

# HIV AMONG YOUTH (AGES 13 TO 29) AND OLDER ADULTS (AGES 50 AND OVER) IN NEW YORK CITY, 2018



HIV Epidemiology Program

New York City Department of Health and Mental Hygiene



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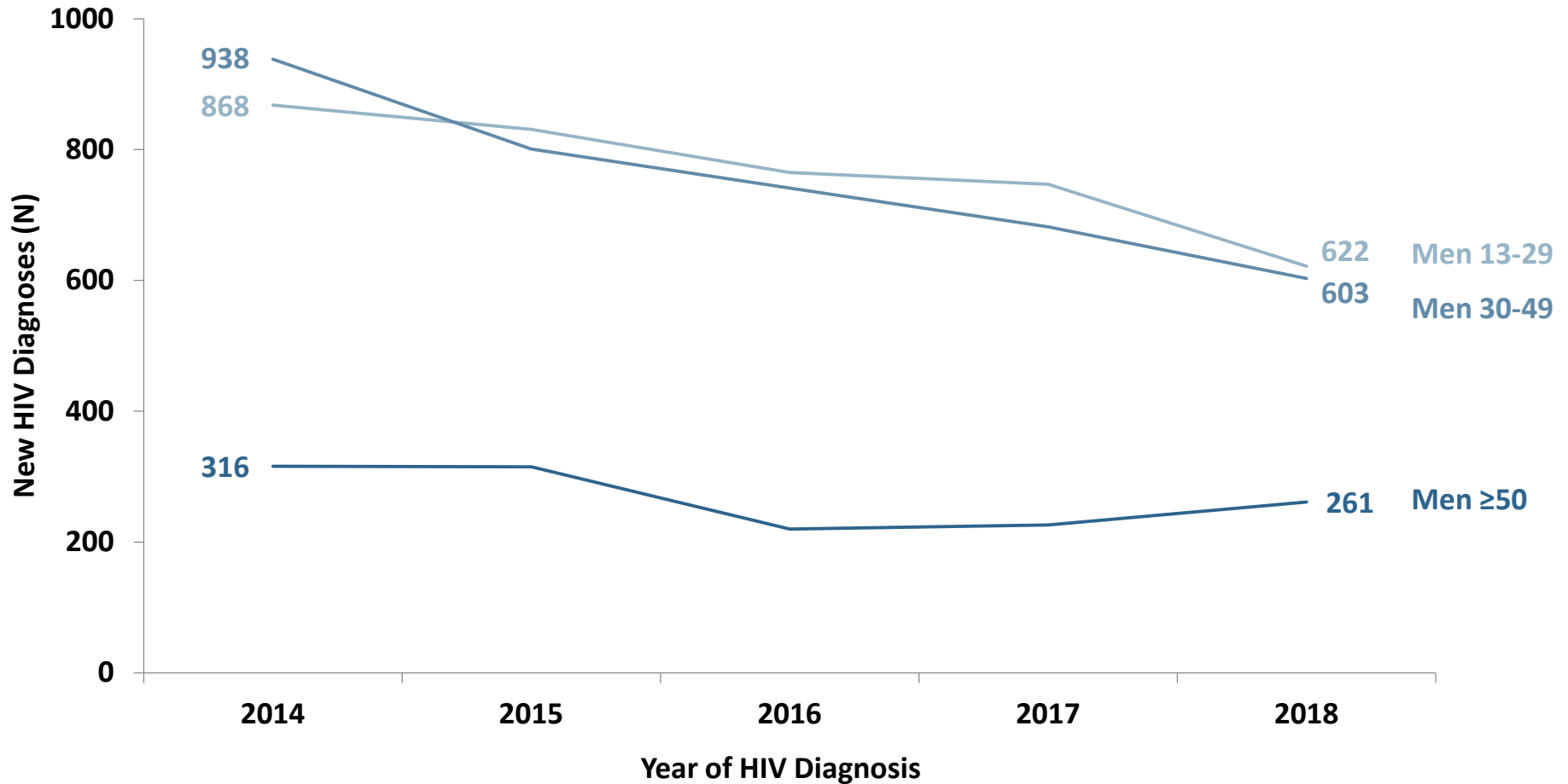
<http://www.nyc.gov/html/doh/html/data/hivepi.shtml>

