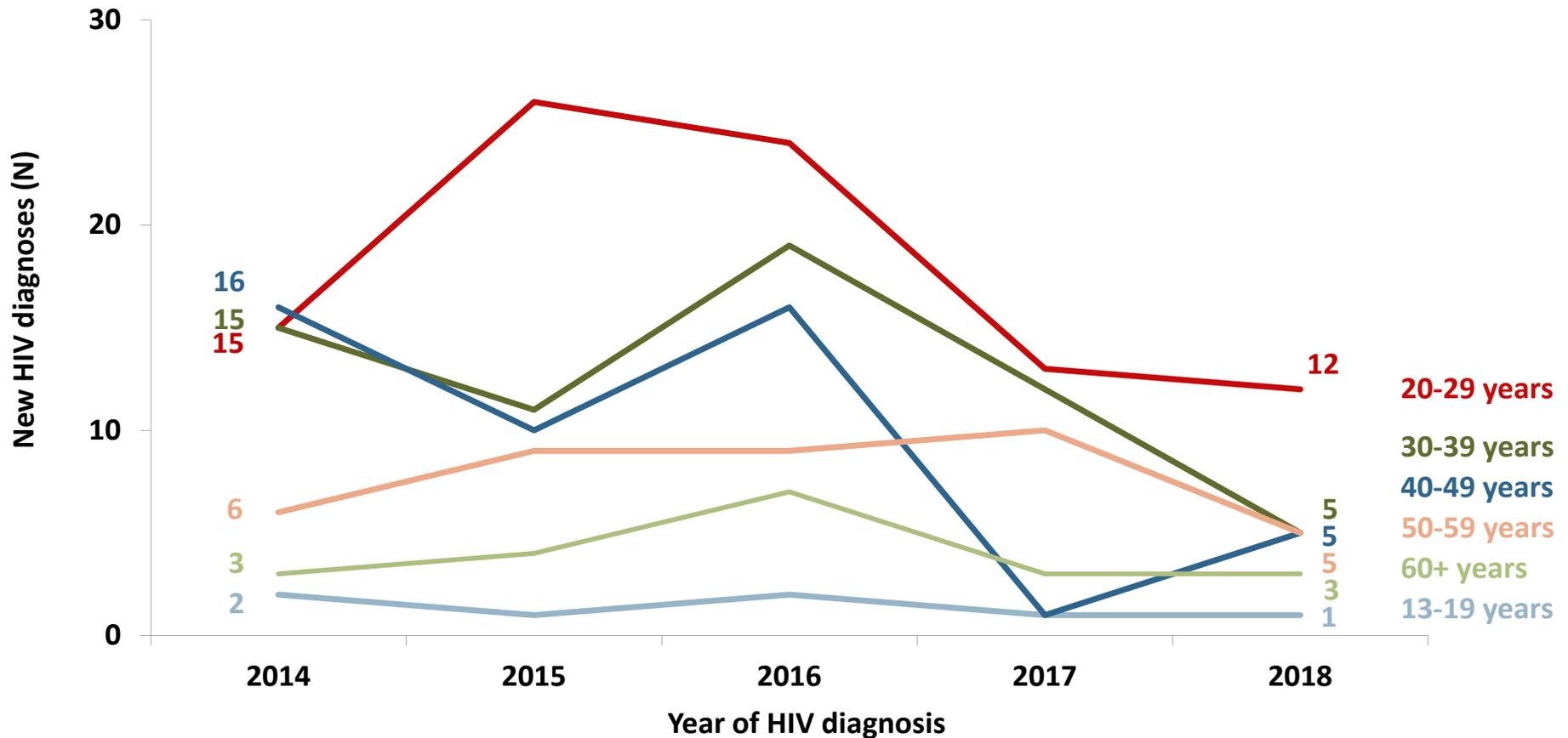
Between 2014 and 2018, the number of new HIV diagnoses among men and women decreased but remained stable among transgender people in Staten Island.

NUMBER OF NEW HIV DIAGNOSES BY RACE/ETHNICITY IN STATEN ISLAND, 2014-2018



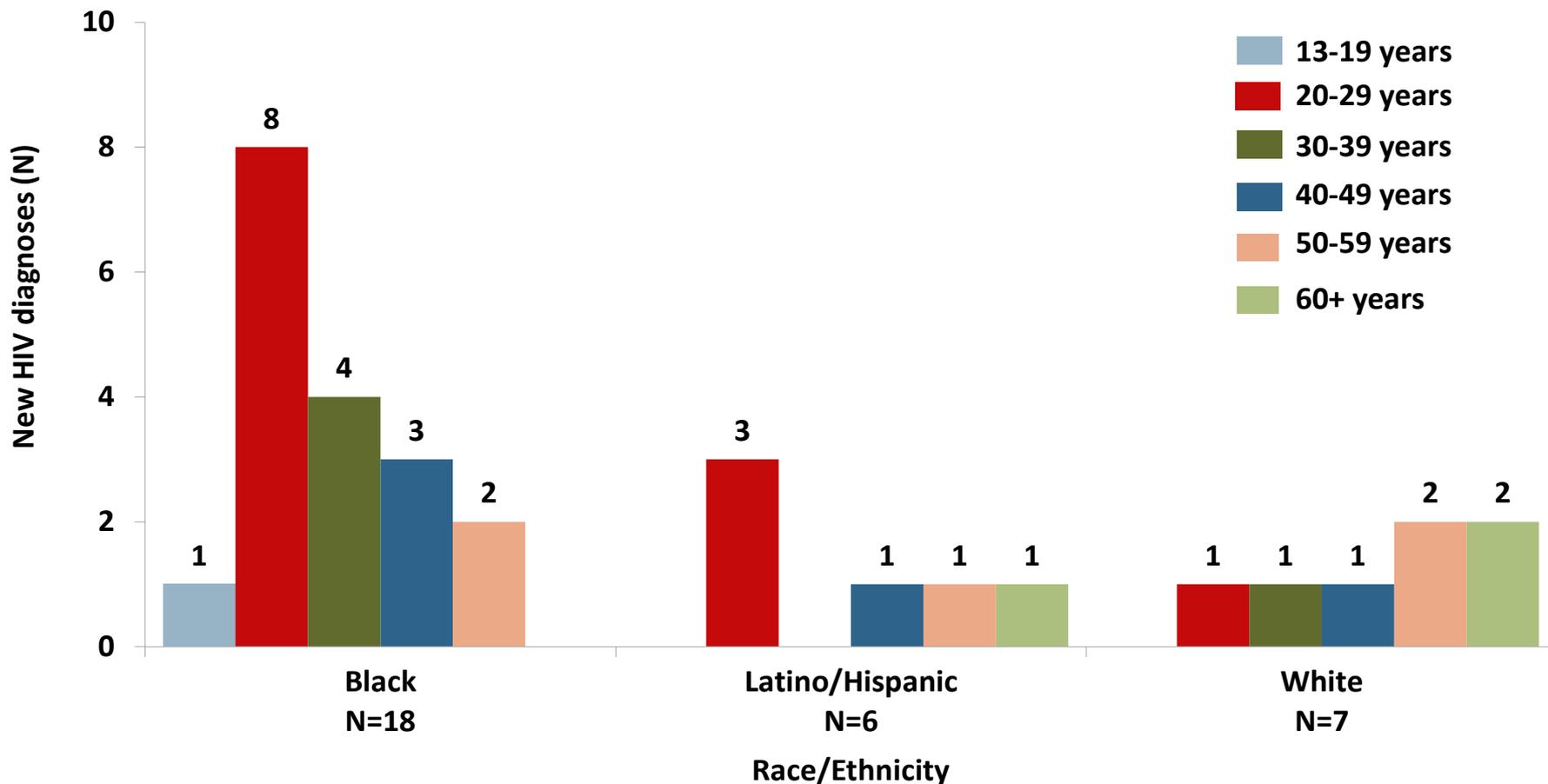
Between 2014 and 2018, HIV diagnoses decreased among all racial/ethnic groups. Black people accounted for the most diagnoses in Staten Island.

NUMBER OF NEW HIV DIAGNOSES BY AGE IN STATEN ISLAND, 2014-2018



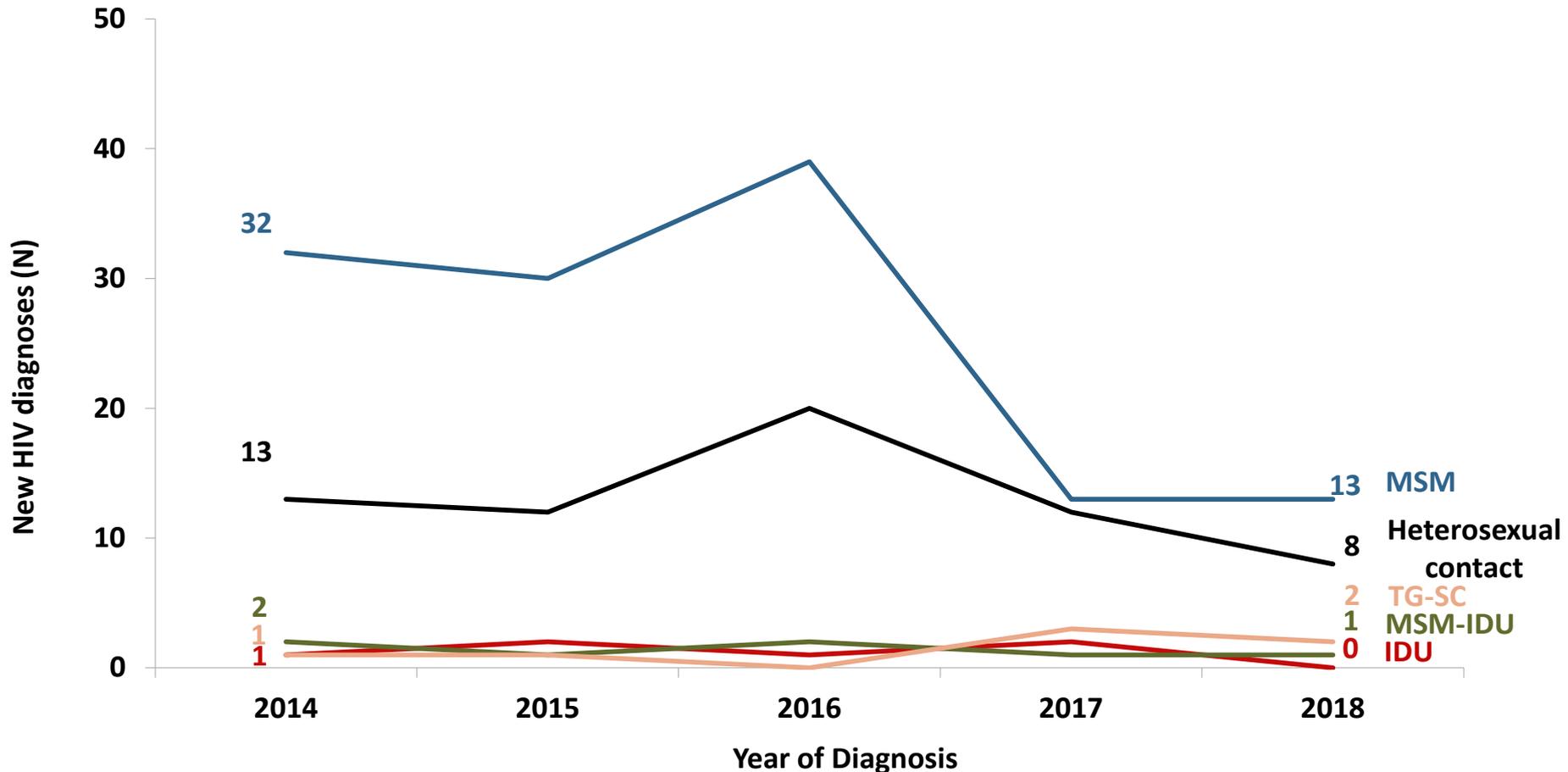
For nearly all years between 2014 and 2018, people ages 20 to 29 years had the highest number of new HIV diagnoses in Staten Island. New diagnoses decreased during this period among most age groups.

NUMBER OF NEW HIV DIAGNOSES BY RACE/ETHNICITY AND AGE IN STATEN ISLAND, 2018



Black people 20 to 39 years accounted for the largest proportion of new HIV diagnoses in Staten Island in 2018.

