

# HIV/AIDS AMONG WOMEN IN NEW YORK CITY, 2017



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



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<http://www.nyc.gov/html/doh/html/data/epi-surveillance.shtml>

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# HIV/AIDS AMONG WOMEN<sup>1</sup> IN NYC, 2017

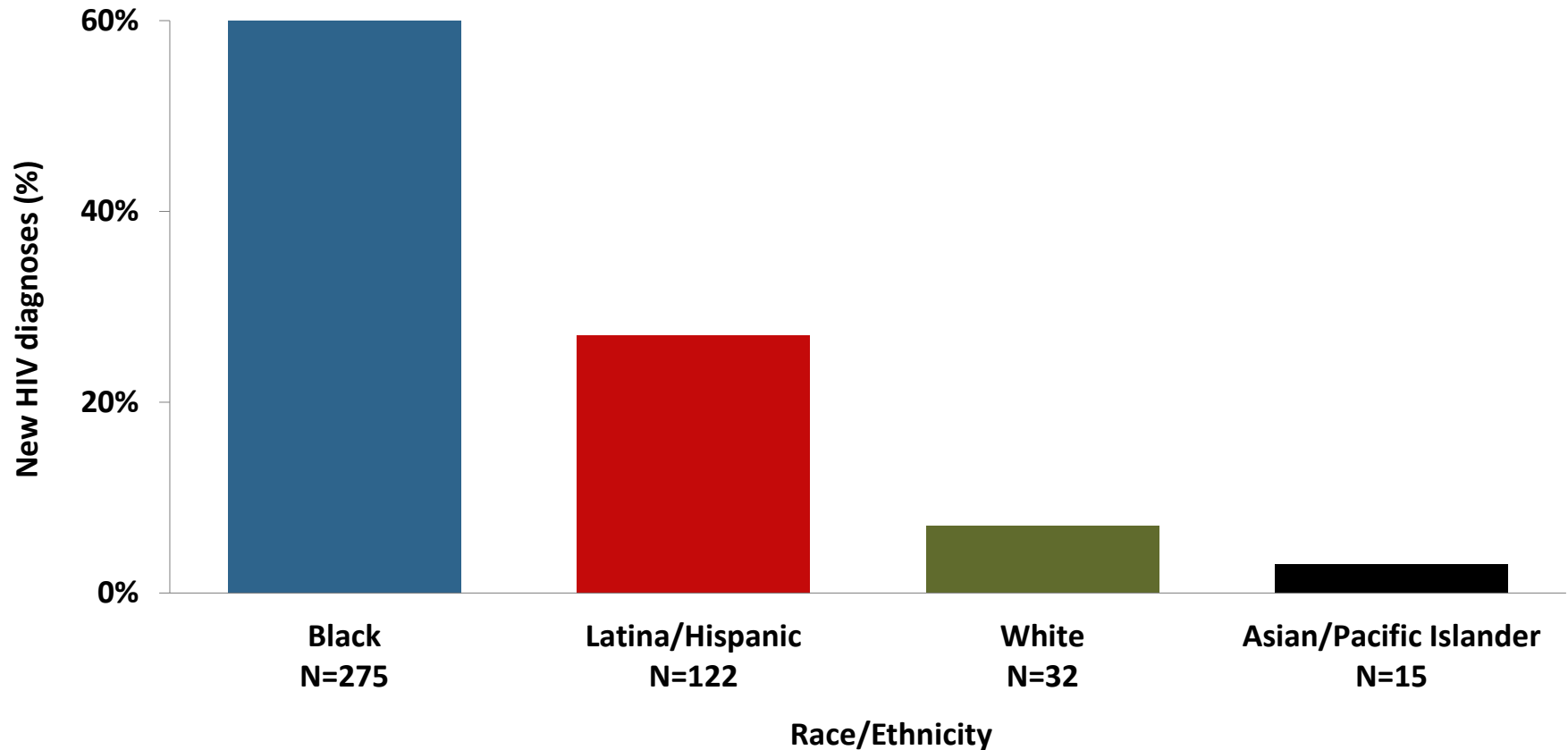
## BASIC STATISTICS

- **449 new HIV diagnoses**
  - Includes 86 HIV concurrent with AIDS diagnoses (19%)
  - Women comprise 52% of the population of NYC and 21% of new HIV diagnoses
- **340 new AIDS diagnoses**
- **402 deaths among women with HIV/AIDS**
  - 7.2 deaths per 1,000 mid-year women living with HIV/AIDS<sup>2</sup>

<sup>1</sup> Women includes transgender women and men includes transgender men.  
There were 55 new HIV diagnoses among transgender women in 2017.

<sup>2</sup>Rates are age-adjusted to the Census 2010 NYC population.  
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.

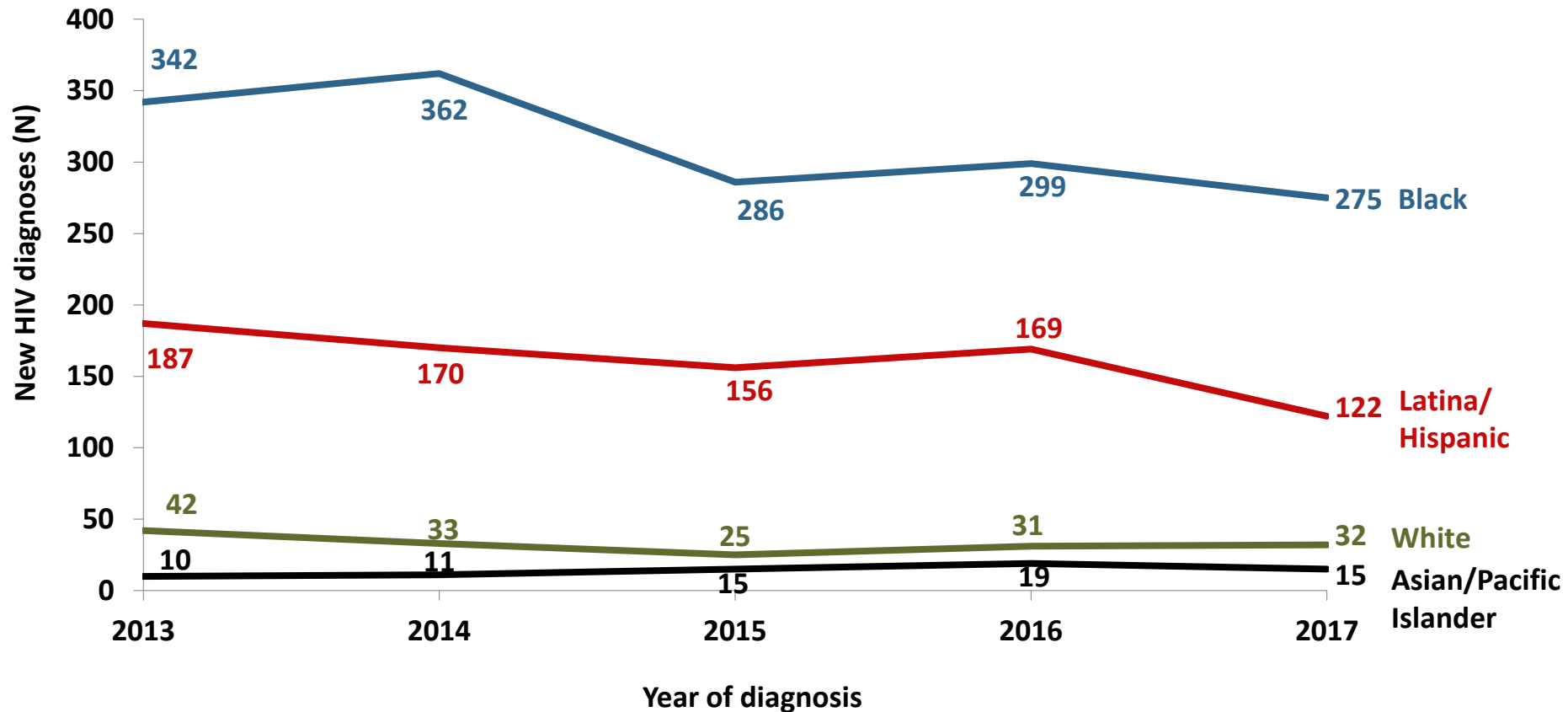
# PERCENTAGE OF NEW HIV DIAGNOSES AMONG WOMEN BY RACE/ETHNICITY IN NYC, 2017



**Blacks accounted for the majority of new HIV diagnoses in women (61%) in 2017.**

Native American and multiracial groups not displayed because of small numbers.  
There were N=2 Native American and N=3 multiracial women newly diagnosed with HIV in 2017.  
Women includes transgender women.  
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.

