HIV/AIDS AMONG YOUTH (AGES 13 TO 29) AND OLDER ADULTS (AGES 50 AND OVER) IN NEW YORK CITY, 2017

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

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TABLE OF CONTENTS

3. NUMBER OF NEW HIV DIAGNOSES AMONG MEN BY AGE IN NYC, 2013-2017
4. NUMBER OF NEW HIV DIAGNOSES AMONG WOMEN BY AGE IN NYC, 2013-2017
5. PERCENTAGE OF NEW HIV DIAGNOSES CONCURRENT WITH AN AIDS DIAGNOSIS BY AGE IN NYC, 2017
6. HIV/AIDS AMONG YOUTH 13-29 IN NYC, 2017 – BASIC STATISTICS
7. NUMBER OF NEW HIV DIAGNOSES AMONG YOUTH 13-29 BY GENDER IN NYC, 2013-2017
8. NUMBER OF NEW HIV DIAGNOSES AMONG MEN 13-29 BY RACE/ETHNICITY AND AGE IN NYC, 2017
9. NUMBER OF NEW HIV DIAGNOSES AMONG WOMEN 13-29 BY RACE/ETHNICITY AND AGE IN NYC, 2017
10. NUMBER OF NEW HIV DIAGNOSES AMONG MEN 13-29 BY TRANSMISSION RISK CATEGORY IN NYC, 2013-2017
11. NUMBER OF NEW HIV DIAGNOSES AMONG WOMEN 13-29 BY TRANSMISSION RISK CATEGORY IN NYC, 2013-2017
12. PERCENTAGE OF NEW HIV DIAGNOSES AMONG YOUTH 13-29 BY TRANSMISSION RISK AND RACE/ETHNICITY IN NYC, 2017
14. PROPORTION OF PLWHA YOUTH 13 TO 29 ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM IN NYC, 2017
15. HIV/AIDS AMONG PEOPLE 50 AND OLDER IN NYC, 2017 – BASIC STATISTICS
16. PERCENTAGE OF NEW HIV DIAGNOSES AMONG PEOPLE 50 AND OLDER BY TRANSMISSION RISK IN NYC, 2013-2017
17. PERCENTAGE OF NEW HIV DIAGNOSES CONCURRENT WITH AN AIDS DIAGNOSIS AMONG PEOPLE 50 AND OLDER BY GENDER AND AGE IN NYC, 2017
18. PERCENTAGE OF NEW HIV DIAGNOSES CONCURRENT WITH AN AIDS DIAGNOSIS AMONG PEOPLE 50 AND OLDER BY RACE/ETHNICITY IN NYC, 2017
19. DEATH RATES AMONG PEOPLE 50 AND OLDER BY RACE/ETHNICITY IN NYC, 2017
20. PROPORTION OF PLWHA AGES 50 AND OLDER ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM IN NYC, 2017
21. HOW TO FIND OUR DATA
22. APPENDIX 1: DEFINITIONS AND STATISTICAL NOTES
23. APPENDIX 2: TECHNICAL NOTES: NYC CONTINUUM OF CARE
Between 2013 and 2017, the largest decrease in the number of new diagnoses among men was seen for those ages 13 to 29.

Men includes transgender men.
People ages 0-12 years old not shown. In 2017, there was N=1 male aged 0-12 newly diagnosed with HIV.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Between 2013 and 2017, the number of new HIV diagnoses among women decreased overall.

Women includes transgender women.
People ages 0-12 years old not shown. In 2017, there was N=1 female aged 0-12 newly diagnosed with HIV.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
The percentage of new HIV diagnoses concurrent with an AIDS diagnosis was highest for people between ages 50-59.

1AIDS diagnosis within 31 days of HIV diagnosis.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
HIV/AIDS AMONG YOUTH 13 TO 29 IN NYC, 2017
BASIC STATISTICS

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

• 222 new AIDS diagnoses

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

\(^1\)Crude death rate. Death data for 2017 are incomplete. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
The number of new HIV diagnoses among youth declined between 2013 and 2017.