NUMBER OF NEW HIV DIAGNOSES BY TRANSMISSION RISK IN STATEN ISLAND, 2014-2018



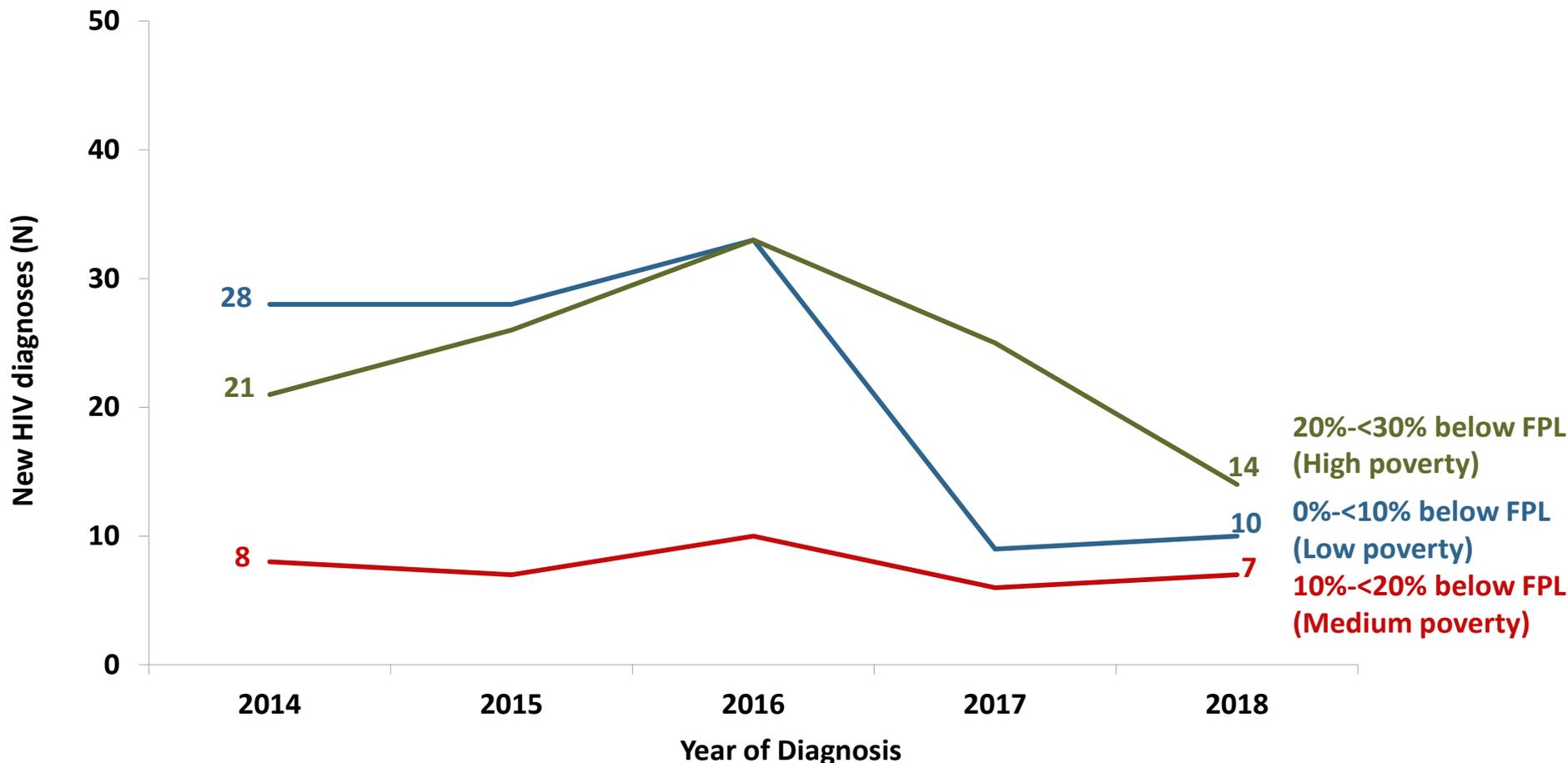
Between 2014 and 2018, the number of new HIV diagnoses decreased among all transmission risk groups except TG-SC in Staten Island.

MSM=men who have sex with men; IDU=history of injection drug use; TG-SC=transgender people with sexual contact. People with perinatal transmission risk and other transmission risk not shown. There were no new diagnoses in these groups in Staten Island from 2014-2018.

People with unknown transmission risk are not shown. There were 7 people with unknown risk newly diagnosed with HIV in Staten Island 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 STATEN ISLAND, 2014-2018

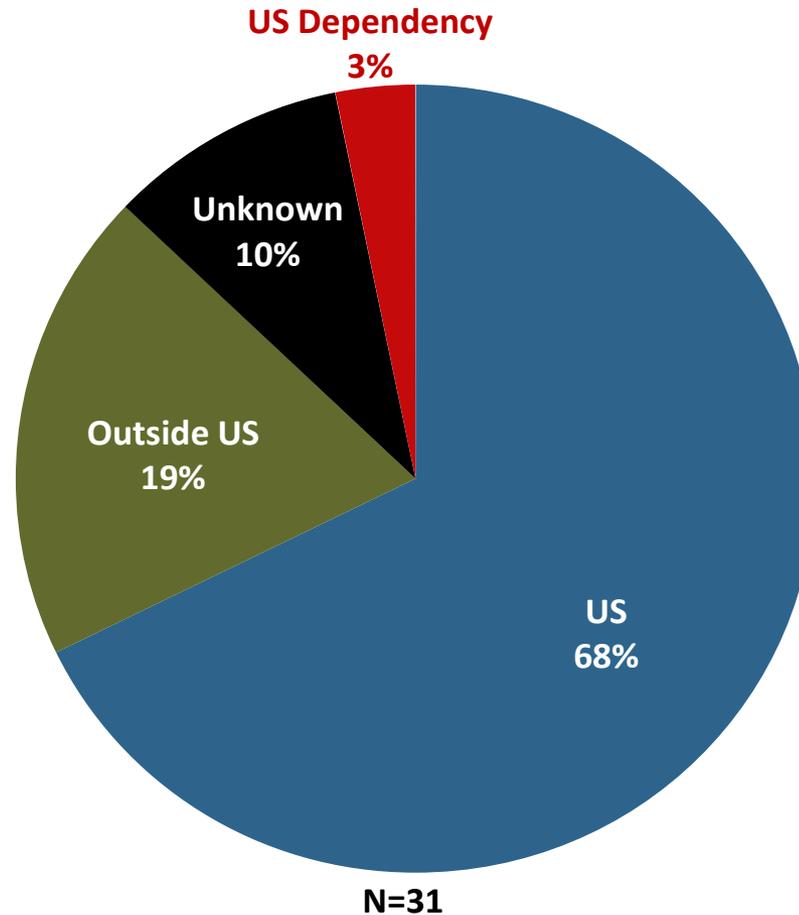


Between 2014 and 2018, the number of new HIV diagnoses was highest in neighborhoods with low- and high-poverty in Staten Island.

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

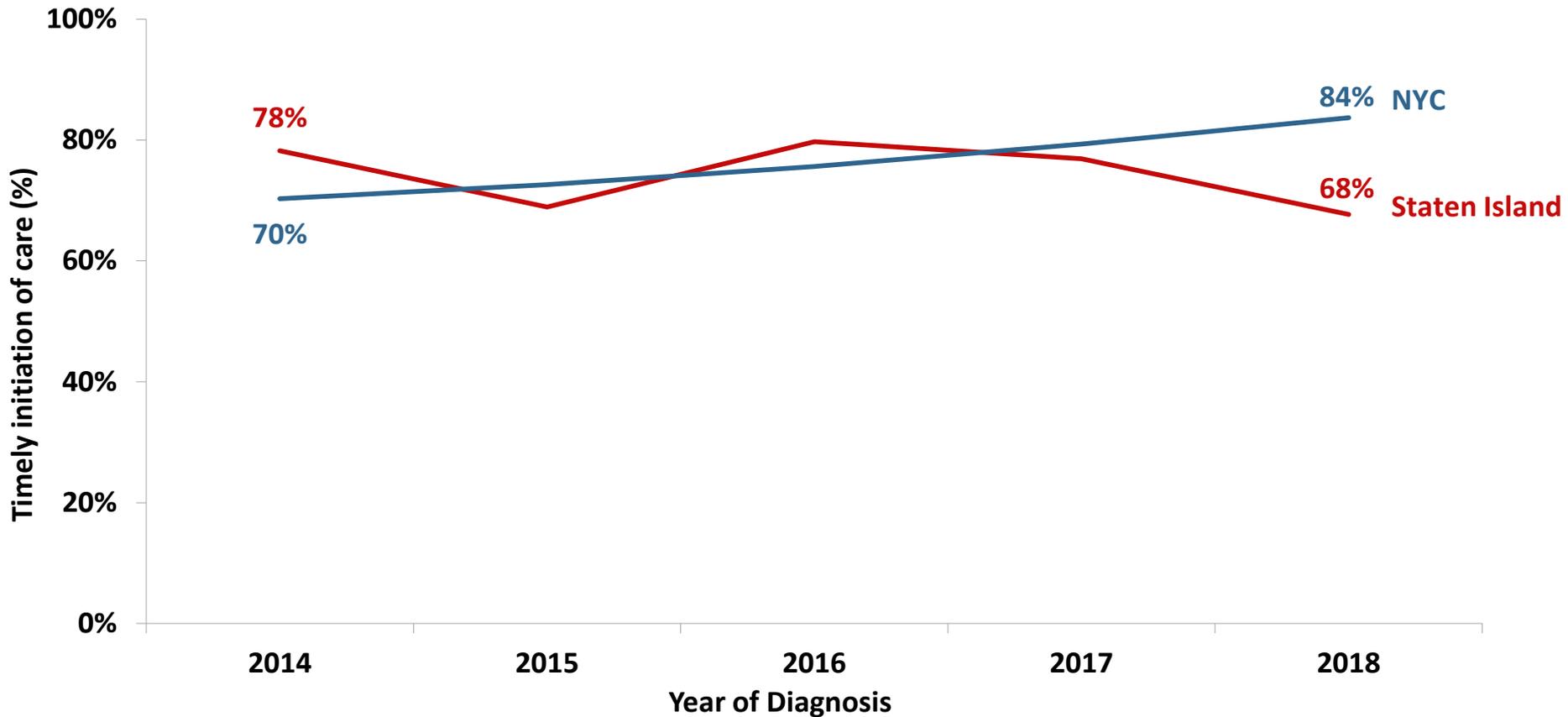
Unknown poverty category is not shown and includes people newly diagnosed with HIV and missing ZIP code at diagnosis. There were no people with unknown ZIP code 12 at diagnosis in Staten Island in 2018. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