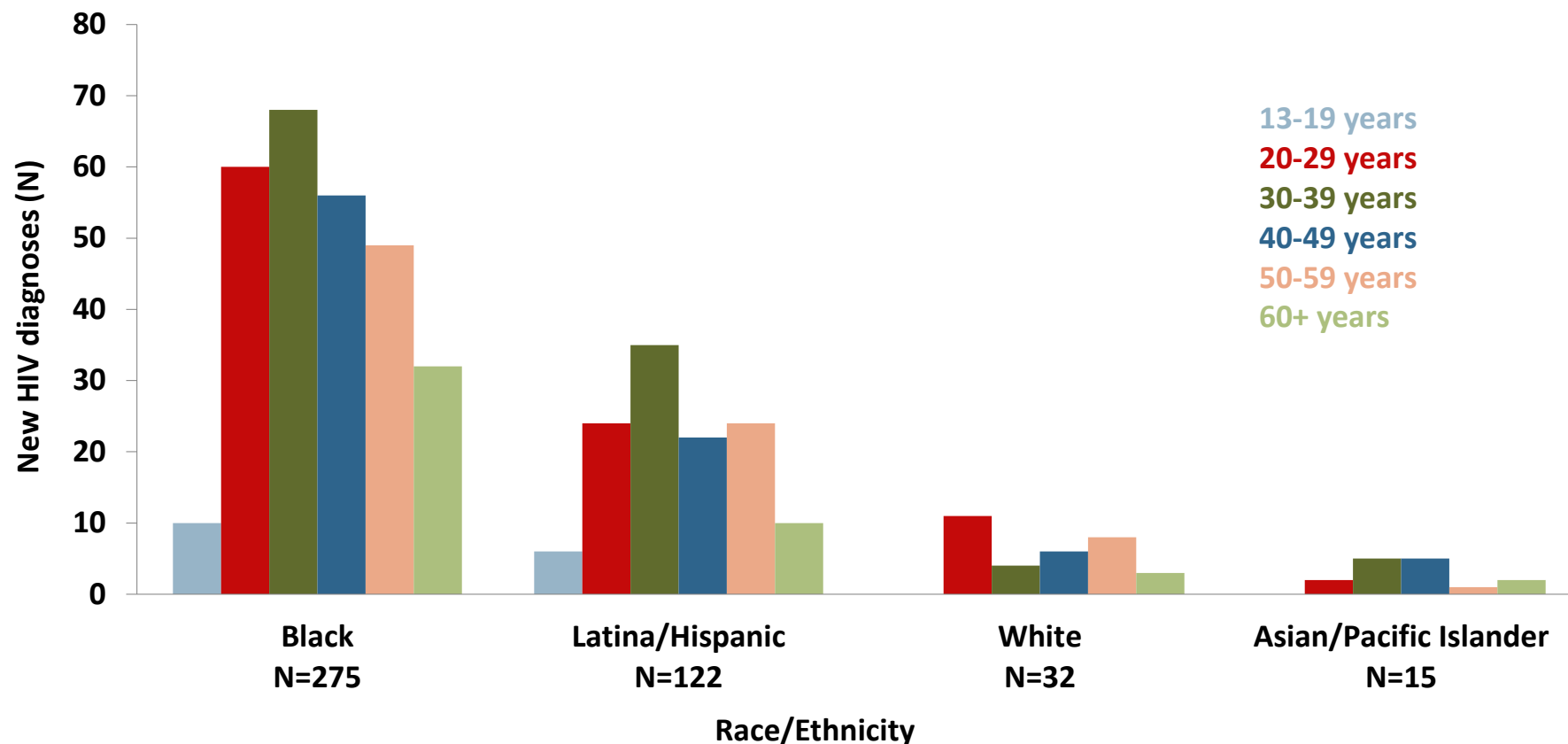
# NUMBER OF NEW HIV DIAGNOSES AMONG WOMEN BY RACE/ETHNICITY IN NYC, 2013-2017



**Blacks accounted for the majority of new HIV diagnoses in women from 2013-2017.**

Native American and multiracial groups not displayed because of small numbers.  
There were N=2 Native American and N=3 multiracial women newly diagnosed with HIV in 2017.  
Women includes transgender women.  
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.

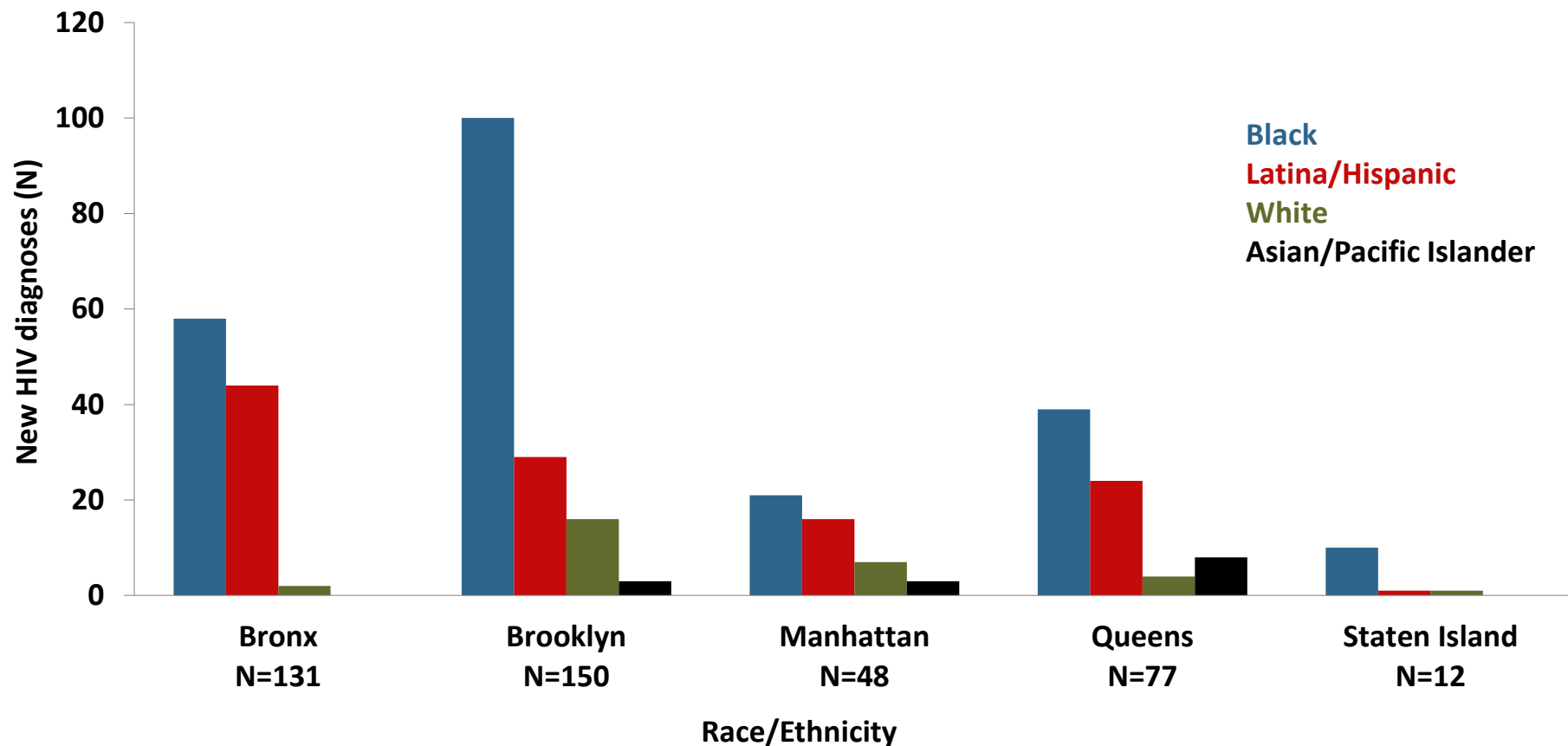
# NUMBER OF NEW HIV DIAGNOSES AMONG WOMEN BY RACE/ETHNICITY AND AGE IN NYC, 2017



**Among Black women, ages 30 to 39 comprised the largest proportion of new HIV diagnoses.**

Native American and multiracial groups are not displayed due to small numbers.  
There were N=2 Native American and N=3 multiracial women newly diagnosed with HIV in 2017.  
Women includes transgender women.  
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.