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# NUMBER OF NEW HIV DIAGNOSES AMONG MEN BY AGE IN NYC, 2014-2018



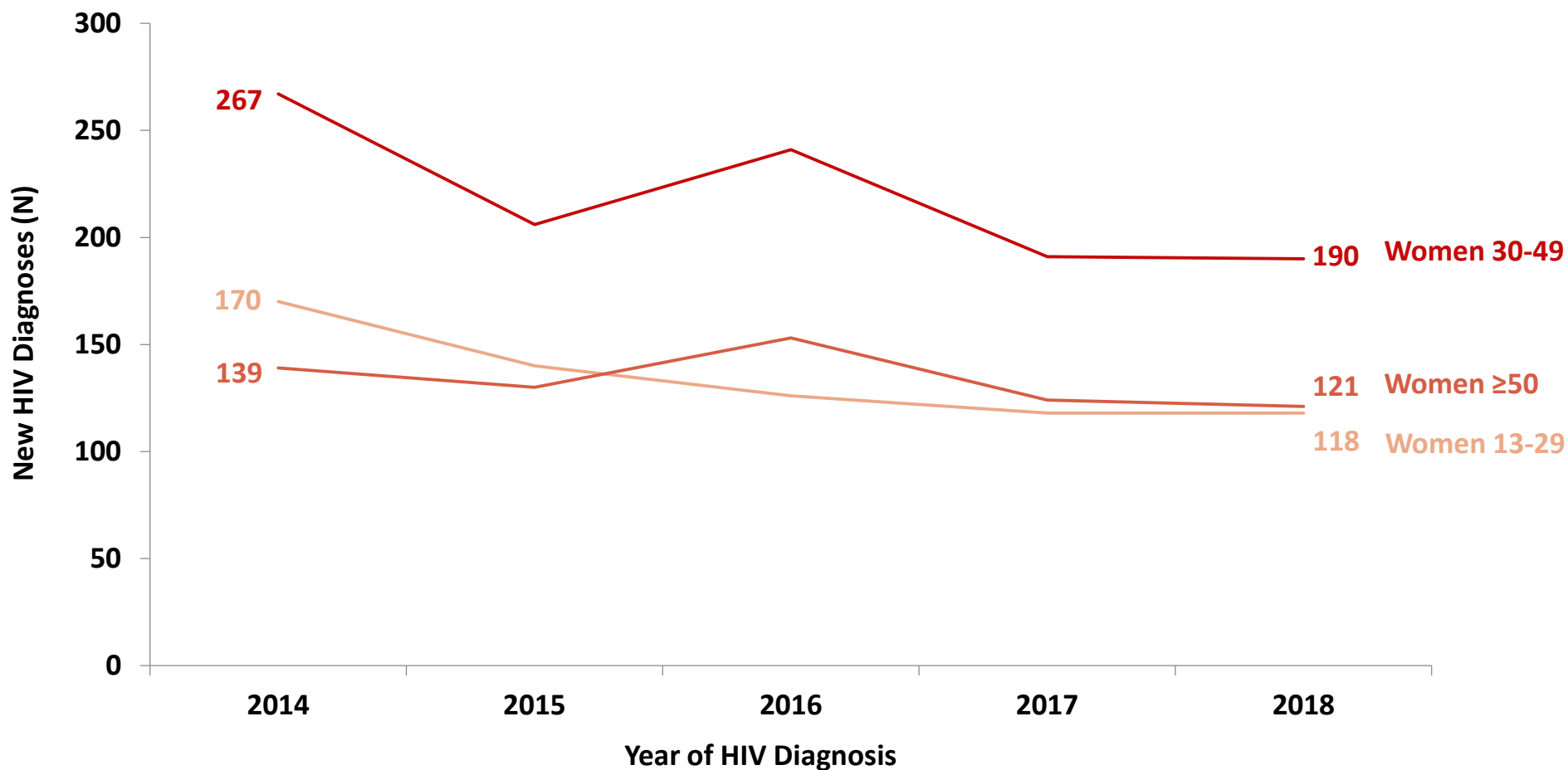
**Between 2014 and 2018, the largest decrease in the number of new diagnoses among men was seen for those ages 30 to 49.**

Men includes transgender men.

People ages 0-12 years old not shown. In 2018, there was N=1 boy aged 0-12 newly diagnosed with HIV.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