PERCENTAGE OF NEW HIV DIAGNOSES BY AREA OF BIRTH, STATEN ISLAND, 2018



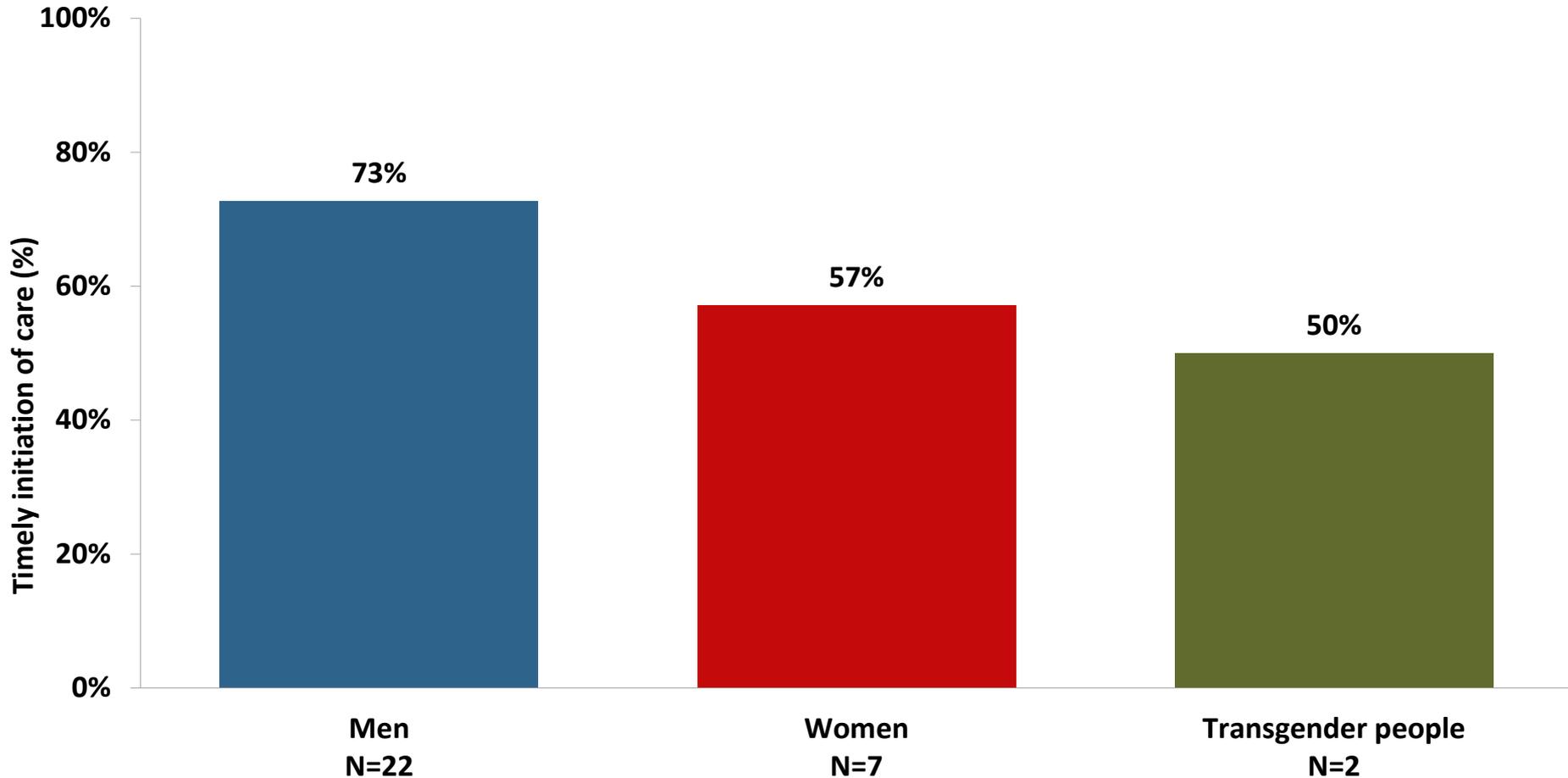
There were 6 new diagnoses among people born outside the US in Staten Island in 2018. South America accounted for 17% of these diagnoses.

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



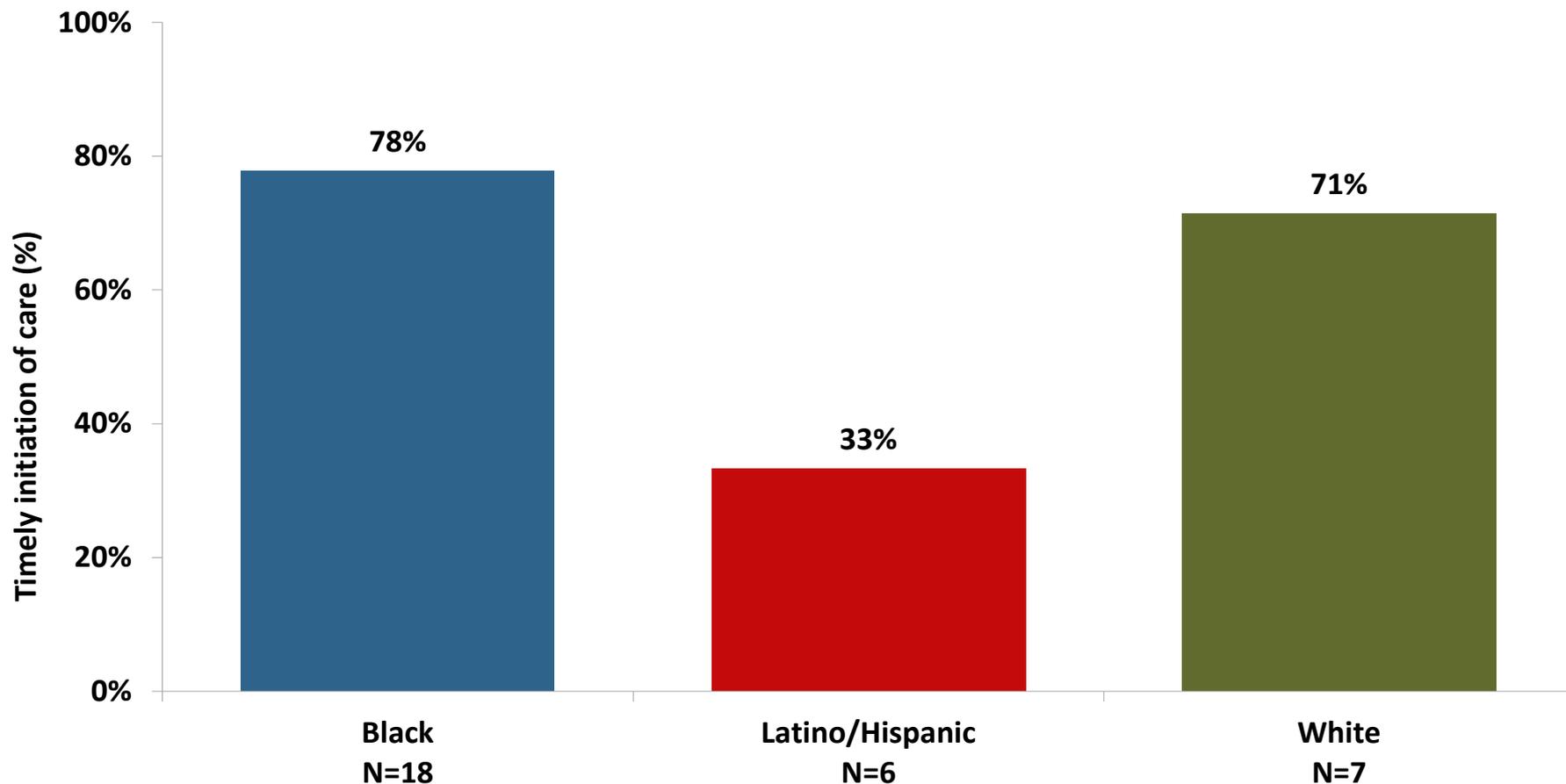
Between 2014 and 2018, timely initiation of care among people newly diagnosed with HIV increased in NYC overall but decreased in Staten Island.

TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY GENDER IN STATEN ISLAND, 2018



Among people newly diagnosed with HIV in Staten Island in 2018, a smaller proportion of women and transgender people were linked timely to care than men.

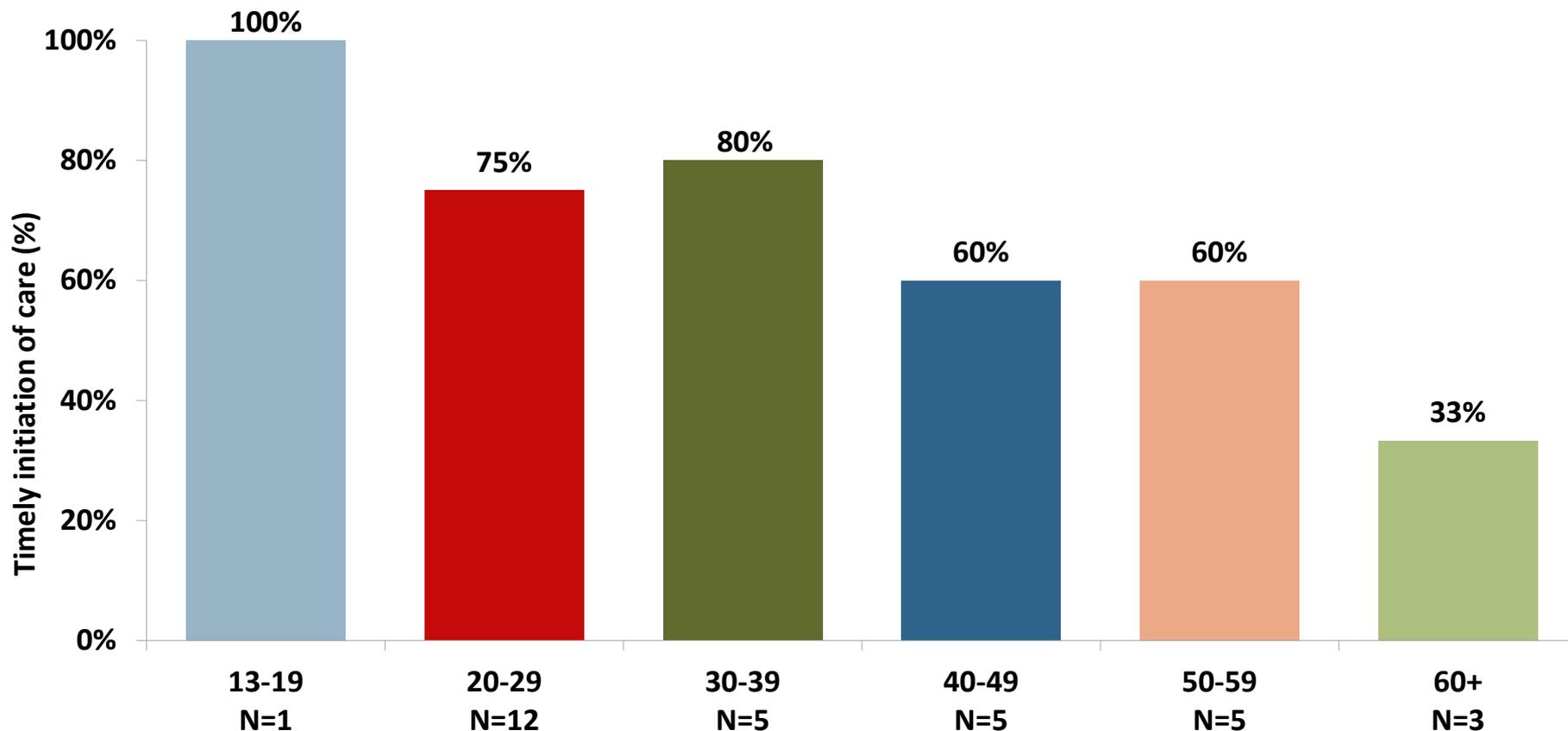
TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY RACE/ETHNICITY IN STATEN ISLAND, 2018



Among people newly diagnosed with HIV in Staten Island in 2018, a smaller proportion of Latino/Hispanic 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. Native American people, Asian/Pacific Islander people, and Multiracial people not shown. There were no new diagnoses in these groups in Staten Island 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 AGE IN STATEN ISLAND, 2018