# NUMBER OF NEW HIV DIAGNOSES AMONG WOMEN BY BOROUGH OF RESIDENCE AND RACE/ETHNICITY IN NYC, 2017



**Black women in Brooklyn and the Bronx comprised the largest proportion of new HIV diagnoses in women.**

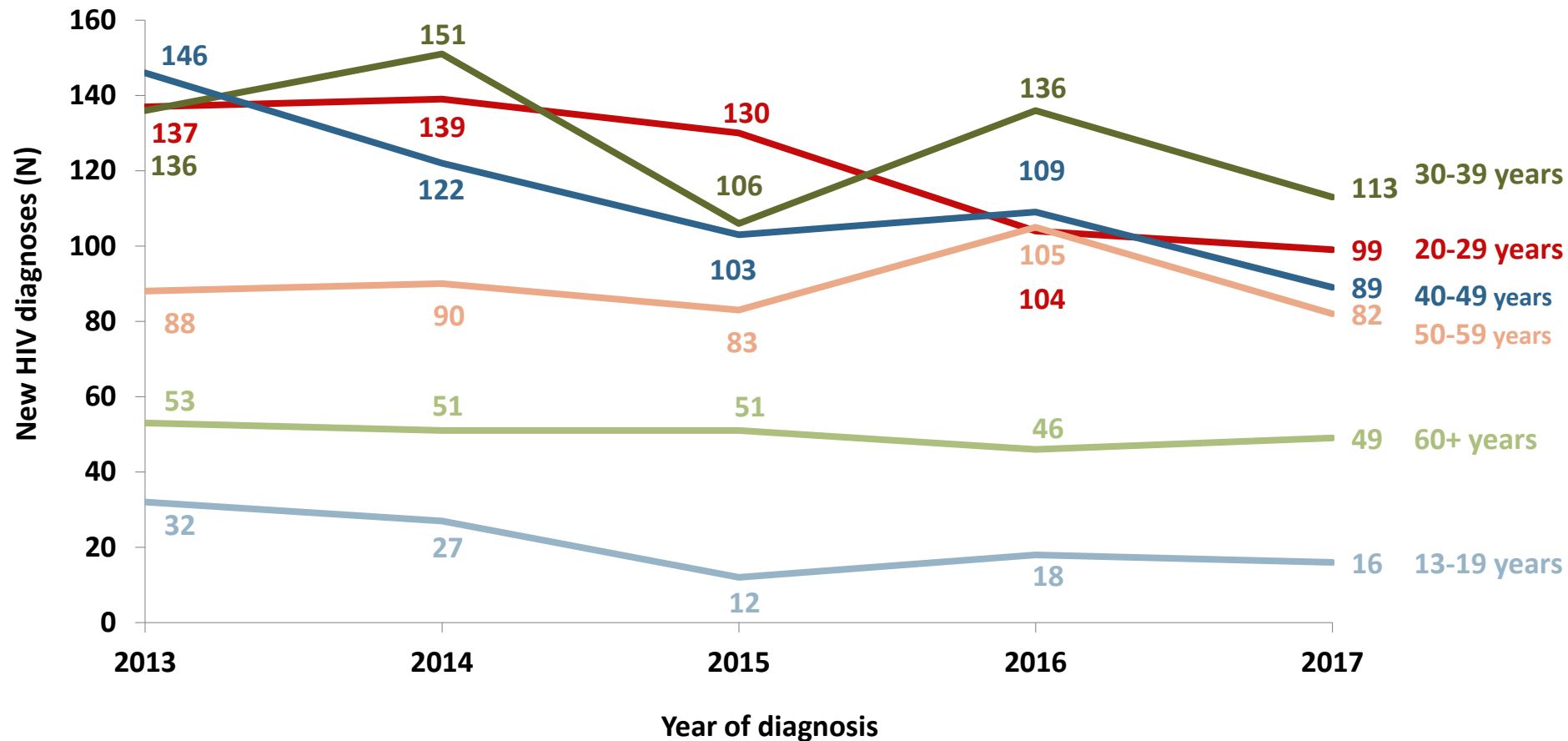
Native American and multiracial groups are not displayed due to small numbers.

There were N=2 Native American and N=3 multiracial women newly diagnosed with HIV in 2017.

Women includes transgender women.

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

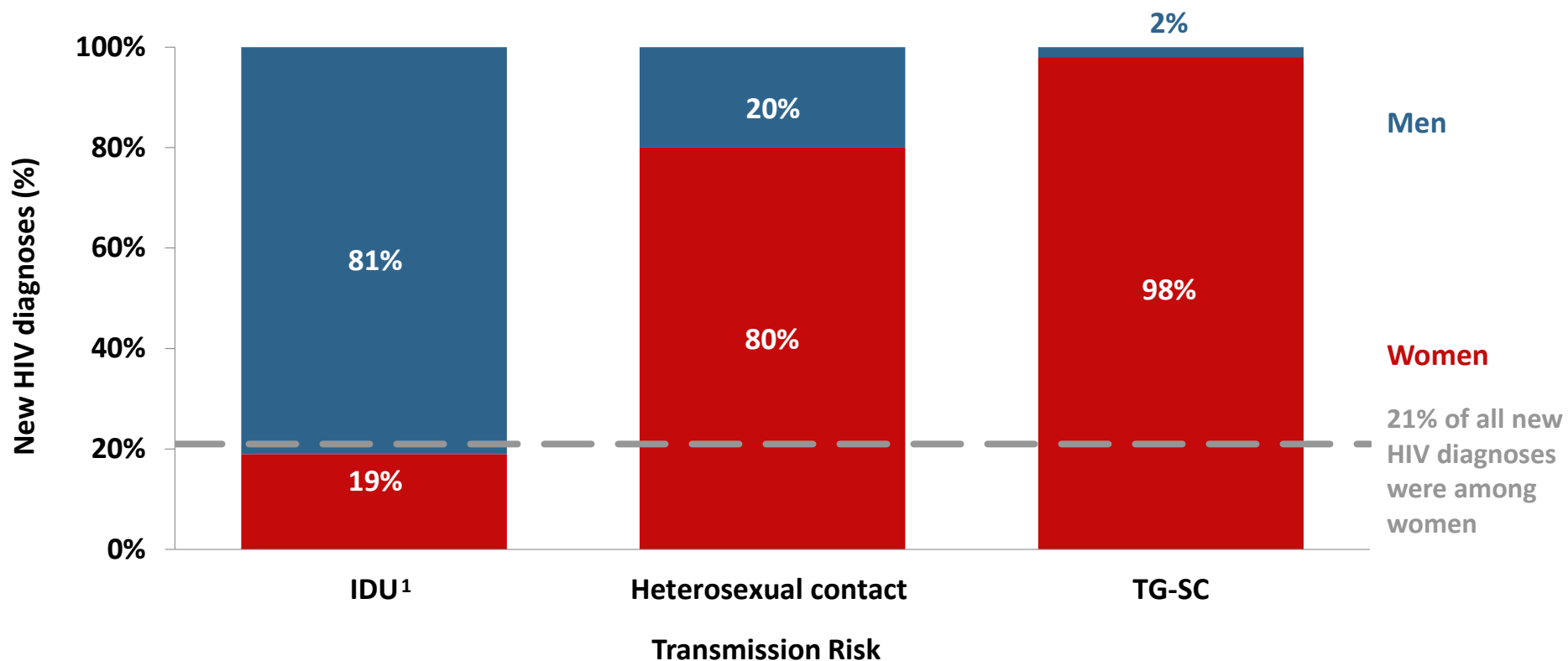
# NUMBER OF NEW HIV DIAGNOSES AMONG WOMEN BY AGE IN NYC, 2013-2017



**Among women, new HIV diagnoses decreased in each age group between 2013 and 2017.**



# PERCENTAGE OF NEW HIV DIAGNOSES BY TRANSMISSION CATEGORY IN NYC, 2017



**Women comprised a greater proportion of newly HIV diagnosed people with heterosexual contact and TG-SC risk than history of IDU.**