# NUMBER OF NEW HIV DIAGNOSES AMONG WOMEN BY AGE IN NYC, 2014-2018



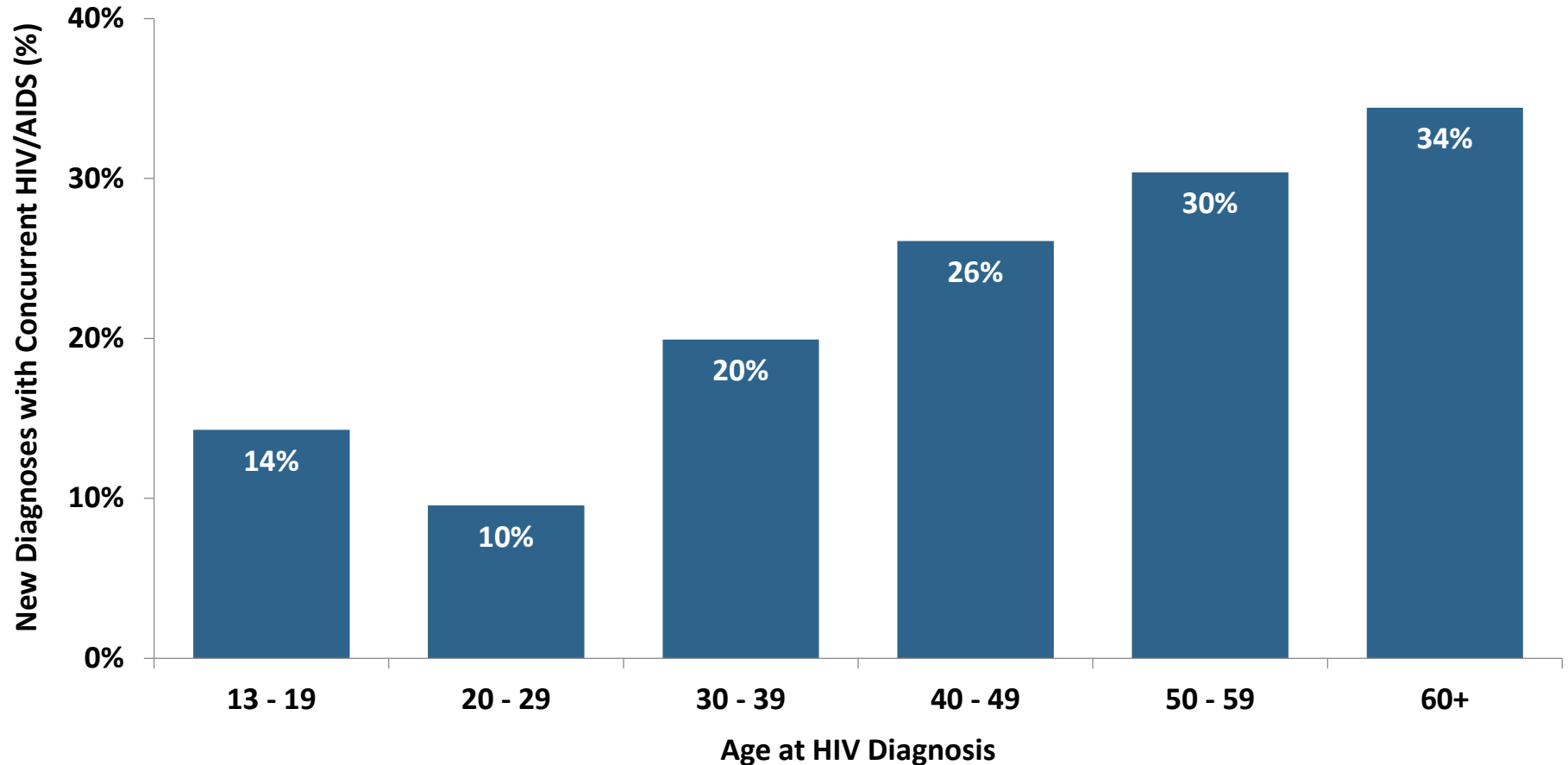
**Between 2014 and 2018, the largest decrease in the number of new diagnoses among women was seen for those ages 30 to 49.**

Women includes transgender women.

People ages 0-12 years old not shown. In 2018, there was N=1 girl aged 0-12 newly diagnosed with HIV.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

# PERCENTAGE OF NEW HIV DIAGNOSES CONCURRENT WITH AN AIDS DIAGNOSIS<sup>1</sup> BY AGE IN NYC, 2018



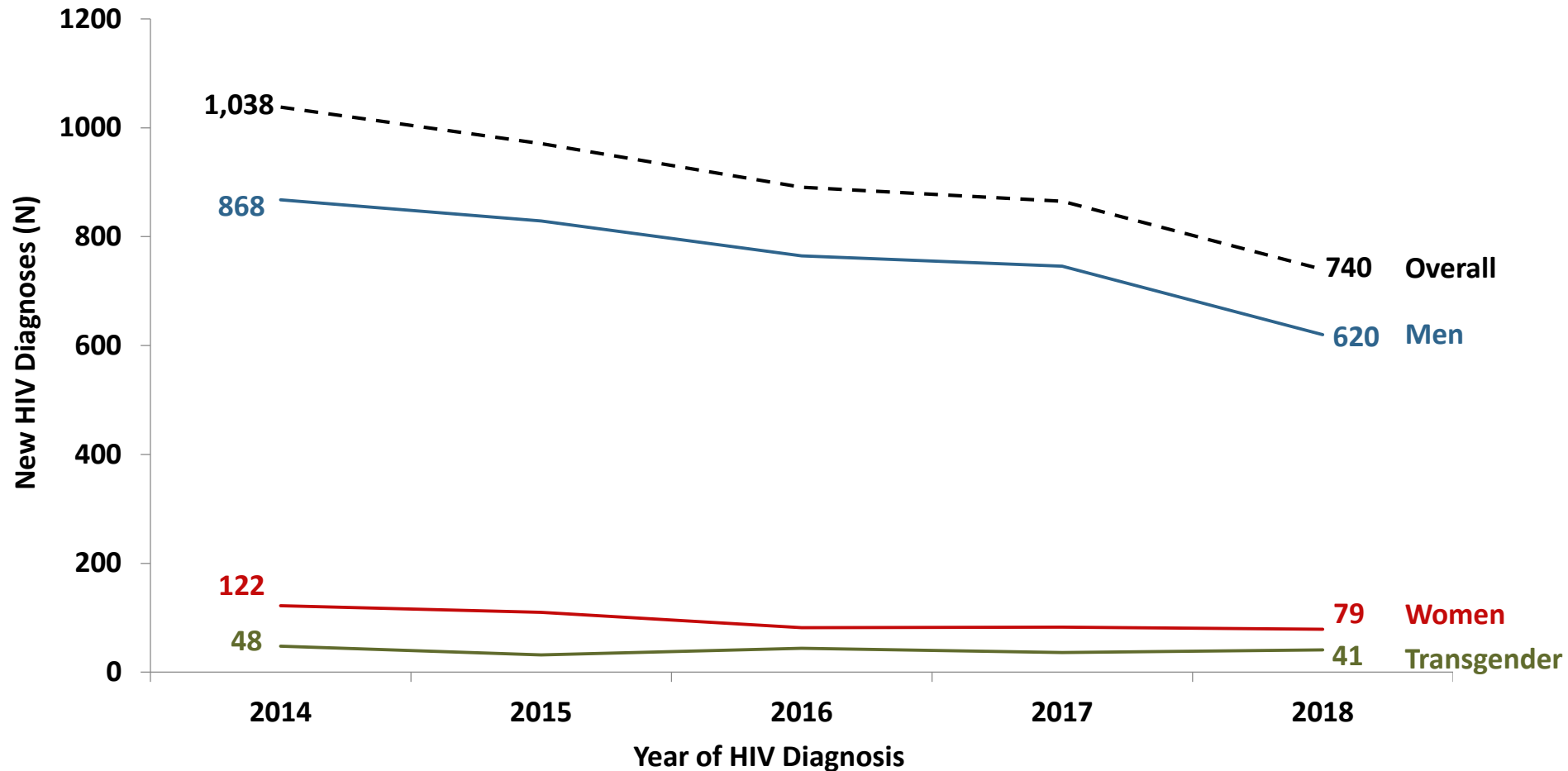
The percentage of new HIV diagnoses concurrent with an AIDS diagnosis was highest for people aged 60 and older.