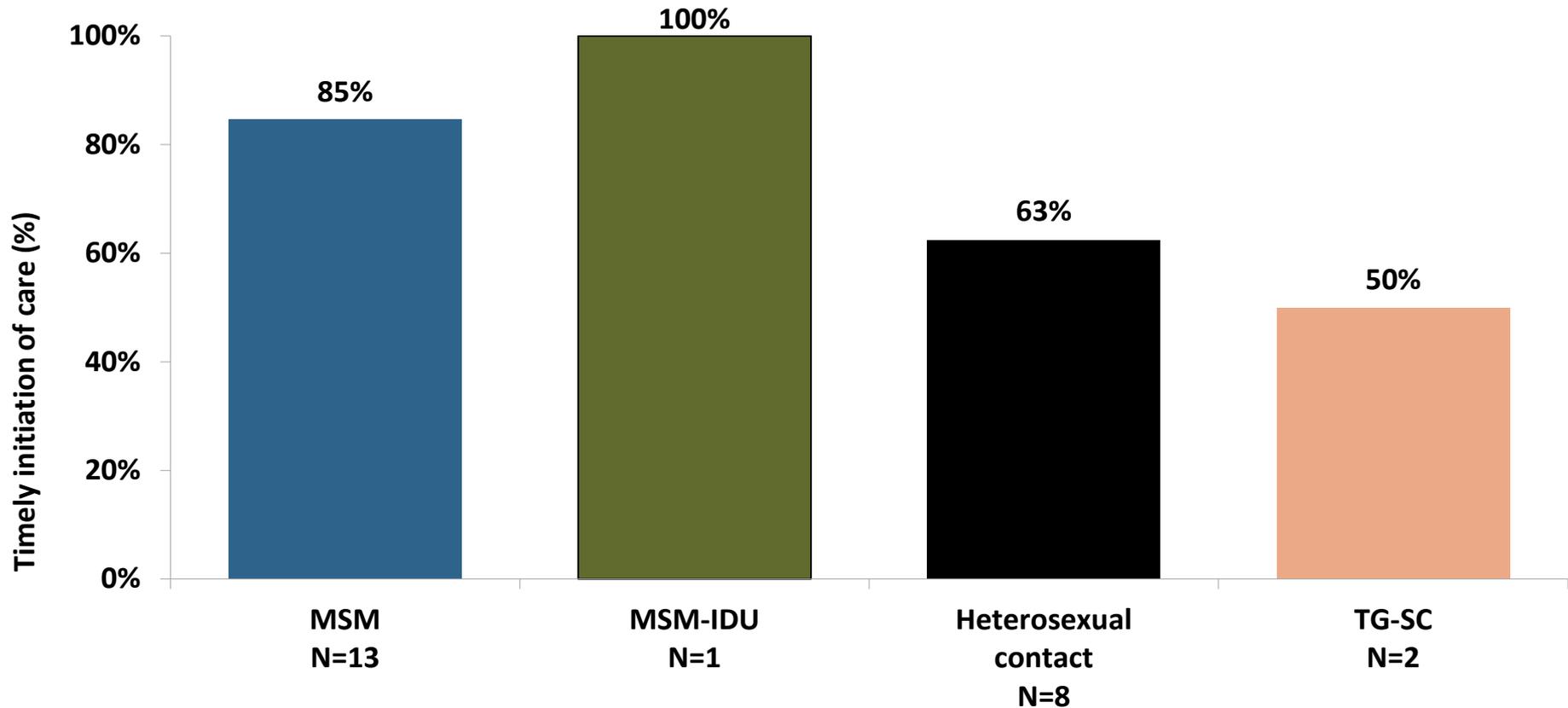
Among people newly diagnosed with HIV in Staten Island in 2018, people in the older age groups (40 to 49 years, 50 to 59 years and 60+ years) had the lowest proportions with timely initiation of care.

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 (N=0 in Staten Island in 2018) not shown.

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 STATEN ISLAND, 2018



Among people newly diagnosed with HIV in Staten Island in 2018, people with heterosexual contact had the smallest proportion with timely initiation of care.

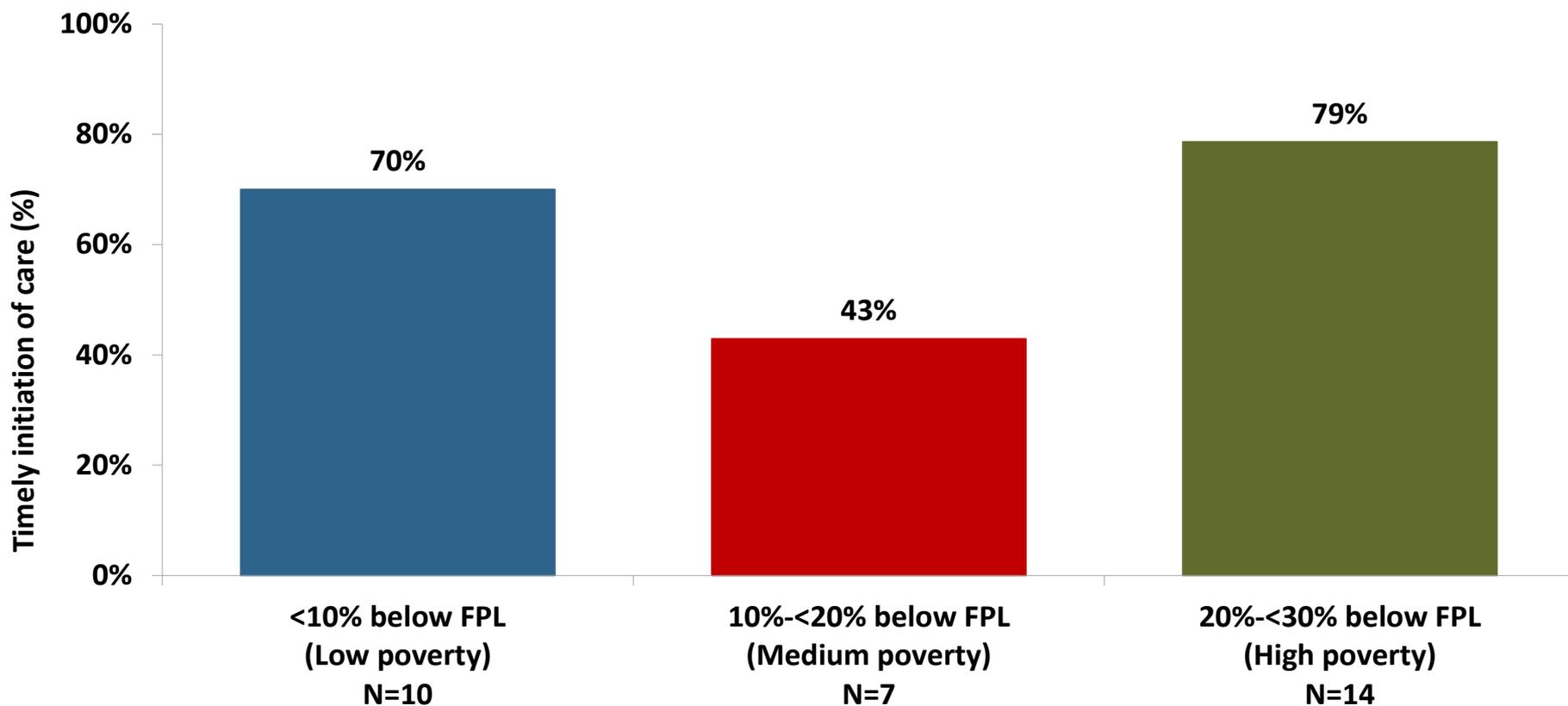
MSM=men who have sex with men; IDU=history of injection drug use; TG-SC=Transgender people with sexual contact.

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=7) are not displayed. People with IDU transmission risk (N=0 in Staten Island in 2018), perinatal transmission risk (N=0), and other transmission risk (N=0) are not shown.

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 STATEN ISLAND, 2018



Among people newly diagnosed with HIV in Staten Island in 2018, those living in high-poverty areas had the largest proportion timely linked to care.

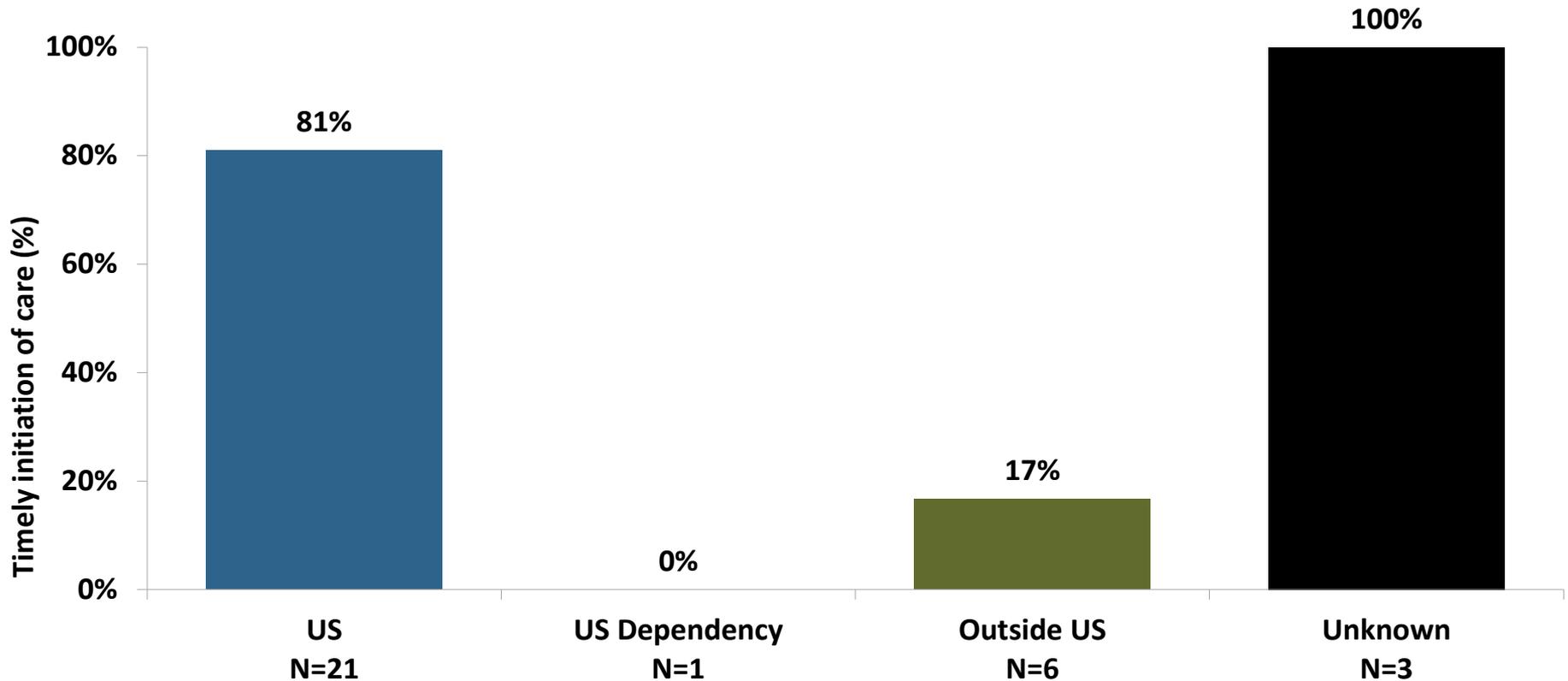
FPL=Federal Poverty Level. Staten Island does not have any ZIP codes that are $\geq 30\%$ below FPL (very high poverty).

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.

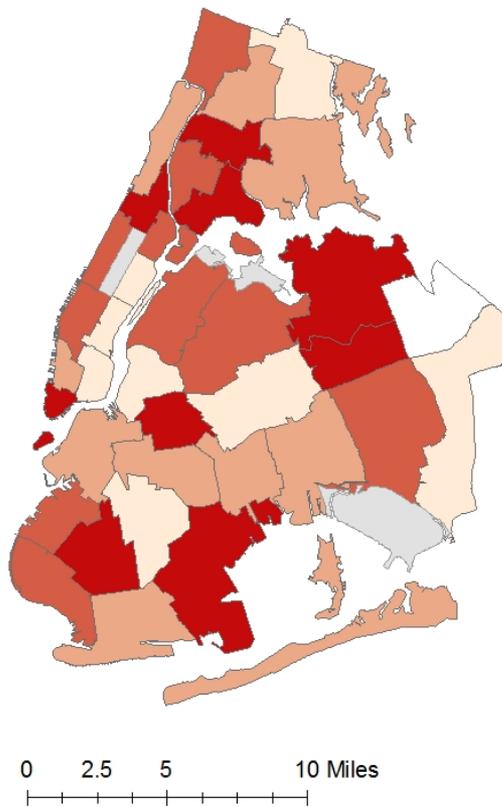
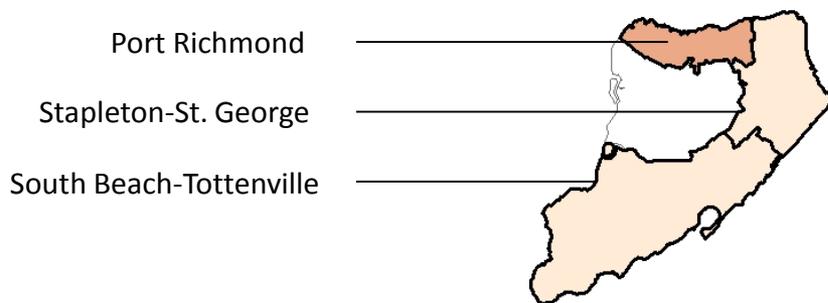
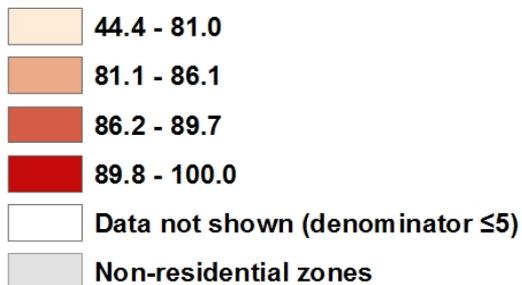
TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY AREA OF BIRTH IN STATEN ISLAND, 2018



Among people newly diagnosed with HIV in Staten Island in 2018, people born outside the US had a smaller proportion timely linked to care.