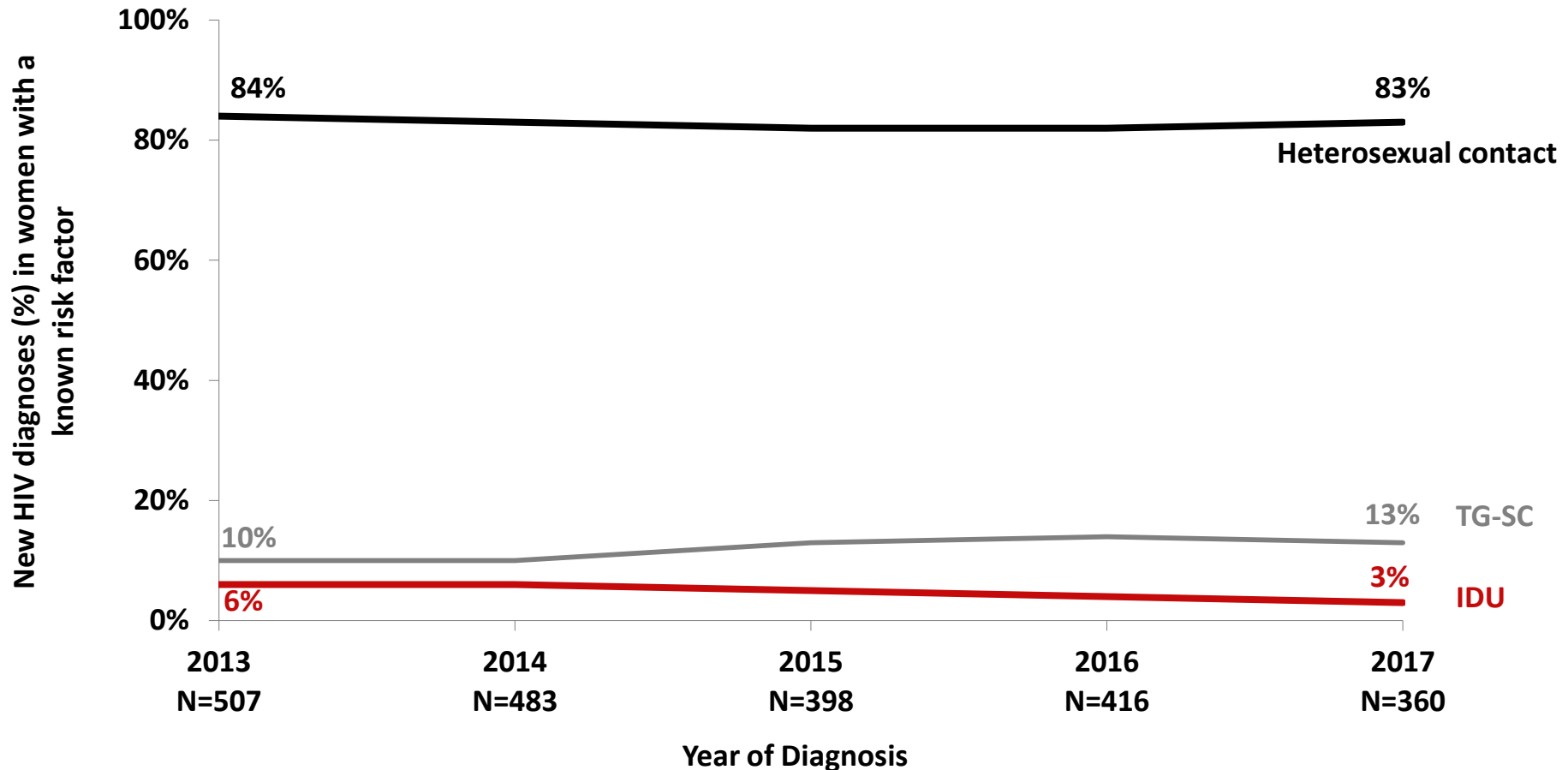
TG-SC = Transgender people with sexual contact.

<sup>1</sup>The IDU risk category for men includes men who have sex with men and inject drugs (MSM-IDU).

Women includes transgender women and men includes transgender men.

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

# PERCENTAGE OF NEW HIV DIAGNOSES AMONG WOMEN BY TRANSMISSION RISK CATEGORY IN NYC, 2013-2017



**In 2017, 83% of new HIV diagnoses among women with known risk were attributed to heterosexual contact transmission.**

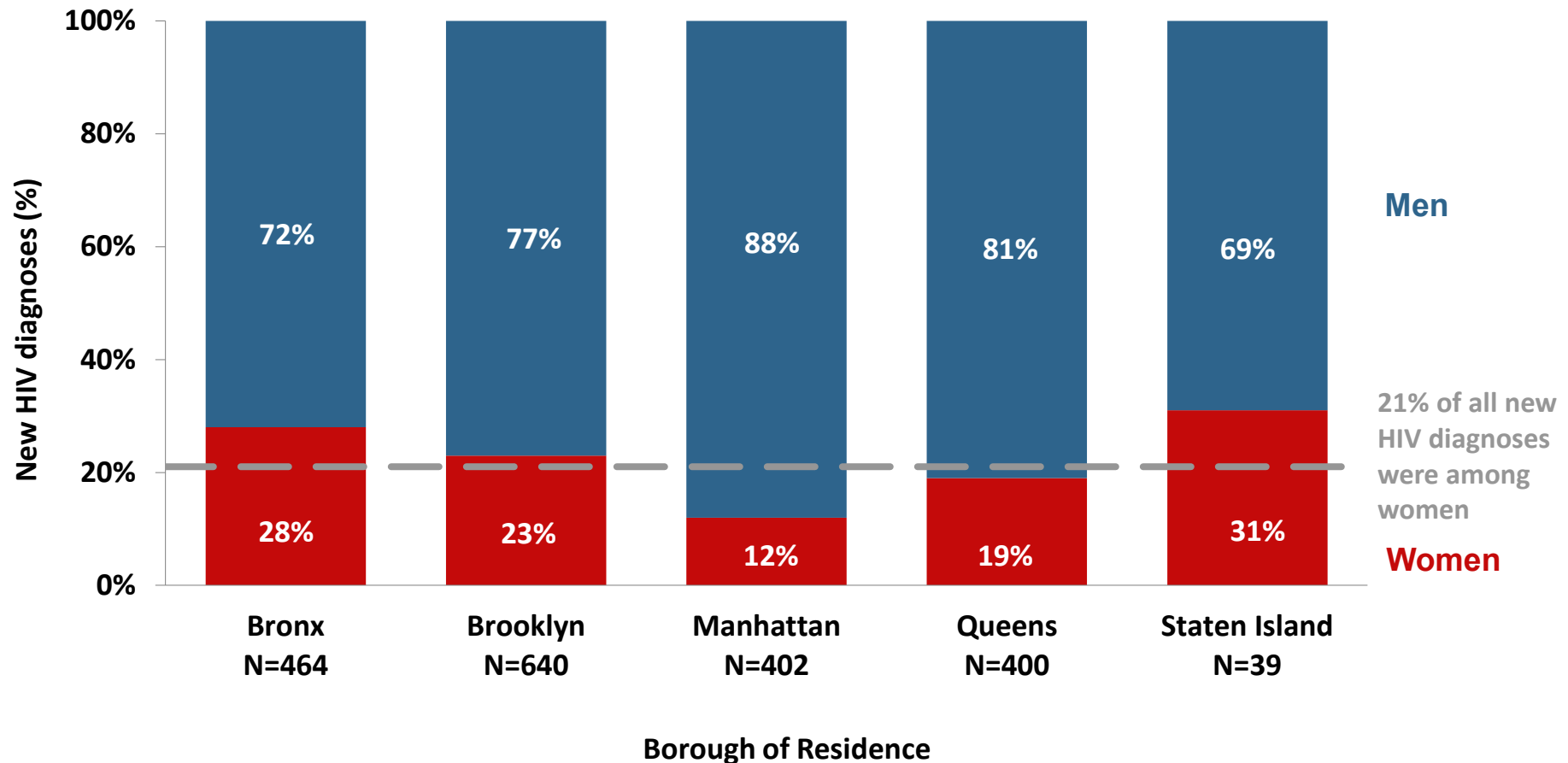
TG-SC = Transgender people with sexual contact.

Unknown transmission risk excluded from the total Ns and from percentage calculations.

There were N=89 women with unknown risk newly diagnosed with HIV in 2017.

Women includes transgender women. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.