# HIV AMONG YOUTH 13 TO 29 IN NYC, 2018

## BASIC STATISTICS

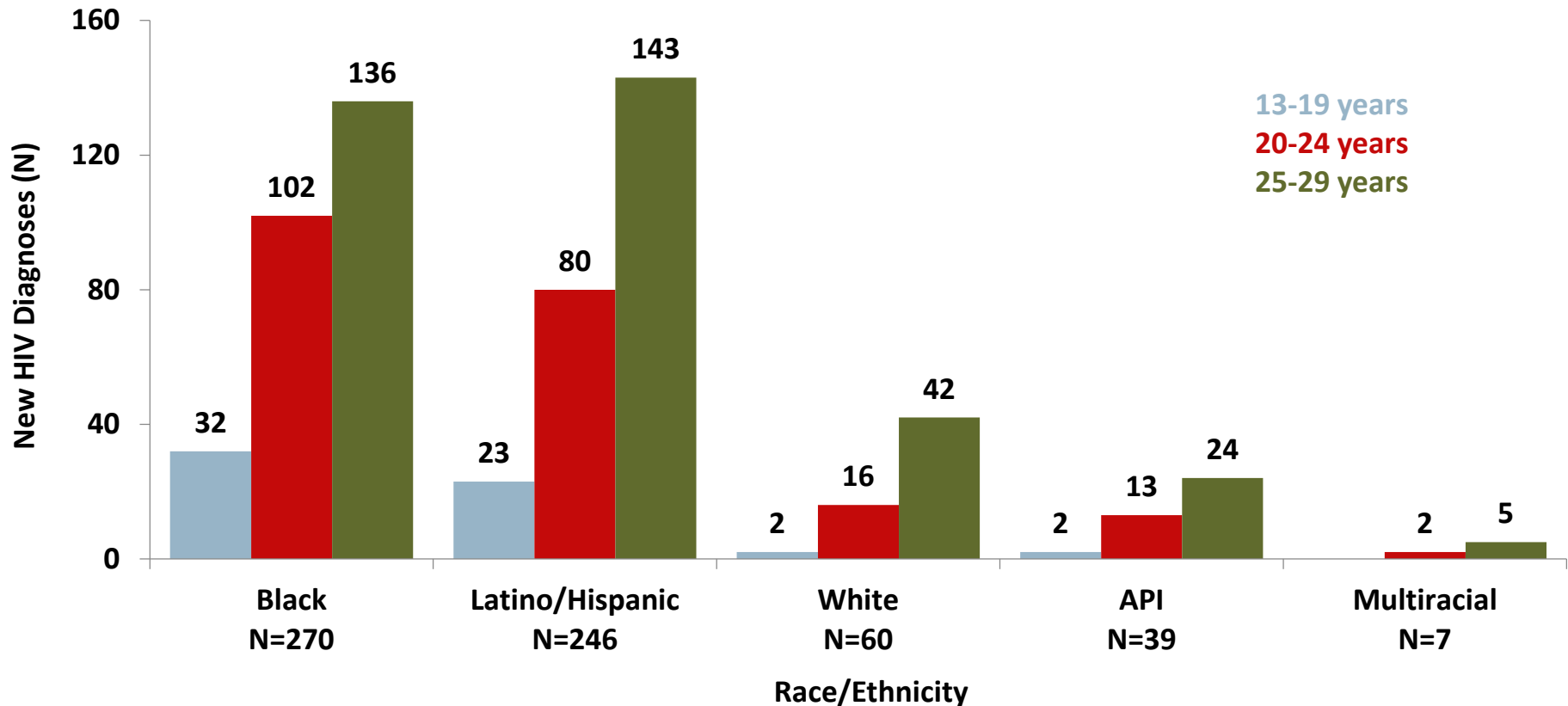
- **740 new HIV diagnoses among New Yorkers 13 to 29 years old**
  - 74 HIV diagnoses concurrent with an AIDS diagnosis (10%)
- **203 new AIDS diagnoses**
- **41 deaths among youth with HIV**
  - 4.1 deaths per 1,000 youth with HIV<sup>1</sup>

# NUMBER OF NEW HIV DIAGNOSES AMONG YOUTH 13 TO 29 BY GENDER IN NYC, 2014-2018



The number of new HIV diagnoses among youth declined between 2014 and 2018 for all gender categories.