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.
In 2017, young Black men had more new HIV diagnoses than Latino/Hispanic, White, and API young men. Across race/ethnicities, the largest proportion of newly diagnosed youth were in the older age group of 25 to 29 year olds.
In 2017, there were more new HIV diagnoses among young Black women than any other race/ethnicity. Among Black, Latina/Hispanic and White youth, the largest proportions of new HIV diagnoses were ages 25 to 29.

Women includes transgender women.
Native American and multiracial groups not shown because of small numbers.
There were N=1 Native American and N=1 multiracial women ages 13 to 29 diagnosed with HIV in 2017.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
The number of new HIV diagnoses among men ages 13 to 29 with MSM risk was consistently higher than other transmission risk categories during 2013-2017.
The number of new HIV diagnoses among women ages 13 to 29 with heterosexual contact transmission risk was consistently higher than other risk categories during 2013-2017.

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 2017, there were no women 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, 2018.
Across transmission risk categories, newly diagnosed youth were primarily Black or Latino/Hispanic, except IDU, who were primarily White and Latino/Hispanic.
In 2017, Queens, Brooklyn, and the Bronx accounted for nearly 70% of new HIV diagnoses among people ages 13 to 29.

Cases diagnosed outside of New York City and with unknown borough not shown but included in total N. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Of the approximately 8,300 youth ages 13 to 29 with HIV and living in NYC in 2017, 65% had a suppressed viral load.
HIV/AIDS AMONG PEOPLE 50 AND OLDER IN NYC, 2017

BASIC STATISTICS

• 363 new HIV diagnoses among New Yorkers ages 50+ years
  – 110 HIV diagnoses concurrent with an AIDS diagnosis (30.3%)

• 447 new AIDS diagnoses

• 1,046 deaths among older adults with HIV/AIDS
  – 15 deaths per 1,000 older adults with HIV/AIDS

1Crude death rate. Death data for 2017 are incomplete. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
The proportion of cases with unknown risk was high among people 50 and older. In 2017, 34% of people 50 and older newly diagnosed with HIV had unknown risk compared with 17% of people ages 13 to 49 (not shown).

Perinatal, Transgender people with sexual contact (TG-SC) and Other transmission risks are not shown because of small numbers but included in total N. In 2017, there were no people ages 50 and older with Perinatal or Other risk and N=1 with TG-SC risk. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
PERCENTAGE OF NEW HIV DIAGNOSES CONCURRENT WITH AN AIDS DIAGNOSIS\(^1\) AMONG PEOPLE 50 AND OLDER BY GENDER AND AGE IN NYC, 2017

Men 50 to 59 and 60+ had a higher proportion of concurrent HIV/AIDS diagnoses than women in the same age group.

\(^1\)AIDS diagnosis within 31 days of HIV diagnosis.
Men includes transgender men and women includes transgender women.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
The proportion of concurrent HIV/AIDS diagnoses was higher among Blacks (34%) and Whites (33%) ages 50+ than among APIs (28%) and Latino/Hispanics (21%).

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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=2 Native American and N=2 multiracial people ages 50 and older diagnosed with HIV in 2017. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
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 2017 are incomplete. Native American, Asian/Pacific Islander (API), and multiracial groups not shown because of small numbers. There were N=8 API, N=6 Native American, and N=2 multiracial PWHA ages 50 and older who died in 2017. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Of the approximately 48,000 people ages 50 and over infected with HIV and living in NYC in 2017, 78% had a suppressed viral load.
Our program publishes annual surveillance reports and slide sets, as well as special supplemental reports during the year.

- HIV Care status reports (CSR) system: [https://www1.nyc.gov/site/doh/health/health-topics/aids-hiv-care-status-reports-system.page](https://www1.nyc.gov/site/doh/health/health-topics/aids-hiv-care-status-reports-system.page)

**Email data requests to:** HIVReport@health.nyc.gov

- 2 weeks minimum needed for requests to be completed
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.
• “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.
• “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.
• 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.
• “People living with HIV/AIDS”: calculated as “HIV-diagnosed” divided by the estimated proportion of people living with HIV/AIDS (PLWHA) who had been diagnosed (92.6% for youth and older adults), based on a CD4 depletion model.

• “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 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 PLWHA prescribed ART in the previous 12 months (90.5% for youth, 92.9% for older adults), based on the 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 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.