# PERCENTAGE OF NEW HIV DIAGNOSES BY GENDER AND BOROUGH IN NYC, 2017

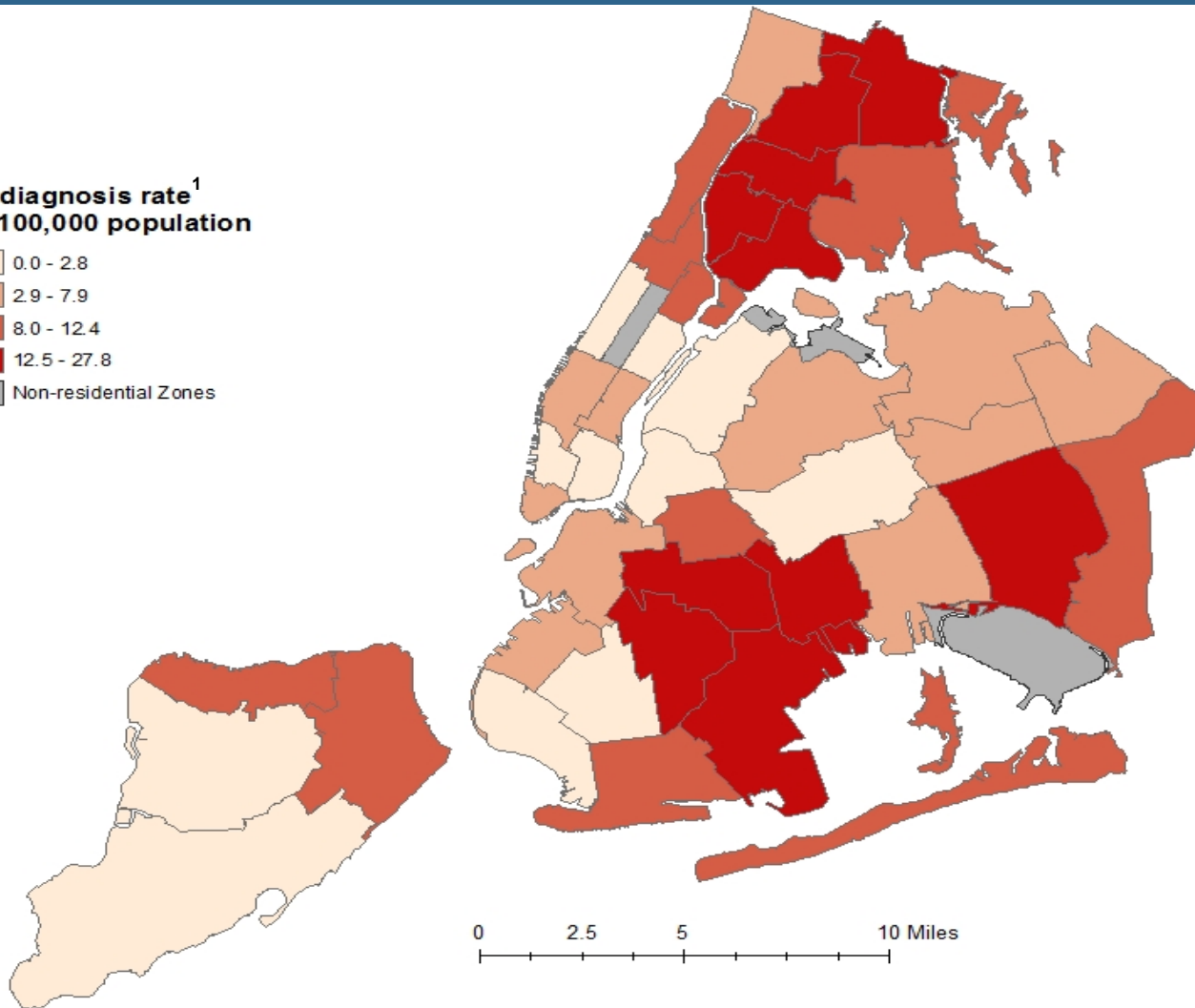
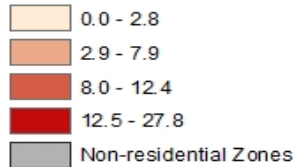


**In 2017, women comprised a higher proportion of new HIV diagnoses in the Bronx and Staten Island than in other boroughs.**

Women includes transgender women and men includes transgender men.  
New HIV diagnoses residing outside of NYC or with an unknown borough of residence not shown.  
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.

# HIV DIAGNOSIS RATE BY UHF AMONG WOMEN IN NYC, 2017

HIV diagnosis rate<sup>1</sup>  
per 100,000 population



**Rates of new HIV diagnoses among women were highest in East New York, High Bridge-Morrisania, and Crotona-Tremont.**

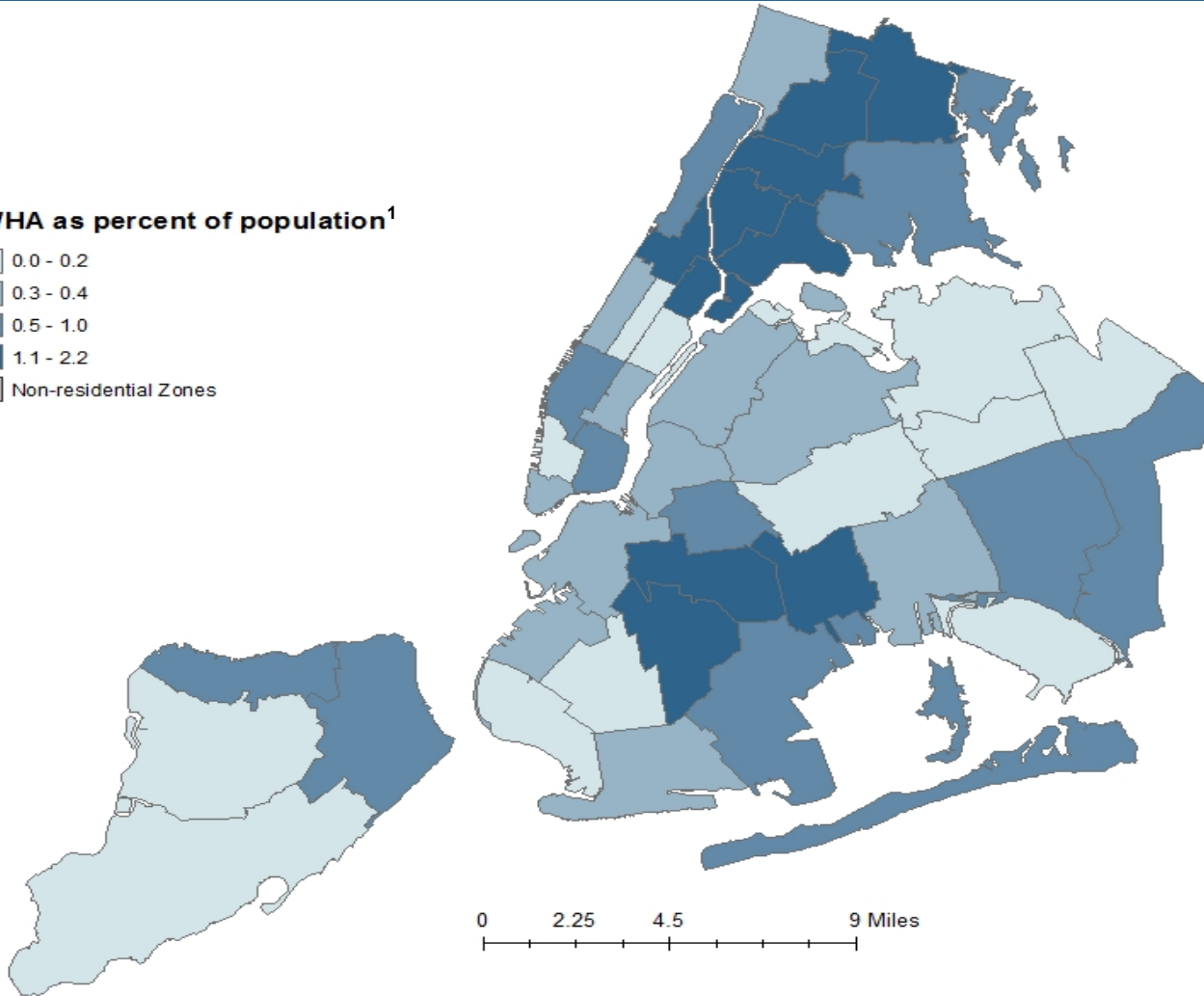
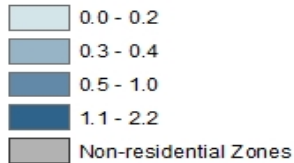
<sup>1</sup> Rates calculated using DOHMH 2016 population estimates, modified from US Census Bureau intercensal population estimates, updated September 2017.