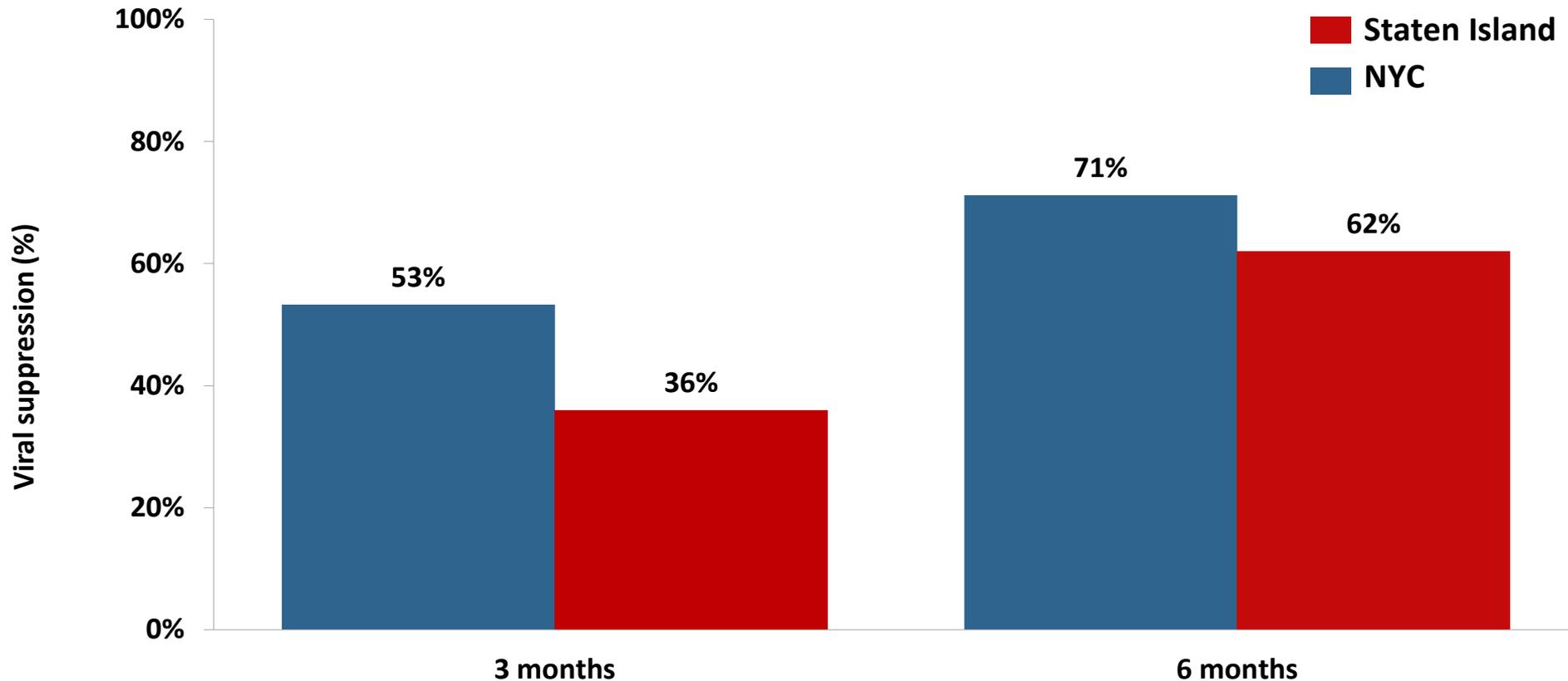
TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY UHF NEIGHBORHOOD IN NYC, 2018

Proportion linked to care within 30 days by UHF neighborhood



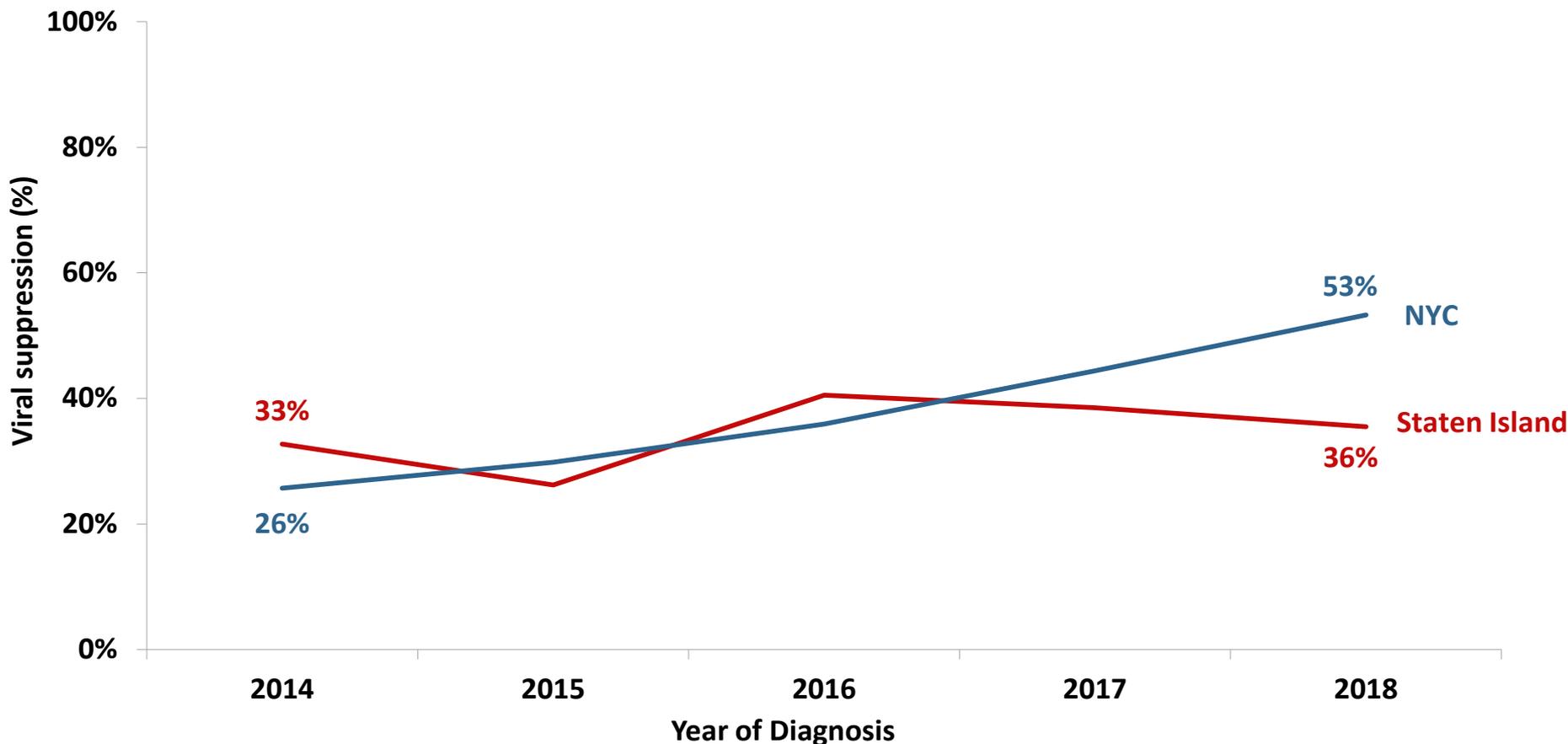
Staten Island neighborhoods with the smallest proportions of people timely linked to care in 2018 were Stapleton-St. George (44.4%), South Beach-Tottenville (75.0%), and Port Richmond (83.3%).

VIRAL SUPPRESSION WITHIN 3 AND 6 MONTHS OF NEW HIV DIAGNOSIS IN NYC AND STATEN ISLAND, 2018



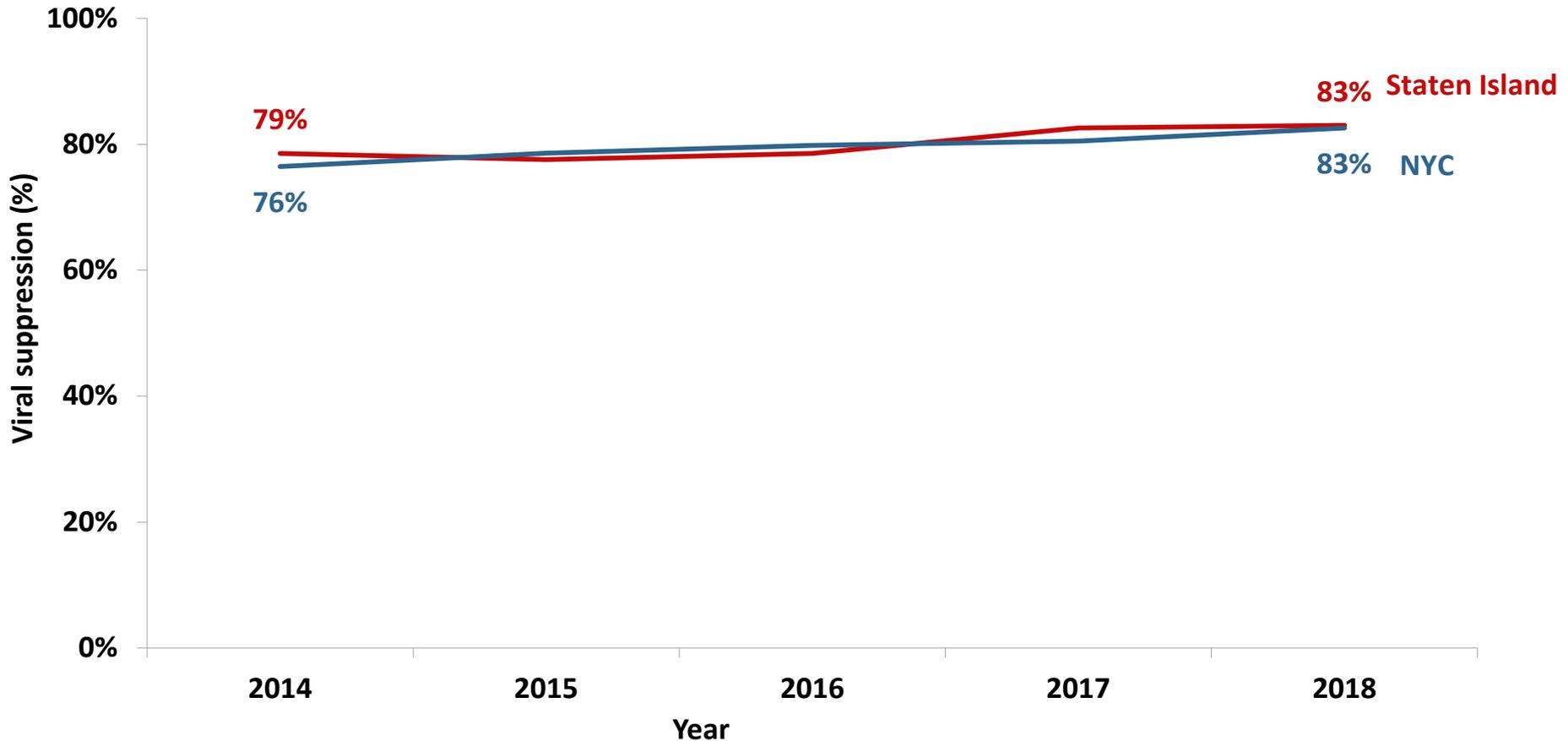
Among people newly diagnosed with HIV in 2018, a larger proportion of Staten Island residents achieved viral suppression within 3 months of diagnosis than for New Yorkers overall. A similar proportion of Staten Island residents and New Yorkers overall achieved viral suppression within 6 months diagnosis.

