HIV AMONG WOMEN IN NEW YORK CITY, 2018

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

Published December 2019

https://www1.nyc.gov/site/doh/data/data-sets/epi-surveillance-slide-sets.page
HIV AMONG WOMEN\textsuperscript{1} IN NYC, 2018

BASIC STATISTICS

• 430 new HIV diagnoses
  – Includes 76 concurrent HIV/AIDS diagnoses (18%)
  – Women comprise 52% of the population of NYC and 22% of new HIV diagnoses

• 356 new AIDS diagnoses

• 510 deaths among women with HIV
  – 9.0 deaths per 1,000 mid-year women living with HIV\textsuperscript{2}

\textsuperscript{1}Women includes transgender women and men includes transgender men.
There were 56 new HIV diagnoses among transgender women in 2018.

\textsuperscript{2}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, 2019.
Black women accounted for the majority (63%) of new HIV diagnoses among women in 2018.

API = Asian/Pacific Islander. Native American women not shown due to N=0 diagnoses reported in 2018. Women includes transgender women. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
Black women accounted for the majority of new HIV diagnoses among women from 2014 to 2018.
NUMBER OF NEW HIV DIAGNOSES AMONG WOMEN BY RACE/ETHNICITY AND AGE IN NYC, 2018

Across all racial/ethnic groups, most newly diagnosed women were ages 20-49.

API = Asian/Pacific Islander. Native American women not shown due to small numbers (N=0 diagnoses reported in 2018). Women includes transgender women. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
Black women in Brooklyn and the Bronx comprised the largest proportion of new HIV diagnoses in women in 2018.

Native American women not shown due to 0 women diagnosed with HIV in 2018.

Women includes transgender women.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
New HIV diagnoses decreased in each age group of women between 2014 and 2018.

Women includes transgender women.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
Women comprised a larger proportion of newly HIV diagnosed people with heterosexual contact and TG-SC risk than those with a history of IDU.

IDU=Injection drug use history; TG-SC=Transgender people with sexual contact.

The IDU risk category for men includes men who have sex with men and have a history of injection drug use (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, 2019.
In 2018, 82% of new HIV diagnoses among women with known risk were attributed to heterosexual contact transmission.
In 2018, women comprised a larger 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, 2019.
Rates of new HIV diagnoses among women in 2018 were highest in High Bridge-Morrisania, Crotona-Tremont, and Bedford Stuyvesant-Crown Heights.

1Rates calculated using DOHMH 2017 population estimates, modified from US Census Bureau intercensal population estimates, updated September 2018. Women includes transgender women. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
The neighborhoods with the highest HIV prevalence among women in 2018 were Crotona-Tremont, High Bridge-Morrisania, and Hunts Point-Mott Haven.

1Rates calculated using DOHMH 2017 population estimates, modified from US Census Bureau intercensal population estimates, updated September 2018. Women includes transgender women. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
34% of women newly diagnosed in 2018 were born outside the US. Of those, women born in the Caribbean\(^1\) and Africa accounted for 85% of new diagnoses.

\(^1\)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, 2019.
The proportion of new HIV diagnoses among women that were concurrent with an AIDS diagnosis remained relatively consistent from 2014 to 2018.

1AIDS 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, 2019.
The death rate among people with HIV was higher among women (9.0 deaths per 1,000 people) than among men (8.4 per 1,000 people).

1Rates are age-adjusted to the Census 2010 NYC population. 
Death data for 2018 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, 2019.
In 2018, among all women with HIV, the age-adjusted death rate was highest among White women.
In 2017, over two-thirds of deaths among women with HIV were due to non-HIV-related causes (67%). Among these, the top causes were cardiovascular diseases (32%) and non-HIV-related cancers (26%).

Women includes transgender women.
1Cause of death data is 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.
Of the approximately 26,000 women with HIV living in NYC in 2018, 77% 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, 2019.
For more definitions of the stages of the continuum of care, see Appendix 2.
Of the approximately 15,000 Black women with HIV living in NYC in 2018, 75% 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, 2019.

For more definitions of the stages of the continuum of care, see Appendix 2.
Of the approximately 1,500 White women with HIV living in NYC in 2018, 79% 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, 2019.
For more definitions of the stages of the continuum of care, see Appendix 2.
Of the approximately 8,800 Latino/Hispanic women with HIV living in NYC in 2018, 79% 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, 2019.
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, 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

• 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

- “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 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.
- “Women” includes transgender women and “men” 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.
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.

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.
• “People living with HIV”: calculated as “HIV-diagnosed” divided by the estimated proportion of women people living with HIV (PLWH) who had been diagnosed (94.7%), based on a CD4 depletion model.
• “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 total number of people diagnosed and reported with HIV in NYC.
• “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 women PLWH prescribed ART in the previous 12 months (96.2%), based on the proportion of NYC Medical Monitoring Project participants whose medical record included documentation of ART prescription.
• “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.