Women includes transgender women.

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

# HIV PREVALENCE BY UHF AMONG WOMEN IN NYC, 2017

PLWHA as percent of population<sup>1</sup>



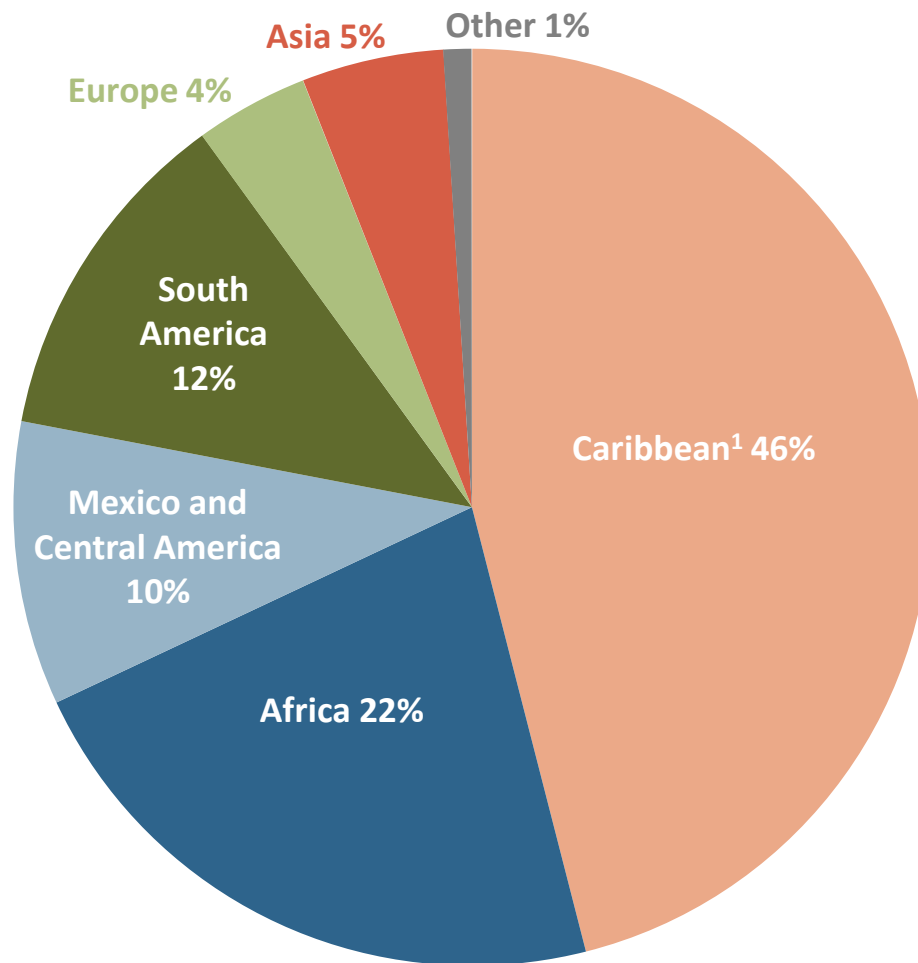
**The neighborhoods with the highest HIV/AIDS prevalence among women were Crotona-Tremont, High Bridge-Morrisania, and Hunts Point-Mott Haven.**

<sup>1</sup> Rates calculated using DOHMH 2016 population estimates, modified from US Census Bureau intercensal population estimates, updated September 2017.

Women includes transgender women.

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

# PERCENTAGE OF NEW HIV DIAGNOSES AMONG WOMEN BORN OUTSIDE OF THE US BY REGION OF BIRTH, NYC 2017



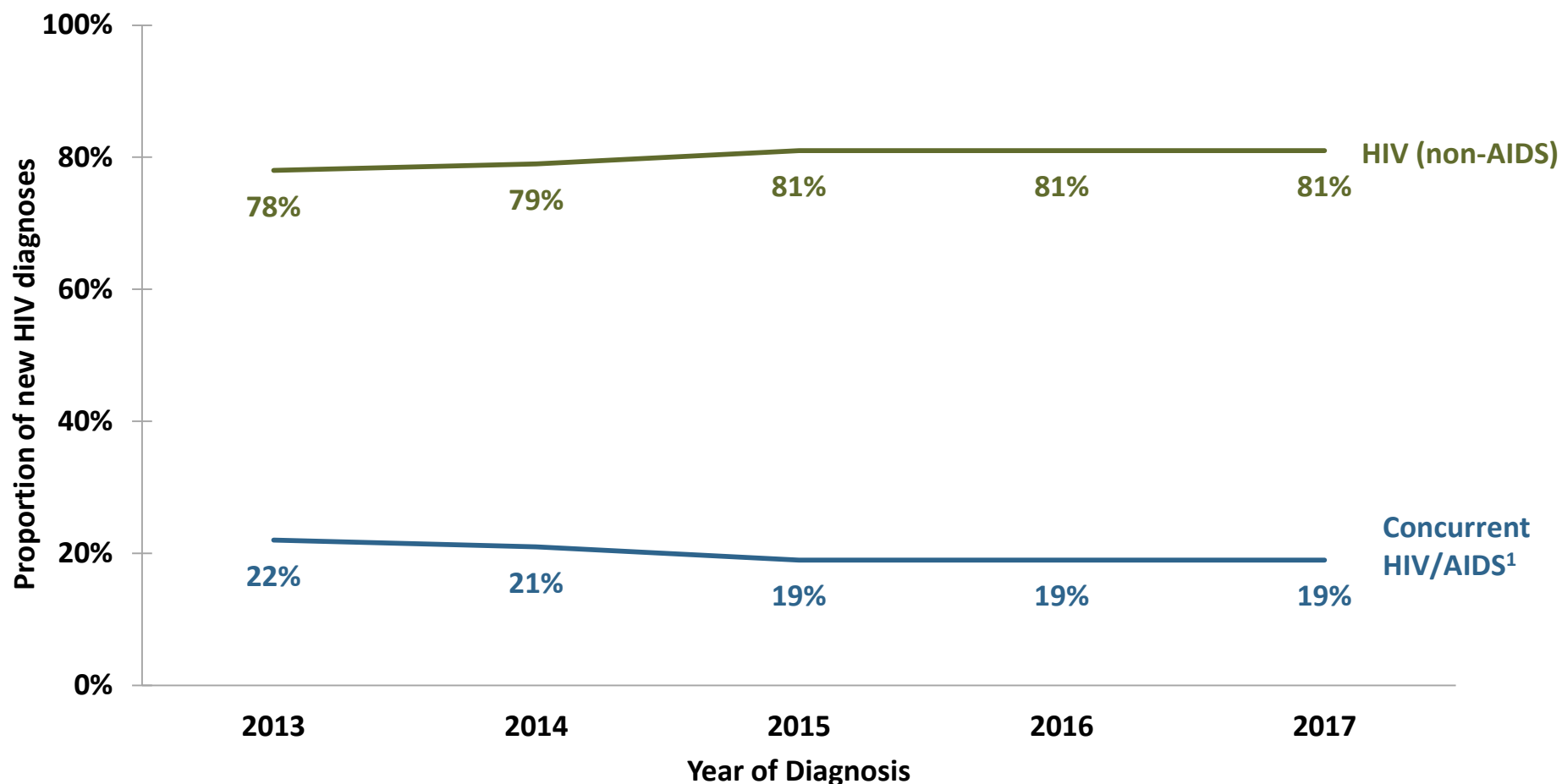
**40% of newly diagnosed women in 2017 were born outside the US. Of those, women born in the Caribbean<sup>1</sup> and Africa accounted for 68% of new diagnoses.**

<sup>1</sup>Excludes Puerto Rico and the US Virgin Islands.

Women includes transgender women.

