HIV/AIDS AMONG YOUTH (AGES 13 TO 29) AND OLDER ADULTS (AGES 50 AND OVER) IN NEW YORK CITY, 2015

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http://www1.nyc.gov/site/doh/data/data-sets/epi-surveillance-slide-sets.page
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HIV/AIDS AMONG YOUTH 13 TO 29 IN NYC, 2015

• 979 new HIV diagnoses among New Yorkers 13 to 29 years old
  – 74 HIV diagnoses concurrent with an AIDS diagnosis (7.6%)
• 245 new AIDS diagnoses
• 36 deaths among youth with HIV/AIDS
  – 3.3 deaths per 1,000 youth with HIV/AIDS

1Crude death rate.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
The number of new HIV diagnoses among youth declined between 2011 and 2015.
In 2015, there were more new HIV diagnoses among Black and Latino/Hispanic male youth than among Whites and Asian/Pacific Islanders. A higher proportion of newly diagnosed youth were in the older age group (25 to 29 years old) for all races/ethnicities.

Male includes transgender men.
Native American and multiracial groups not shown because of small numbers. There were N=0 Native American and N=11 multiracial males ages 13 to 29 diagnosed with HIV in 2015.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
In 2015, there were more new HIV diagnoses among Black female youth than among other racial/ethnic groups. Among Latina/Hispanic and White female 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 2015.

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
Among males ages 13 to 29, most new HIV diagnoses during 2011-2015 were MSM.

Male includes transgender men.
MSM=Men who have sex with men. IDU=Injection drug use history.
Perinatal, Transgender people with sexual contact, and Other transmission risk categories not shown because of small numbers but included in total N.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
The number of new HIV diagnoses among females ages 13 to 29 with heterosexual contact risk was consistently higher than other risk categories during 2011-2015.

Female includes transgender women.
Perinatal and Other transmission risk categories not shown because of small numbers but included in total N.
TG-SC = Transgender people with sexual contact
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
Across most transmission risk categories, newly diagnosed youth were primarily Black or Latino/Hispanic.

Perinatal and Other transmission risk categories not shown because of small numbers. Native American, multiracial, and unknown race/ethnicity groups not shown because of small numbers but included in total N. TG-SC = Transgender people with sexual contact. As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
In 2015, 70% of new HIV diagnoses among youth resided in Manhattan, Brooklyn, or the Bronx.

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 June 30, 2016.
Of the approximately 8,600 youth ages 13 to 29 infected with HIV and living in NYC in 2015, 62% had a suppressed viral load.
HIV/AIDS AMONG PEOPLE 50 AND OLDER IN NYC, 2015

- 454 new HIV diagnoses among New Yorkers ages 50 years and older
  - 140 HIV diagnoses concurrent with an AIDS diagnosis (31%)
- 412 new AIDS diagnoses
- 1,251 deaths among older adults with HIV/AIDS
  - 19.9 deaths per 1,000 older adults with HIV/AIDS\(^1\)

\(^1\)Crude death rate.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
Between 2011 and 2015, the largest decrease in the number of new diagnoses among males was seen for those ages 30 to 49.

Male includes transgender men.
People ages 0-12 years old not shown.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
Between 2011 and 2015, the largest decrease in the number of new HIV diagnoses among females was seen for those ages 30 to 49.
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 June 30, 2016.
The proportion of new HIV diagnoses concurrent with AIDS was similar for males and females over 50. Males ages 50 to 59 had a slightly higher proportion of concurrent HIV/AIDS diagnoses than females ages 50 to 59.

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 June 30, 2016.
The proportion of concurrent HIV/AIDS diagnoses was higher among APIs (41%)* and Blacks (34%) ages 50 and older than among Whites (26%) and Latino/Hispanics (27%).

*AIDS diagnosis within 31 days of HIV diagnosis.

*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=2 multiracial people ages 50 and older diagnosed with HIV in 2015.

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
The proportion of cases with unknown risk was high among people 50 and older. In 2015, 37% of new HIV diagnoses among people 50 and older had unknown risk compared with 17% among people ages 13 to 49.

Perinatal, Transgender people with sexual contact, and Other transmission risks are not shown because of small numbers but included in total N. As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
Among PWHA ages 50 and older, death rates were highest among Blacks in NYC in 2015.

Native American, Asian/Pacific Islander (API), and multiracial groups not shown because of small numbers. There were N=14 API, N=2 Native American, and N=5 multiracial PWHA ages 50 and older who died in 2015.

*Crude death rates; ^Age-adjusted to the NYC 2010 Census population.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
In 2014, 62% of deaths among PWHA ages 50 and older were non-HIV-related. Of these, 27% were caused by cardiovascular diseases and 25% by non-AIDS-defining cancers.

*Cause of death data are not yet available for 2015.
^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 June 30, 2016
Of the approximately 44,400 people ages 50 and over infected with HIV and living in NYC in 2015, 78% had a suppressed viral load.

As reported to the NYC DOHMH by June 30, 2016. For definitions of the stages of the continuum of care, see Appendix 2.
APPENDIX 1: 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.
- “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.
APPENDIX 2:
TECHNICAL NOTES: NYC HIV CARE CONTINUUM

- “HIV-infected”: calculated as “HIV-diagnosed” divided by the estimated proportion of persons living with HIV/AIDS (PLWHA) who had been diagnosed (94.2%), 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 2015, 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 (89.0% 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 2015 of ≤200 copies/mL, plus the estimated number of out-of-care 2014 PLWHA with a viral load ≤200 copies/mL, based on a statistical weighting method.