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



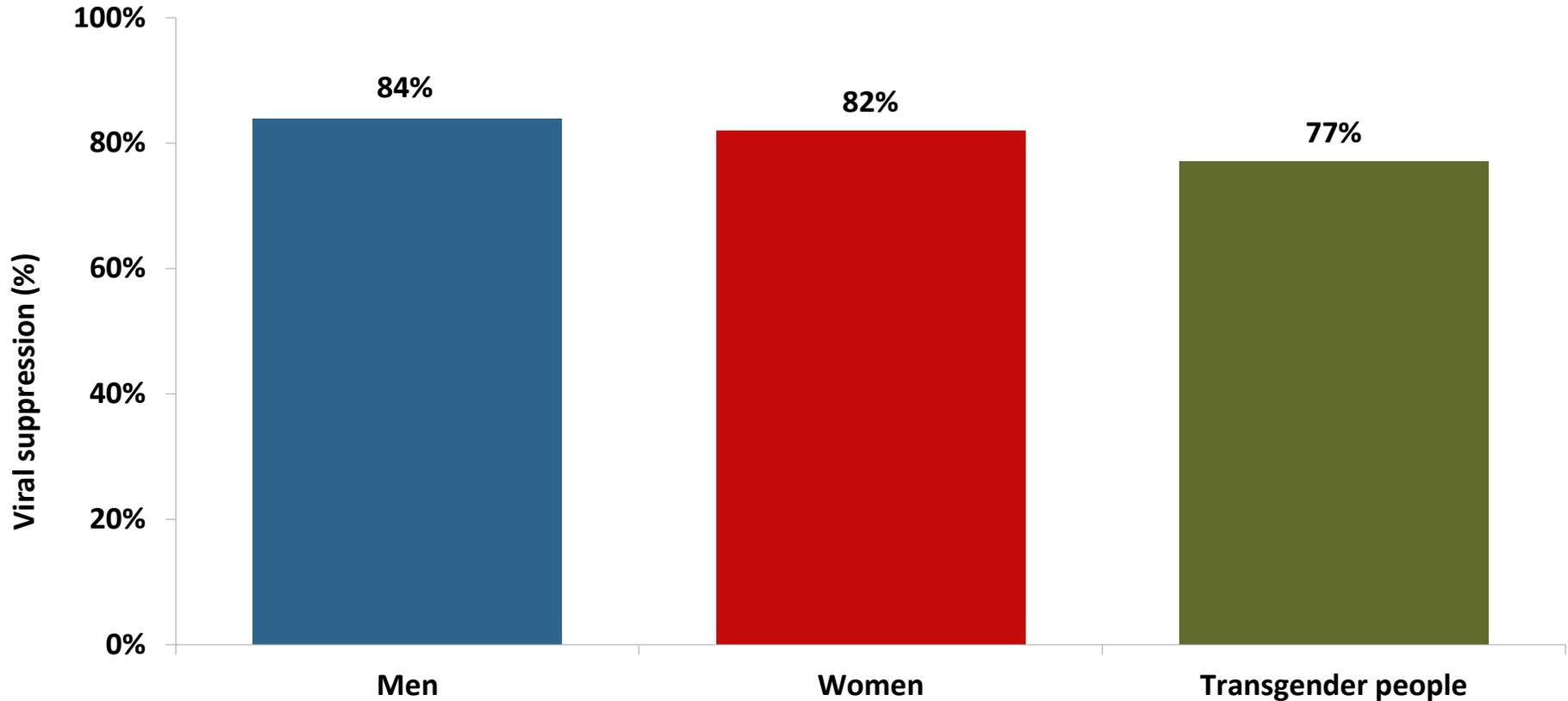
Between 2014 and 2018, viral suppression within 3 months among people newly diagnosed with HIV increased in Staten Island and in NYC overall.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH IN NYC AND STATEN ISLAND, 2014-2018



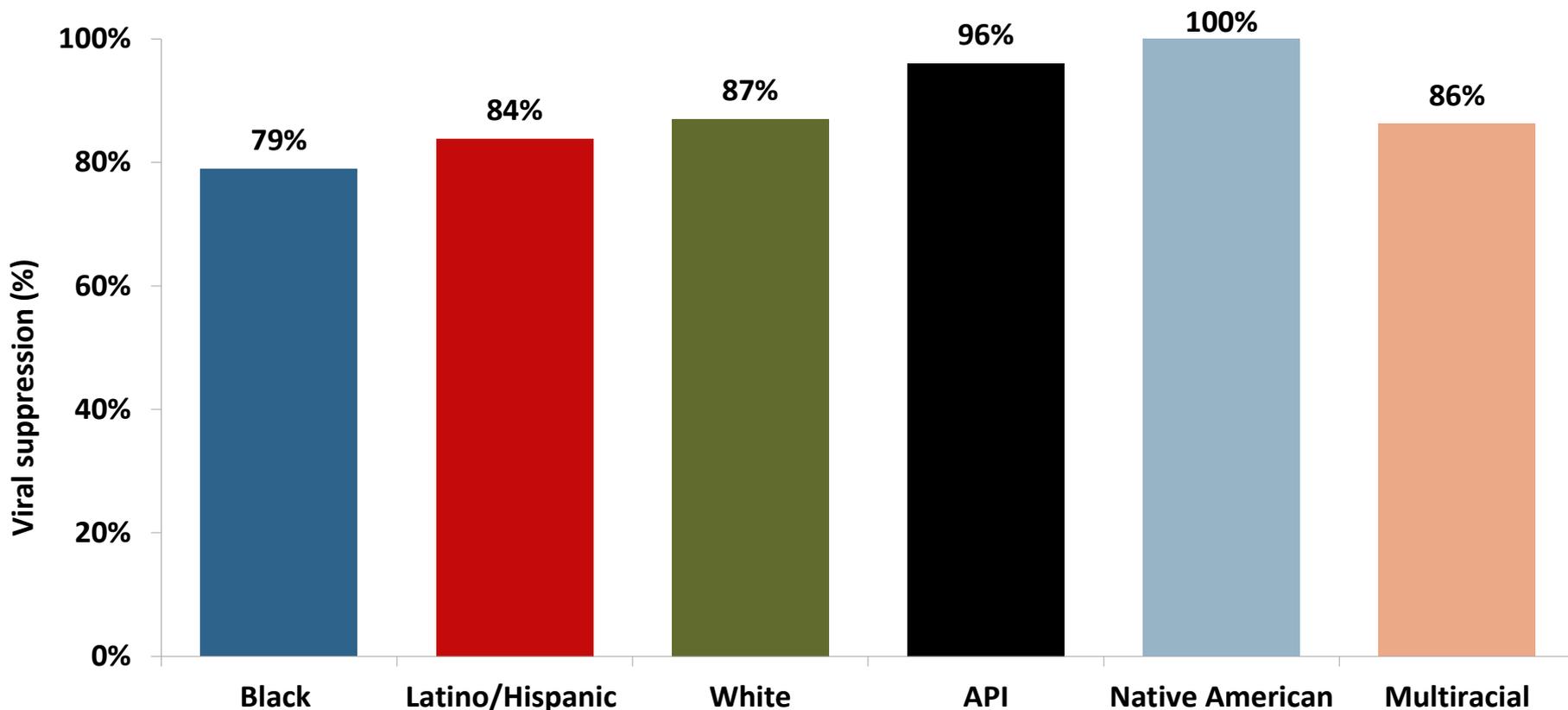
Between 2014 and 2018, viral suppression among all diagnosed PLWH increased in Staten Island and in NYC.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY GENDER IN STATEN ISLAND, 2018



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

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY RACE/ETHNICITY IN STATEN ISLAND, 2018



Among diagnosed PLWH in Staten Island, Asian/Pacific Islander people and Native American people had the largest proportion virally suppressed among all racial/ethnic groups.

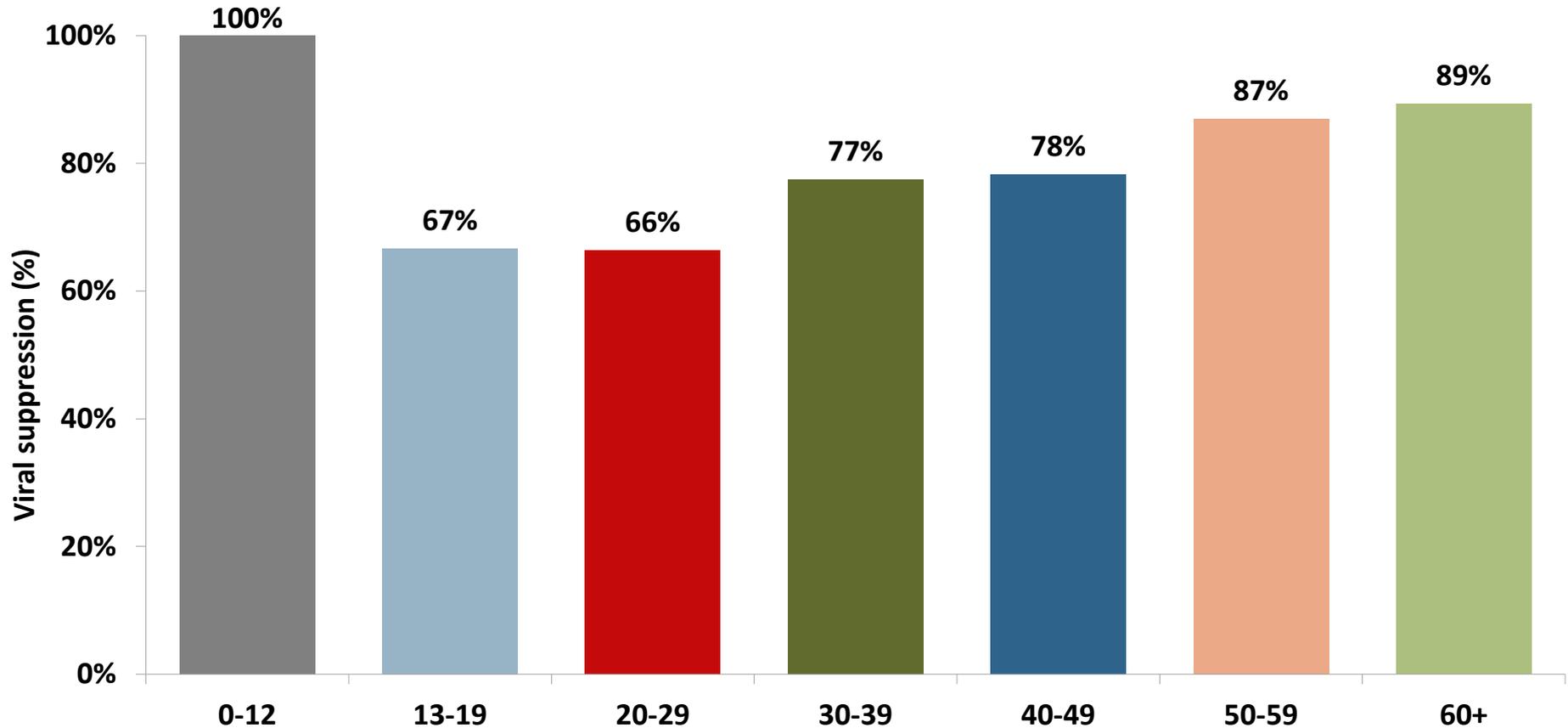
API=Asian/Pacific Islander.

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

Unknown race not shown. There were 3 PLWH in Staten Island in 2018 whose race/ethnicity was unknown.