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

# PROPORTION OF NEW HIV DIAGNOSES CONCURRENT WITH AN AIDS DIAGNOSIS<sup>1</sup> AMONG WOMEN IN NYC, 2013-2017



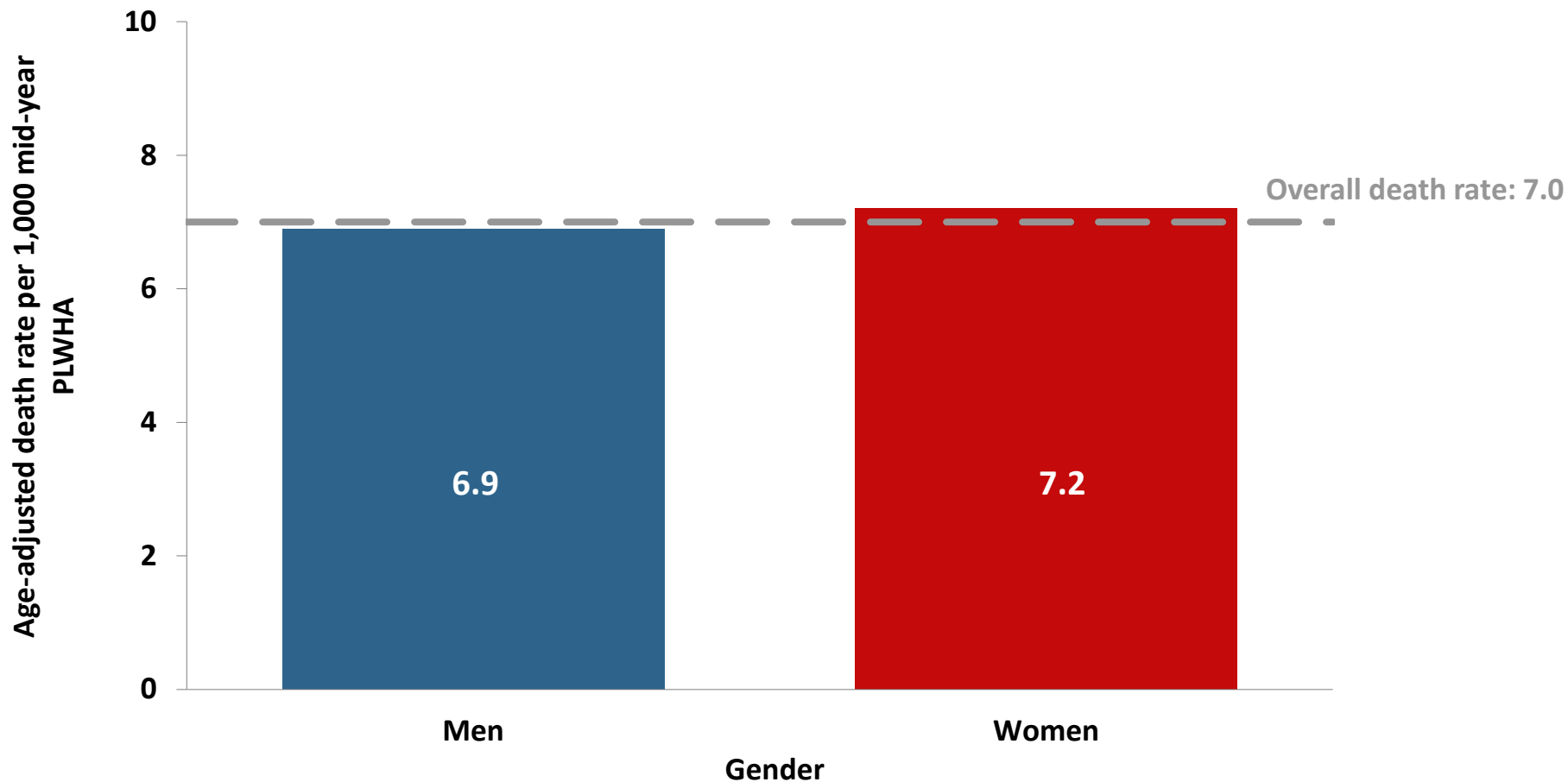
**The proportion new HIV diagnoses among women that were concurrent with an AIDS diagnosis remained relatively consistent from 2013 to 2017.**

<sup>1</sup>AIDS diagnosis within 31 days of HIV diagnosis.

Women includes transgender women.

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

# AGE-ADJUSTED DEATH RATES<sup>1</sup> PER 1,000 MID-YEAR PLWHA BY GENDER IN NYC, 2017



**The death rate among people with HIV/AIDS was higher in women (7.2 deaths per 1,000 people) than in men (6.9).**

<sup>1</sup>Rates are age-adjusted to the Census 2010 NYC population.

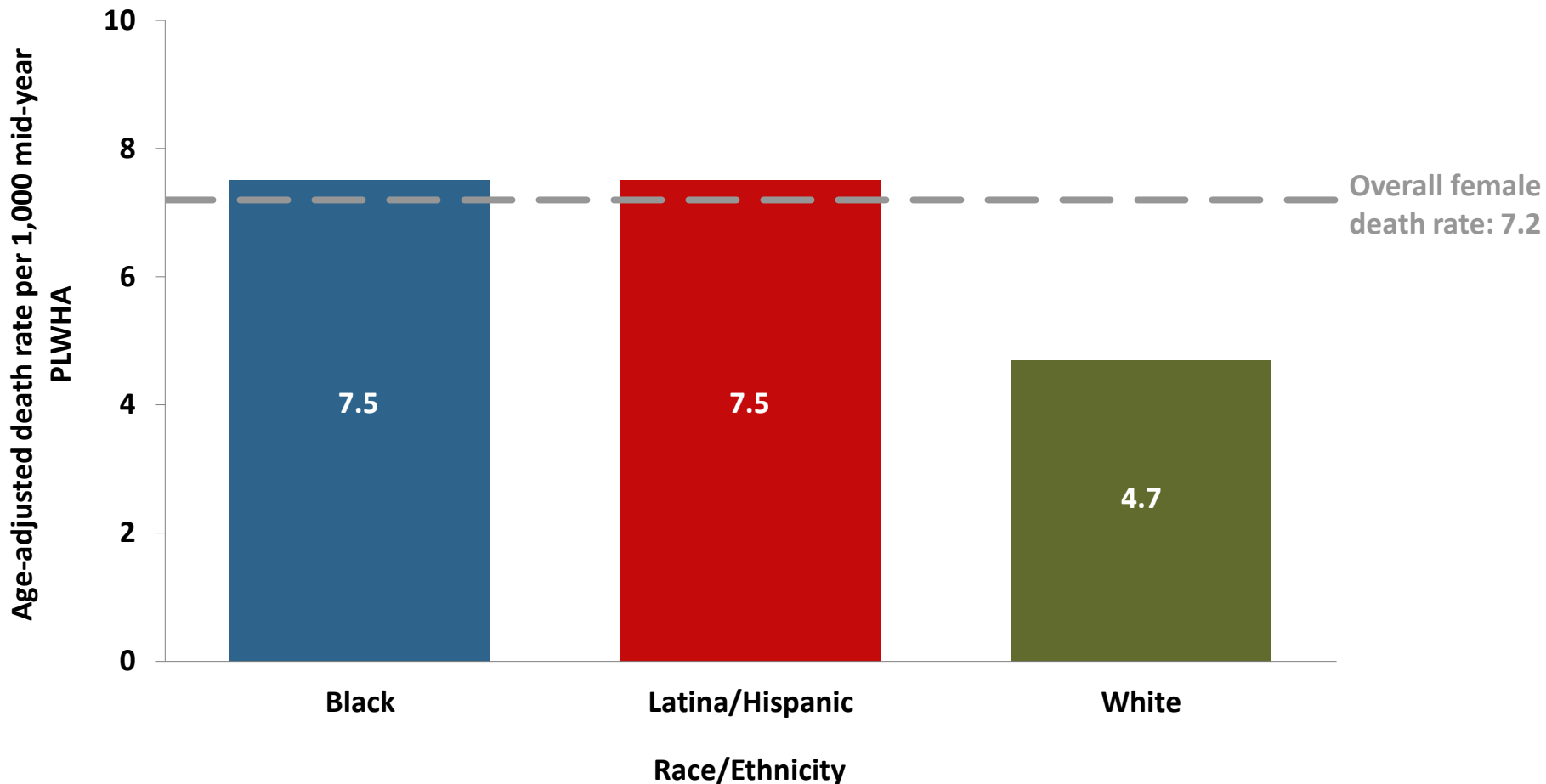
Death data for 2017 are incomplete.

Women includes transgender women and men includes transgender men.