# NUMBER OF NEW HIV DIAGNOSES AMONG MEN 13 TO 29 BY RACE/ETHNICITY AND AGE IN NYC, 2018



**In 2018, there were more new HIV diagnoses among young Black men than any other race/ethnicity. Across all race/ethnicities, the largest numbers of newly diagnosed youth were in the older age group of 25 to 29 years.**

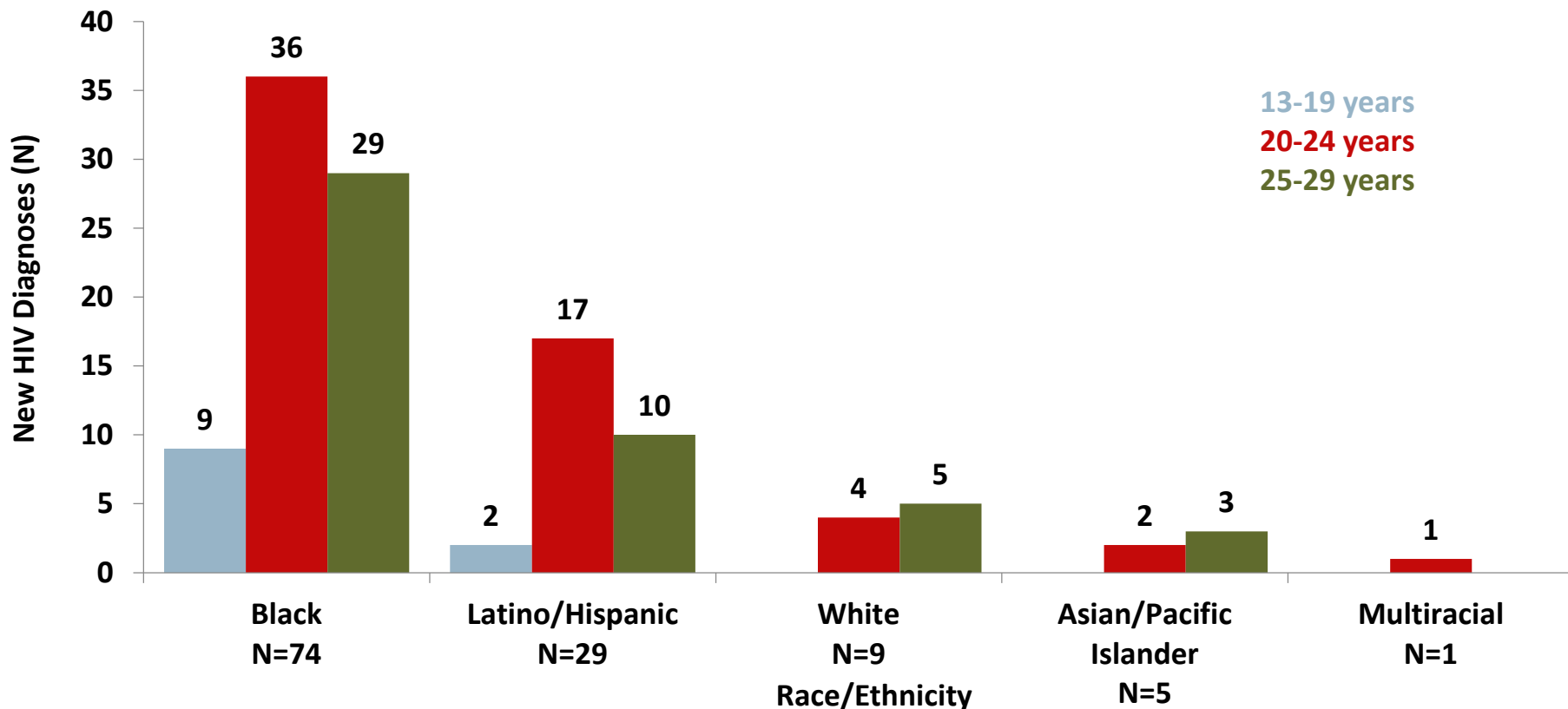
API=Asian/Pacific Islander. Men includes transgender men.

Native American men ages 13 to 29 not shown due to 0 Native American men diagnosed with HIV in 2018.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.