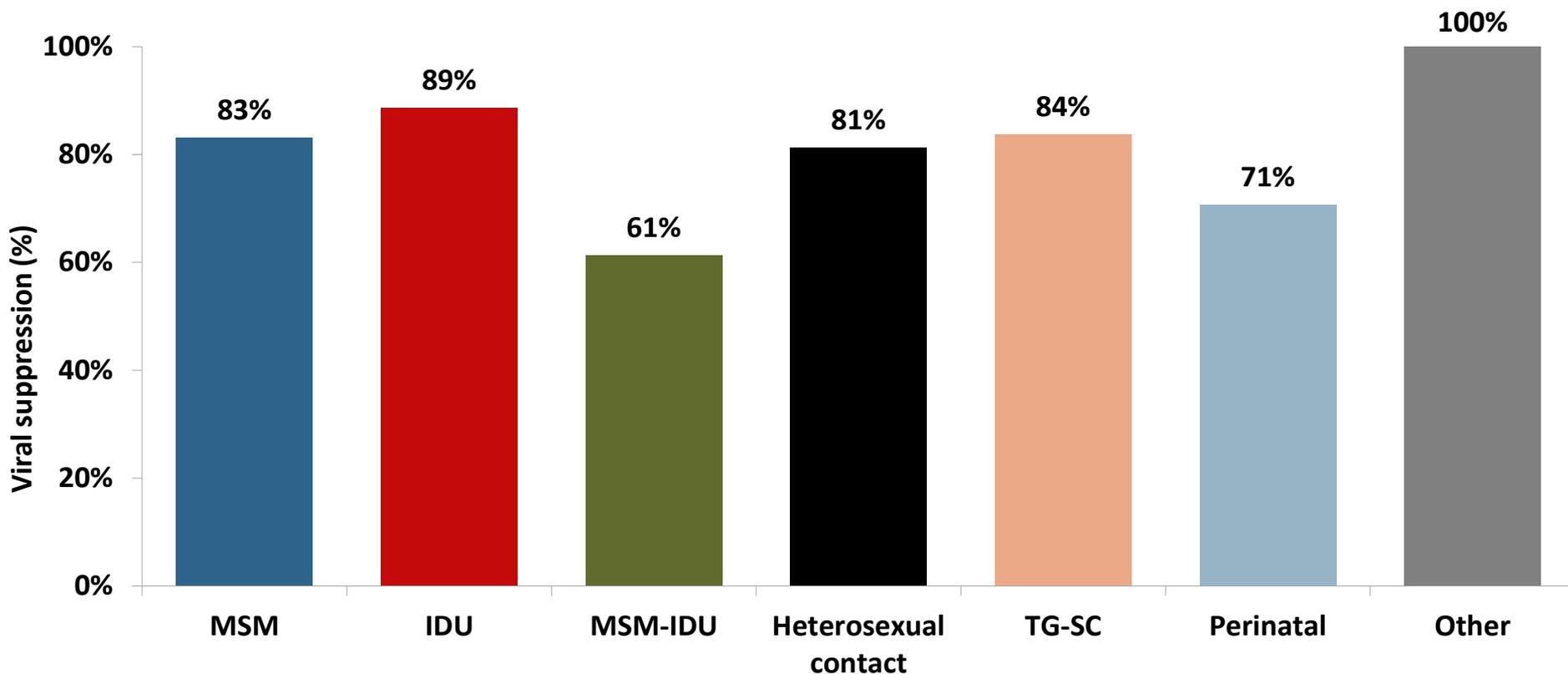
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY AGE IN STATEN ISLAND, 2018



Among diagnosed PLWH in Staten Island, people ages 13 to 19 years and people ages 20 to 29 years had the smallest proportions virally suppressed.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY TRANSMISSION RISK IN STATEN ISLAND, 2018



Among diagnosed PLWH in Staten Island, people with perinatal transmission risk and people with MSM-IDU transmission risk had the smallest proportion virally suppressed.

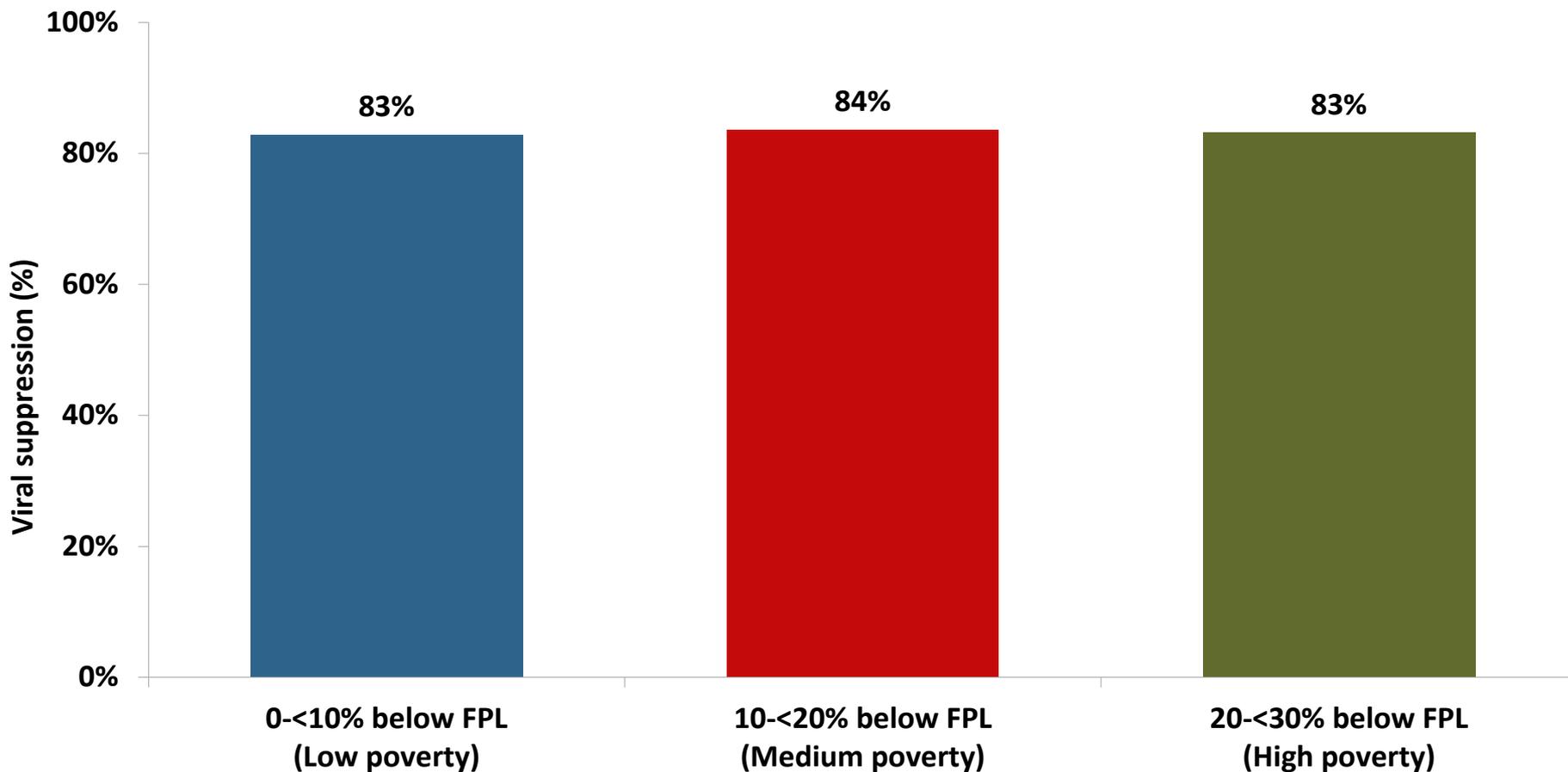
MSM=men who have sex with men; IDU=history of injection drug use; TG-SC=transgender people with sexual contact.

People living with HIV with unknown transmission risk (N=559 in Staten Island) 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 STATEN ISLAND, 2018



Among diagnosed PLWH in Staten Island, the proportion virally suppressed was similar across area-based poverty groups.

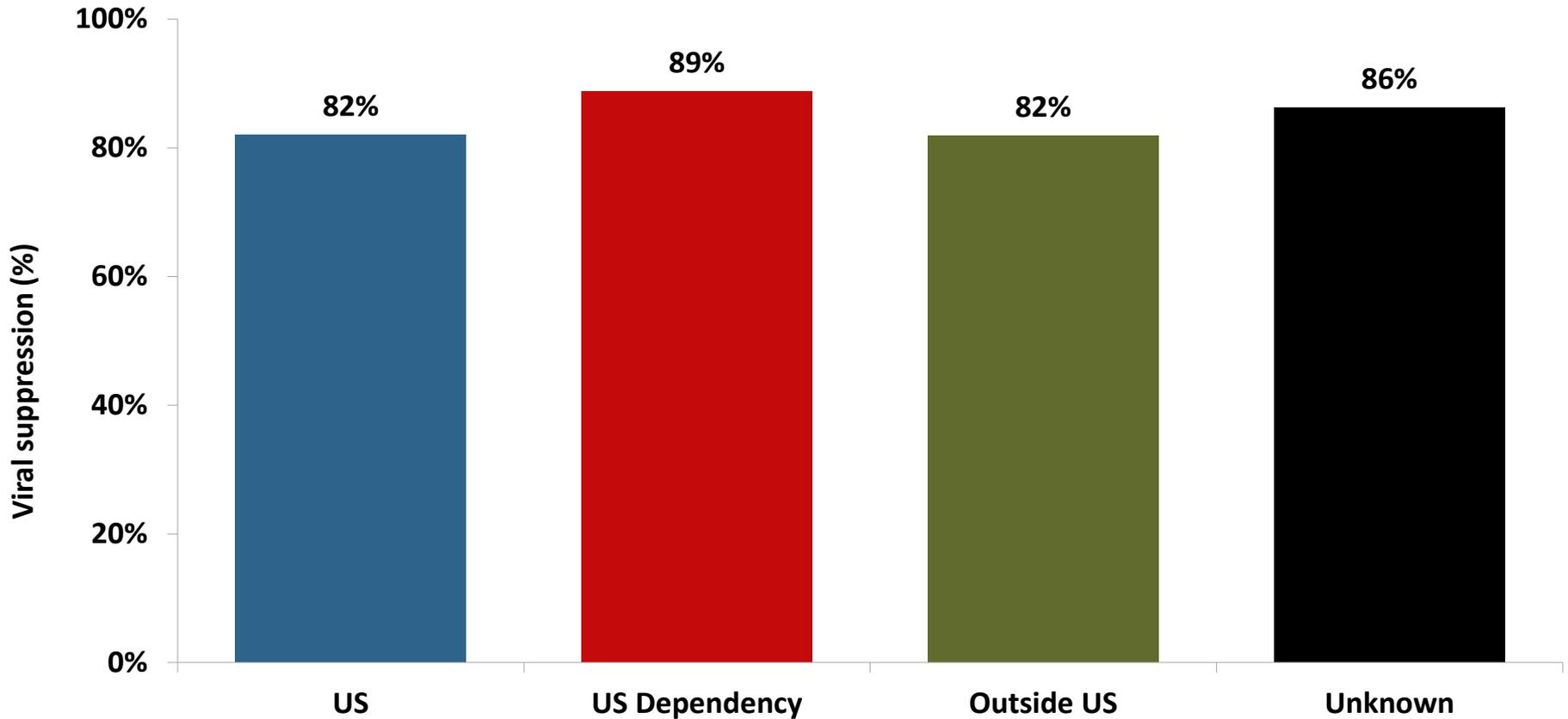
FPL=Federal Poverty Level.

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

PLWH without area-based poverty information not displayed.