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



# AGE-ADJUSTED DEATH RATES<sup>1</sup> PER 1,000 MID-YEAR PLWHA BY RACE/ETHNICITY AMONG WOMEN IN NYC, 2017



**Among female PWHA, the death rates were highest among Black and Latina/Hispanics.**

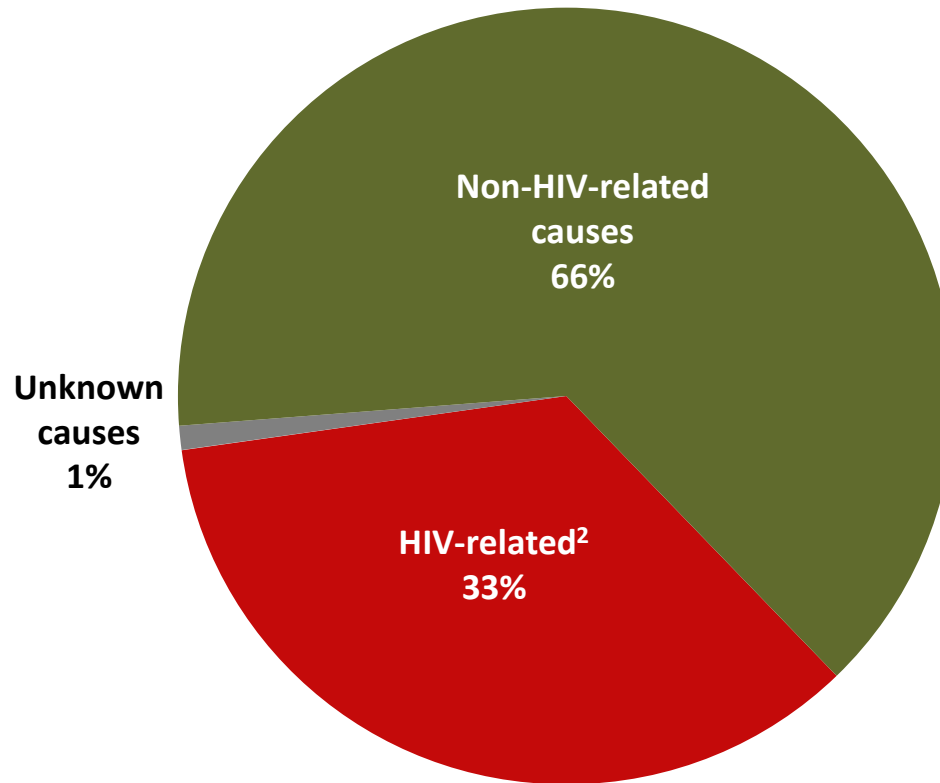
Asian/Pacific Islander, Native American, and multiracial groups not displayed because of small numbers.

<sup>1</sup>Death data for 2017 are incomplete. Rates are age-adjusted to the Census 2010 NYC population.

Women includes transgender women.

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

# CAUSES OF DEATH IN WOMEN WITH HIV/AIDS IN NYC, 2016<sup>1</sup>



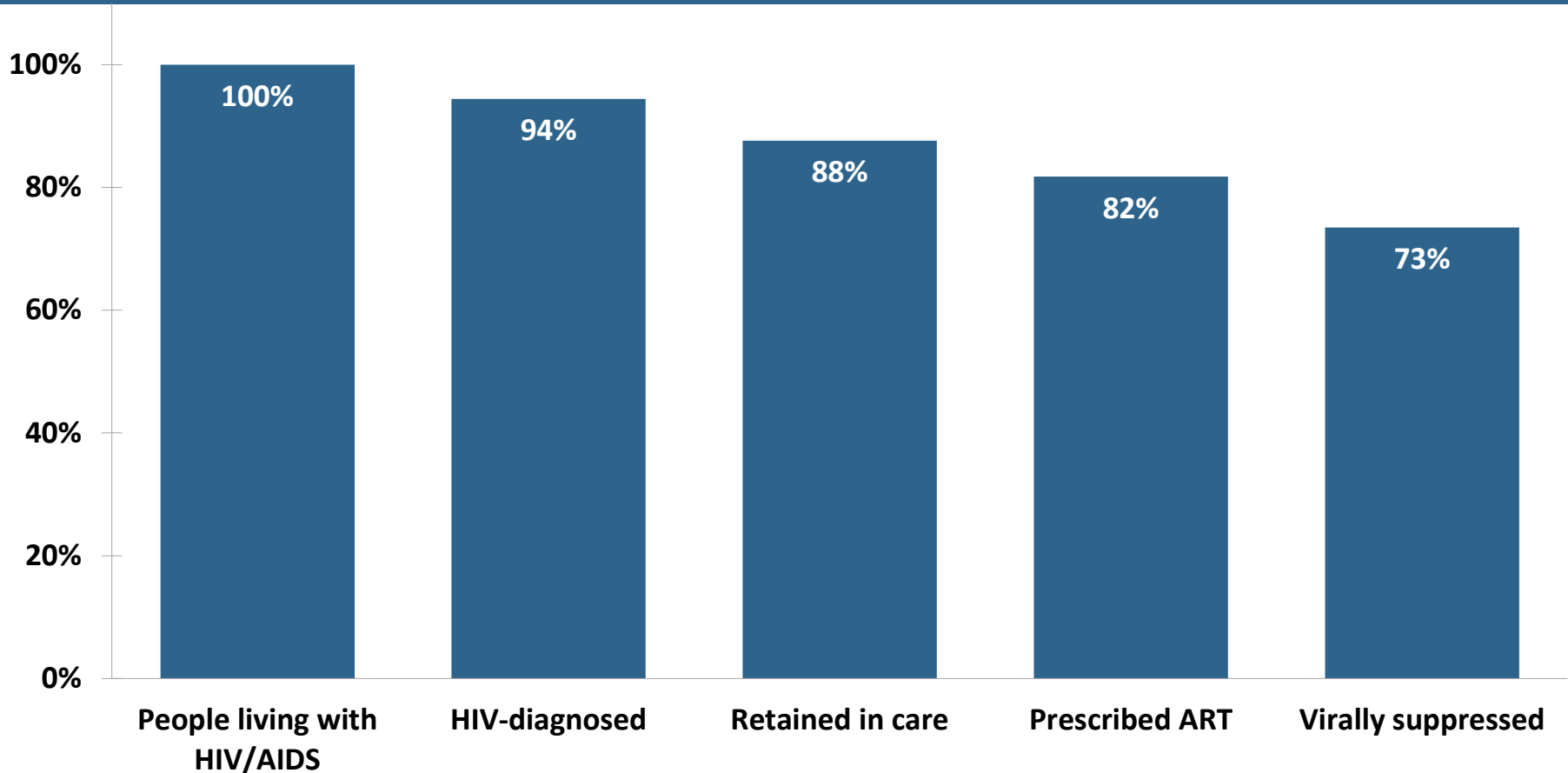
**The majority of deaths among women with HIV/AIDS in 2016 were due to non-HIV-related causes. Common non-HIV-related causes of deaths among women with HIV/AIDS were cardiovascular diseases (31%) or non-AIDS-defining cancers (28%).**

<sup>1</sup>Cause of death data is not yet available for 2017. Women includes transgender women.

<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, 2018.

# PROPORTION OF WOMEN LIVING WITH HIV/AIDS IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2017



**Of the approximately 26,000 women infected with HIV and living in NYC in 2017, 73% had a suppressed viral load.**

Women includes transgender women.

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

For more definitions of the stages of the continuum of care, see Appendix 2.

# HOW TO FIND OUR DATA

- **Our program publishes annual surveillance reports and slide sets, as well as special supplemental reports during the year.**
  - 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>
  - 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>
- **Email data requests to: [HIVReport@health.nyc.gov](mailto: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, 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.
- “PWH” 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); “PLWH” refers to people living with HIV or AIDS during the reporting period.
- “Female” includes transgender women and “Male” includes transgender men. For more information on transgender surveillance in NYC, please see the “HIV among People identified as Transgender” slide set.
- Data presented by “Transmission risk” categories include only individuals with known or identified transmission risk, except when an “unknown” category is presented.
- “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.

### 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/AIDS”: calculated as “HIV-diagnosed” divided by the estimated proportion of female people living with HIV/AIDS (PLWHA) who had been diagnosed (94.4%), 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 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  $\geq 1$  VL or CD4 count or CD4 percent drawn in 2017, 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 female PLWHA prescribed ART in the previous 12 months (93.3%), 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, 2016.
- “Virally suppressed”: calculated as PLWHA in care with a most recent viral load measurement in 2017 of <200 copies/mL, plus the estimated number of out-of-care 2017 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.