# NUMBER OF NEW HIV DIAGNOSES AMONG WOMEN 13 TO 29 BY RACE/ETHNICITY AND AGE IN NYC, 2018



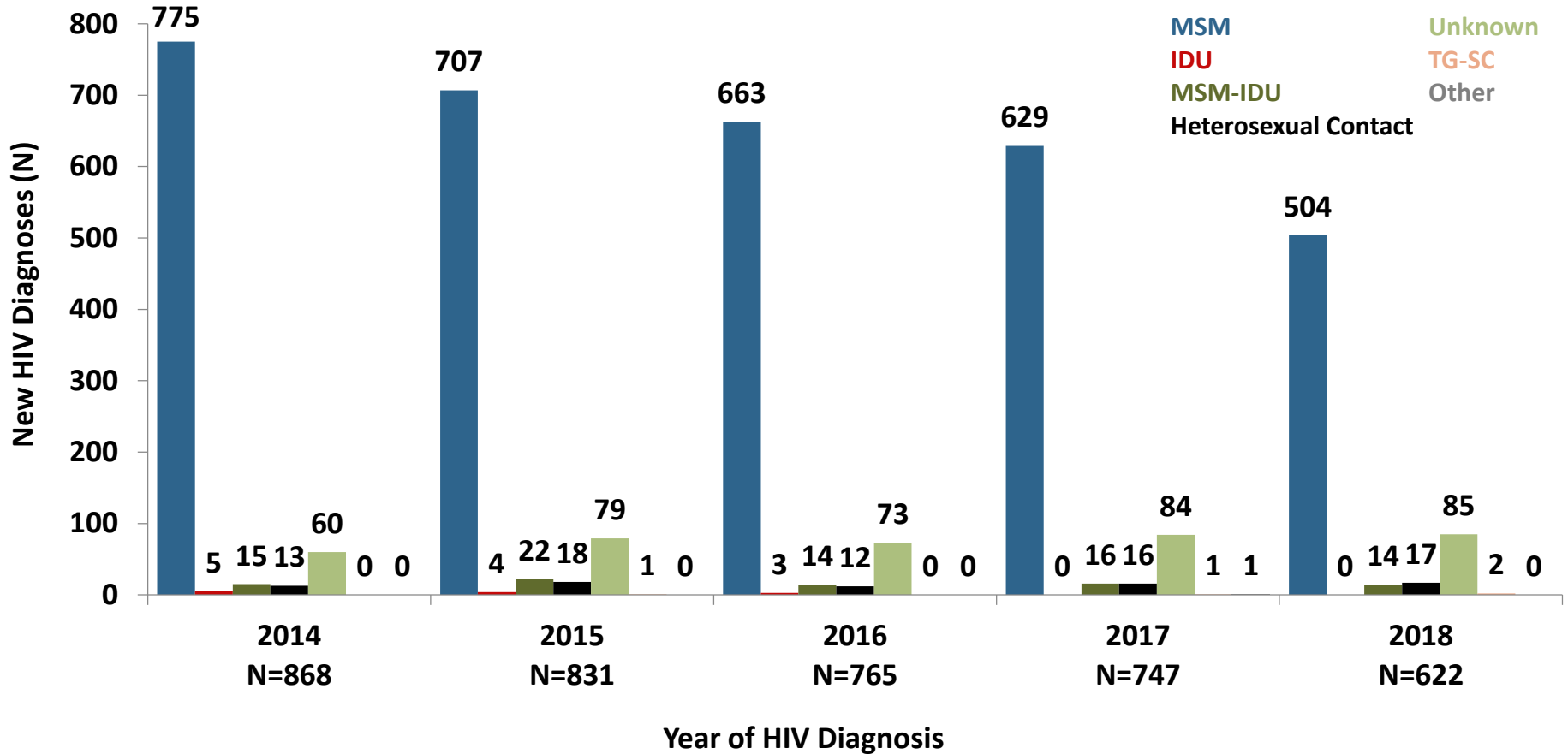
**In 2018, there were more new HIV diagnoses among young Black women than any other race/ethnicity. Among Black and Latina/Hispanic young women, the largest proportions of new HIV diagnoses were ages 20 to 24 years.**

Women includes transgender women.

Native American women ages 13 to 29 not shown due to 0 Native American women diagnosed with HIV in 2018.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