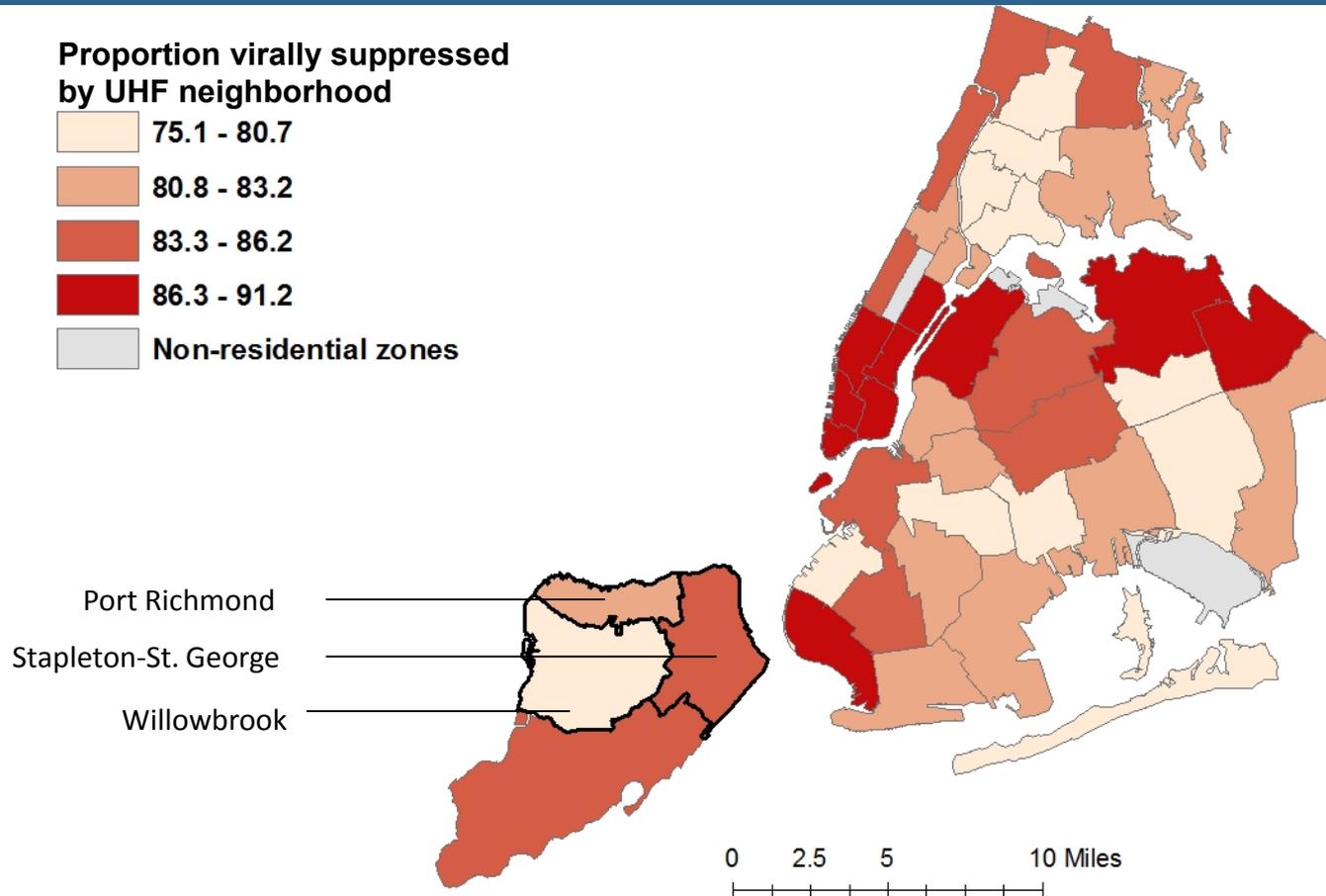
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY AREA OF BIRTH IN STATEN ISLAND, 2018



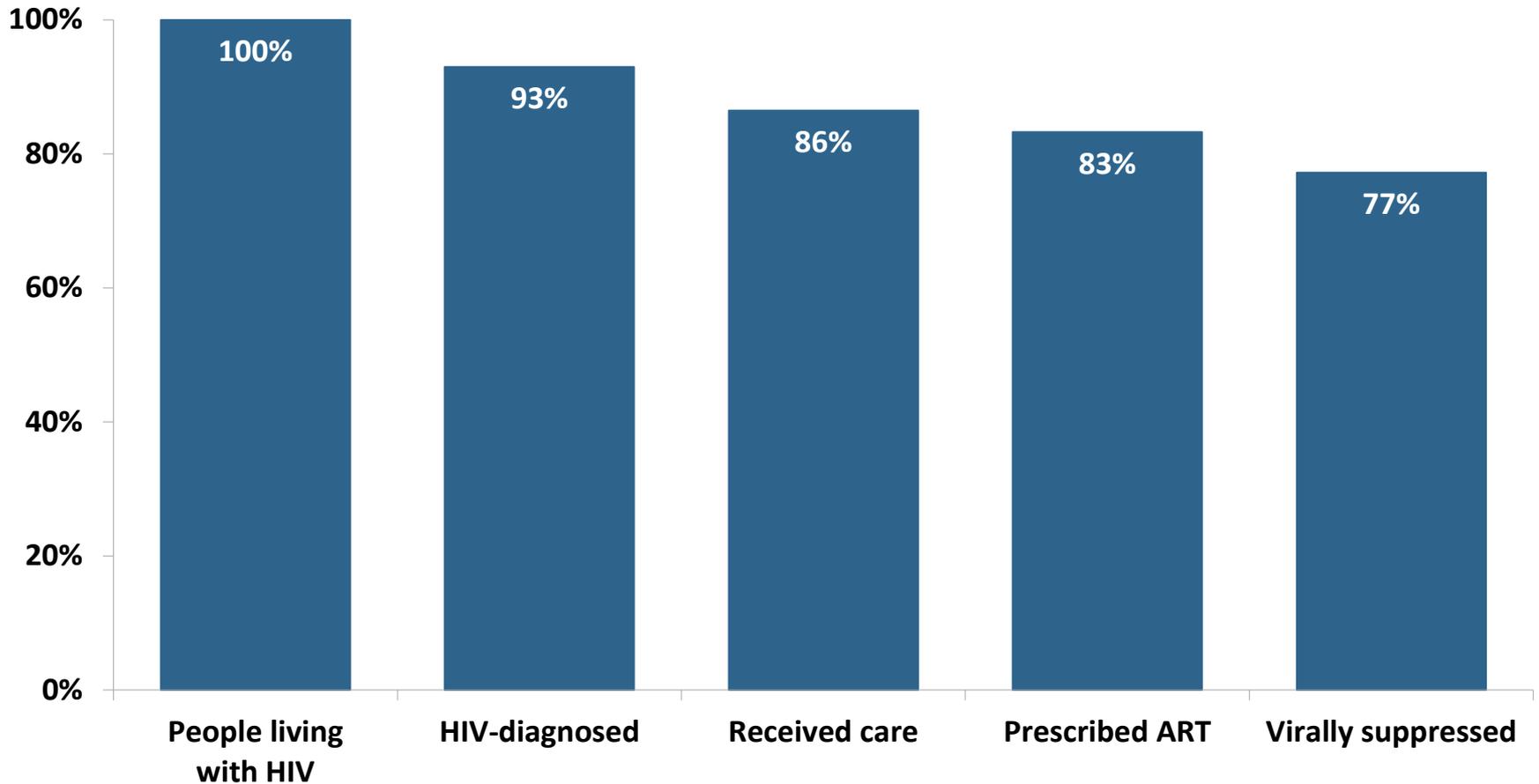
Among diagnosed PLWH in Staten Island, a larger proportion of people born in a US Dependency were virally suppressed compared to people born outside the US or born in the US.

VIRAL SUPPRESSION BY UHF NEIGHBORHOOD IN NYC, 2018



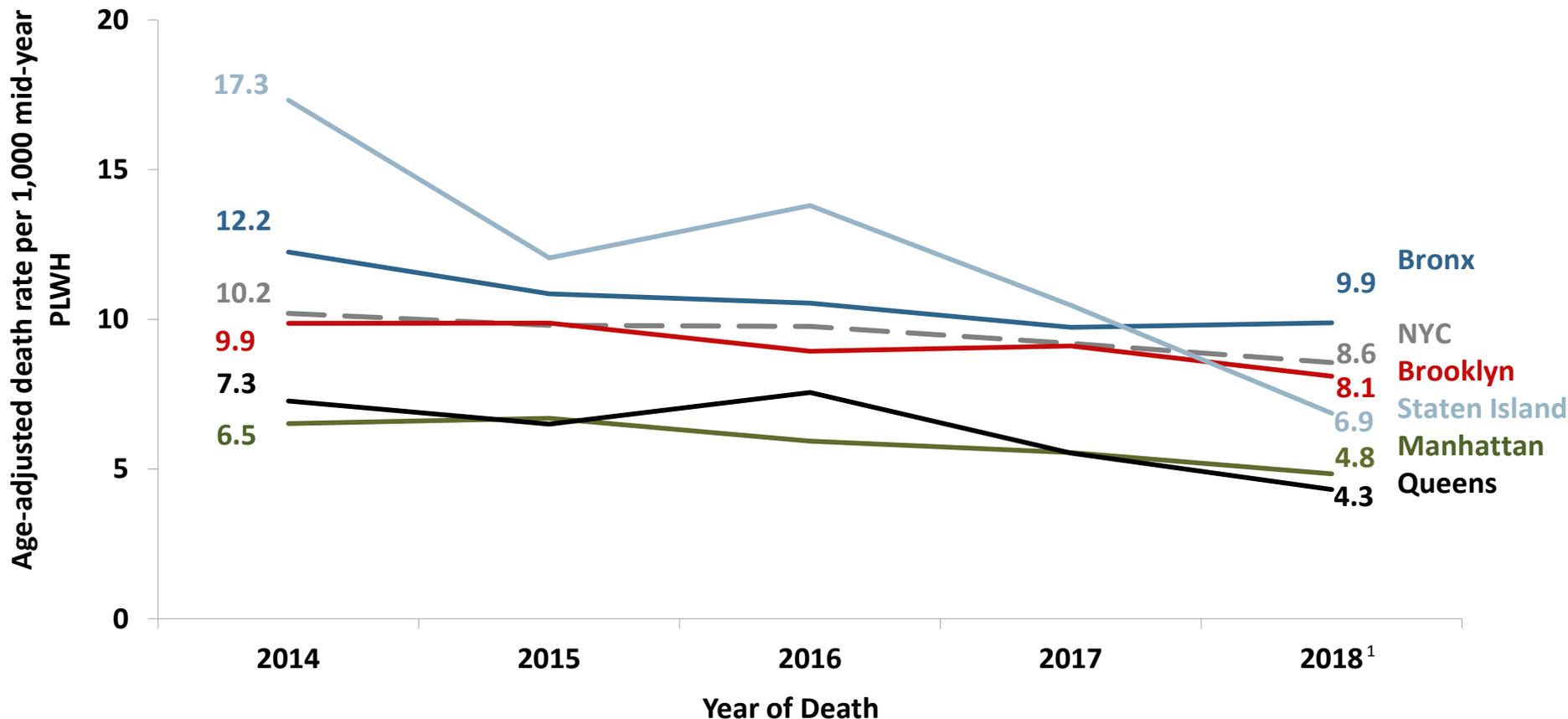
Staten Island neighborhoods with the smallest proportion of virally suppressed PLWH in 2018 were Willowbrook (80.7%), Stapleton-St. George (83.2%), and Port Richmond (83.2%).

PROPORTION OF PLWH IN STATEN ISLAND ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2018



Of approximately 2,000 PLWH in Staten Island in 2018, 77% had a suppressed viral load.

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



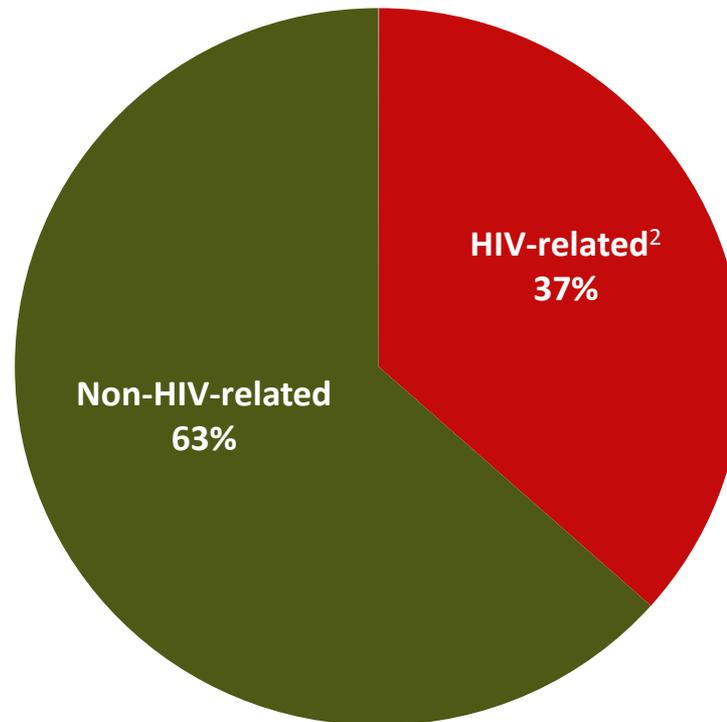
The age-adjusted death rate among people with HIV decreased in Staten Island between 2014 and 2018. By borough, Staten Island had the third highest rate in 2018.

Age-adjusted to the NYC Census 2010 population.

¹The 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 STATEN ISLAND, 2017¹



In 2017, 63% of deaths among people with HIV in Staten Island were due to non-HIV-related causes. Of these, the top causes were cardiovascular diseases (35%) and non-HIV-related cancers (31%).

¹Cause of death data are not yet available for 2018.

²ICD10 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
 - 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. 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 ≥ 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.