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HIV/AIDS AMONG YOUTH 13 TO 29 IN NYC, 2016
BASIC STATISTICS

• 882 new HIV diagnoses among New Yorkers 13 to 29 years old
  – 83 HIV diagnoses concurrent with an AIDS diagnosis (9.4%)

• 228 new AIDS diagnoses

• 32 deaths among youth with HIV/AIDS
  – 2.7 deaths per 1,000 youth with HIV/AIDS\(^1\)

\(^1\)Crude death rate. Death data for 2016 are incomplete. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
The number of new HIV diagnoses among youth declined between 2012 and 2016.

Female includes transgender women and male includes transgender men.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
In 2016, there were more new HIV diagnoses among Black male youth than among Latino/Hispanics, Whites, or Asian/Pacific Islanders. Across race/ethnicities, the highest proportion of newly diagnosed youth were in the older age group (25 to 29 years old).

Male includes transgender men.

Native American and multiracial groups not shown because of small numbers. There were N=0 Native American and N=0 multiracial males ages 13 to 29 diagnosed with HIV in 2016.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
In 2016, there were more new HIV diagnoses among Black female youth than any other race/ethnicity. Among Latina youth, the highest proportions of new HIV diagnoses were ages 20 to 24. Among Black and API female youth, the highest proportions were ages 25 to 29.

Female includes transgender women.
Native American and multiracial groups not shown because of small numbers. There were N=0 Native American and N=0 multiracial females ages 13 to 29 diagnosed with HIV in 2016.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
The number of new HIV diagnoses among men ages 13 to 29 with MSM risk was consistently higher than other transmission risk categories during 2012-2016.

MSM=Men who have sex with men. IDU=Injection drug use history. Male includes transgender men. Perinatal, Transgender people with sexual contact (TG-SC), and Other transmission risk categories not shown because of small numbers but included in total N. In 2016, there were no males ages 13-29 newly diagnosed with Perinatal, TG-SC, or Other risk. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
The number of new HIV diagnoses among women ages 13 to 29 with heterosexual contact risk was consistently higher than other risk categories during 2012-2016.

TG-SC = Transgender people with sexual contact
Perinatal and Other transmission risk categories not shown because of small numbers but included in total N. In 2016, there were no females ages 13-29 newly diagnosed with Perinatal or Other risk.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
Across transmission risk categories, newly diagnosed youth were primarily Black or Latino/Hispanic, except MSM-IDU, who were primarily White.

MSM=Men who have sex with men. IDU=Injection drug use history. TG-SC = Transgender people with sexual contact. Perinatal (N=0) and Other (N=0) transmission risk categories not shown because of small numbers. Native American (N=3) and multiracial (N=10) groups not shown because of small numbers.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
In 2016, Manhattan, Brooklyn, and the Bronx accounted for 70% of new HIV diagnoses among people ages 13 to 29.
Of the approximately 8,100 youth ages 13 to 29 infected with HIV and living in NYC in 2016, 66% had a suppressed viral load.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017. For definitions of the stages of the continuum of care, see Appendix 2.
HIV/AIDS AMONG PEOPLE 50 AND OLDER IN NYC, 2016

BASIC STATISTICS

• 385 new HIV diagnoses among New Yorkers ages 50+ years
  – 99 HIV diagnoses concurrent with an AIDS diagnosis (25.7%)

• 410 new AIDS diagnoses

• 1,099 deaths among older adults with HIV/AIDS
  – 16.4 deaths per 1,000 older adults with HIV/AIDS¹

¹Crude death rate.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
Between 2012 and 2016, the largest decrease in the number of new diagnoses among males was seen for those ages 30 to 49.
Between 2012 and 2016, the number of new HIV diagnoses among females decreased overall. However, there were increases among females ages 30 and older from 2015 to 2016.

Female includes transgender women.
People ages 0-12 years old not shown. In 2016, there was 1 female ages 0-12 newly diagnosed with HIV.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
The percentage of new HIV diagnoses concurrent with an AIDS diagnosis was highest in people diagnosed at older ages.

1AIDS diagnosis within 31 days of HIV diagnosis.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
Among those ages 50-59, males had a higher proportion of concurrent HIV/AIDS diagnoses, while among those ages 60+, females had a higher proportion of concurrent diagnoses.

1AIDS diagnosis within 31 days of HIV diagnosis.
Male includes transgender men and female includes transgender women.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
The proportion of concurrent HIV/AIDS diagnoses was higher among APIs (41%)\(^2\) and Blacks (27%) ages 50+ than among Whites (23%) and Latinos/Hispanics (23%).

\(^1\)AIDS diagnosis within 31 days of HIV diagnosis.

\(^2\)API=Asian/Pacific Islanders. Percentage is based on small numbers and should be interpreted with caution.

Native American and multiracial groups not shown because of small numbers. There were N=0 Native American and N=0 multiracial people ages 50 and older diagnosed with HIV in 2016.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
The proportion of cases with unknown risk was high among people 50 and older. In 2016, 37% of people 50 and older newly diagnosed with HIV had unknown risk compared with 22% of people ages 13 to 49 (not shown).

Perinatal, Transgender people with sexual contact and Other transmission risks are not shown because of small numbers but included in total N. In 2016, there were no people ages 50 and older with Perinatal or Other risk and 1 person with TG-SC risk. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
Death rates among Latino/Hispanic and Black PWHA ages 50 and older were higher than death rates among White PWHA ages 50 and older.

1Crude death rates. Death data for 2016 are incomplete. Native American, Asian/Pacific Islander (API), and multiracial groups not shown because of small numbers. There were N=12 API, N=3 Native American, and N=1 multiracial PWHA ages 50 and older who died in 2016. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
Of the approximately 46,000 people ages 50 and over infected with HIV and living in NYC in 2016, 80% had a suppressed viral load.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017. For definitions of the stages of the continuum of care, see Appendix 2.
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 and includes people who died during the reporting period.
- “PLWHA” refers to people living with HIV or AIDS during the reporting period and alive at the end of 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.
- “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.
- Youth are defined as people between 13 and 29 years of age (inclusive). Older adults are defined as people 50 years of age and older.

Statistical notes:

- Death rates in which fewer than 10 events occurred are not shown because the statistic has too few events to be regarded as reliable.
“HIV-infected”: calculated as “HIV-diagnosed” divided by the estimated proportion of people living with HIV/AIDS (PLWHA) who had been diagnosed (95.0%), 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 2016, 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 PLWHA prescribed ART in the previous 12 months (90.9% for youth, 96.9% for older adults), 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 2016 of ≤200 copies/mL, plus the estimated number of out-of-care 2016 PLWHA with a viral load ≤200 copies/mL, based on a statistical weighting method.