# NUMBER OF NEW HIV DIAGNOSES AMONG MEN 13 TO 29 BY TRANSMISSION RISK CATEGORY IN NYC, 2014-2018



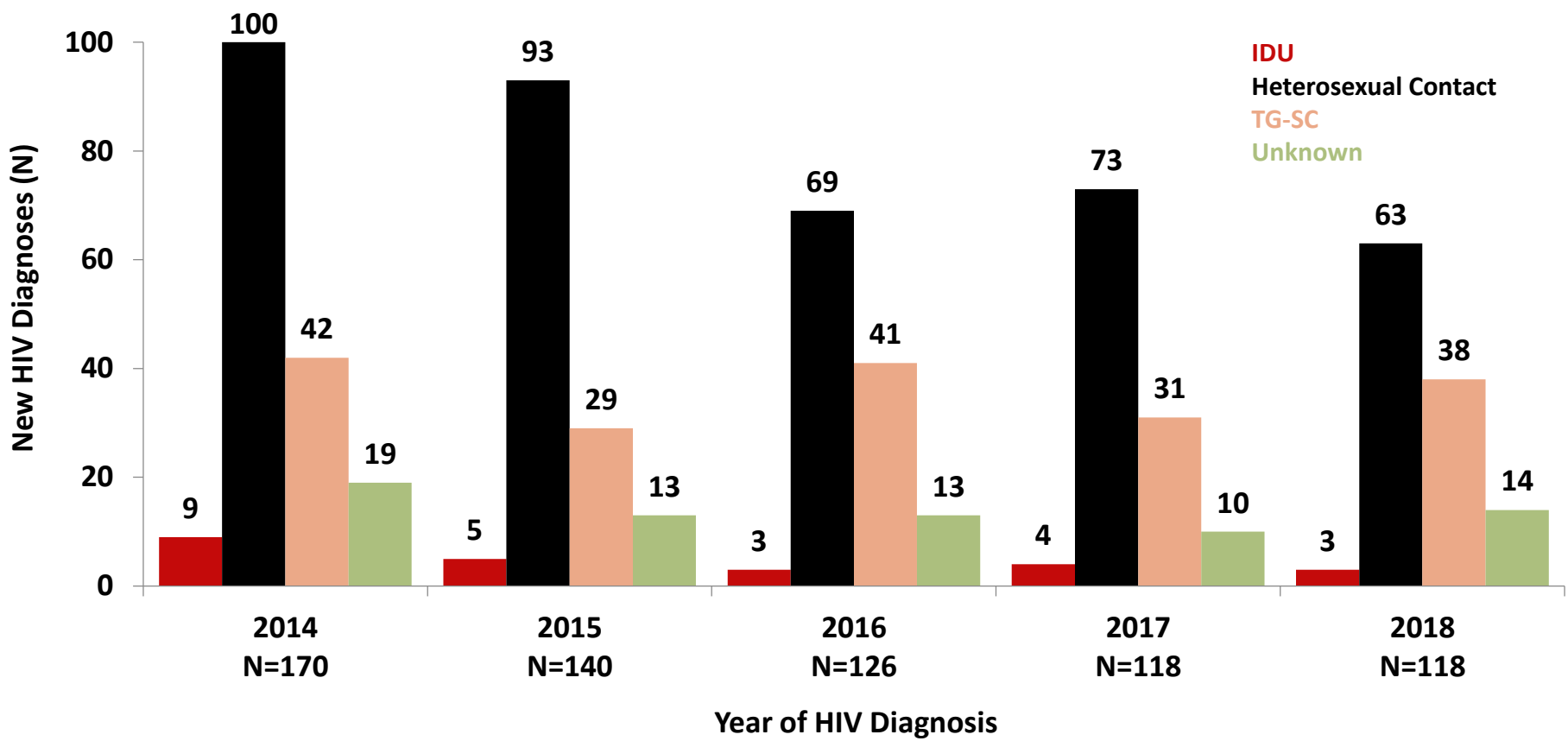
**The number of new HIV diagnoses among men ages 13 to 29 years with MSM risk was consistently higher than other transmission risk categories during 2014-2018.**

MSM=men who have sex with men; IDU=history of injection drug use. Men includes transgender men.

Between 2014 and 2018, there were N=4 transgender men with sexual contact risk and N=0 men with perinatal or other risk newly diagnosed ages 13-29.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

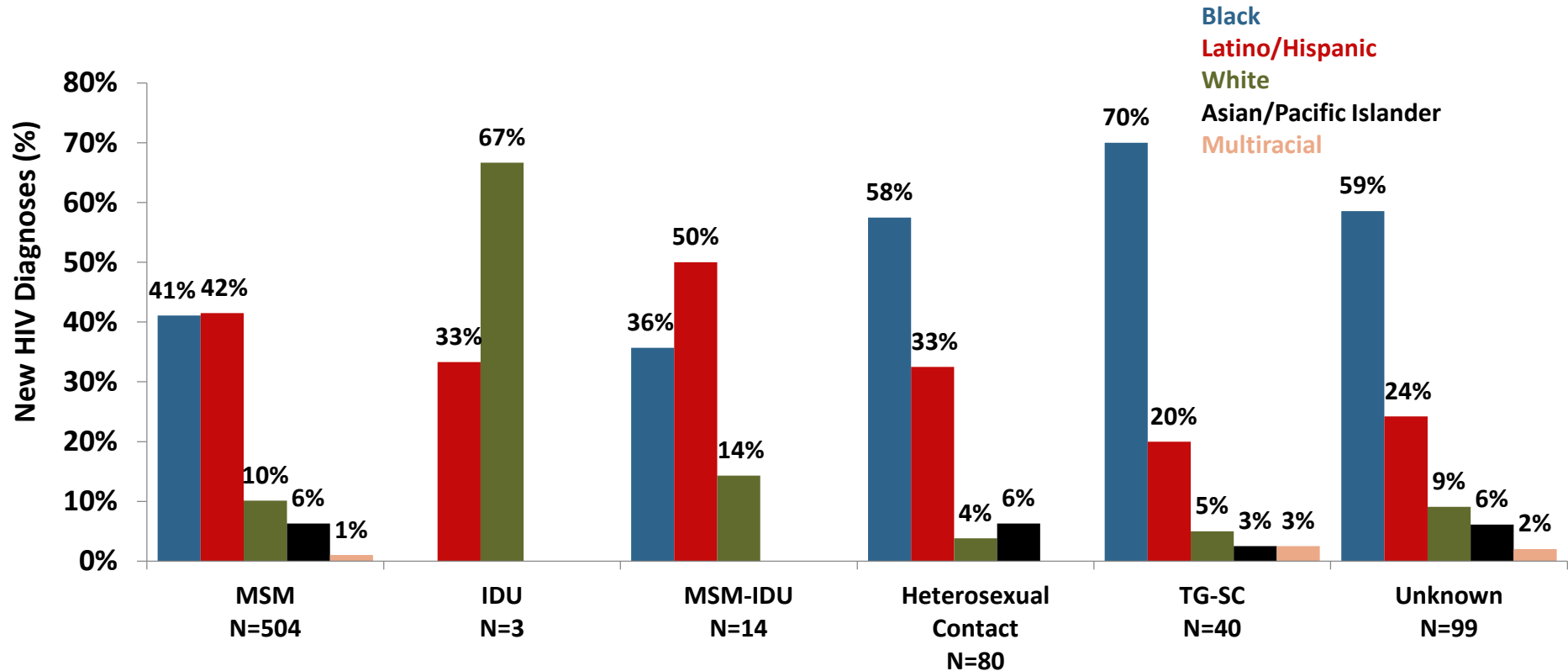
# NUMBER OF NEW HIV DIAGNOSES AMONG WOMEN 13 TO 29 BY TRANSMISSION RISK CATEGORY IN NYC, 2014-2018



**The number of new HIV diagnoses among women ages 13 to 29 years with heterosexual contact transmission risk was consistently higher than other risk categories during 2014-2018.**

IDU=history of injection drug use; TG-SC=transgender people with sexual contact.  
 In 2018, 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, 2019.

# PERCENTAGE OF NEW HIV DIAGNOSES AMONG YOUTH 13 TO 29 BY TRANSMISSION RISK AND RACE/ETHNICITY IN NYC, 2018



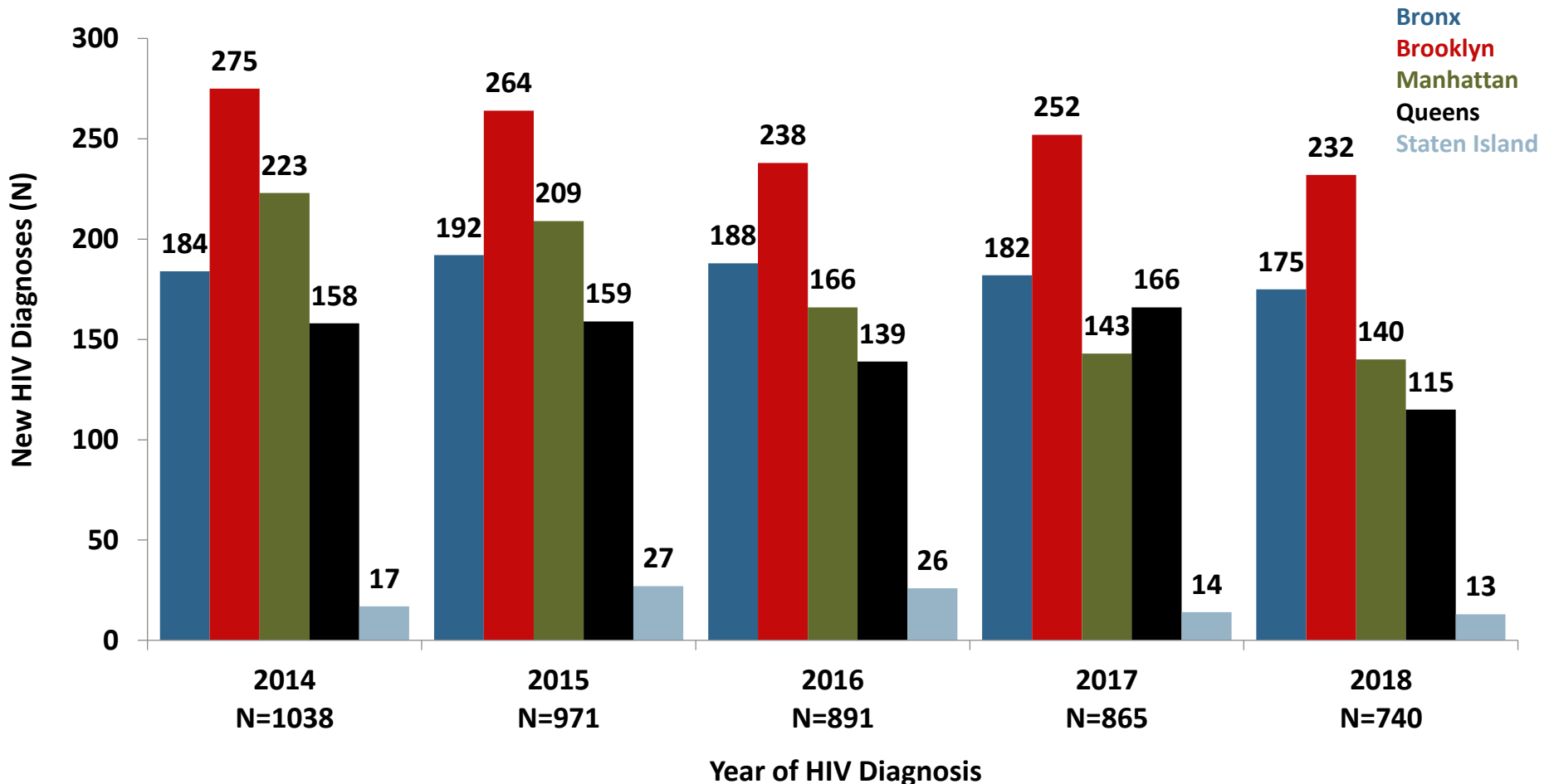
**Across transmission risk categories, newly diagnosed youth were primarily Black or Latino/Hispanic, except people with a history of injection drug use (IDU), who were primarily White and Latino/Hispanic.**

MSM=men who have sex with men; IDU=history of injection drug use; TG-SC=transgender people with sexual contact.

In 2018, there were no newly diagnosed people ages 13-29 with Perinatal or Other transmission risk, and no newly diagnosed Native American people ages 13-29.

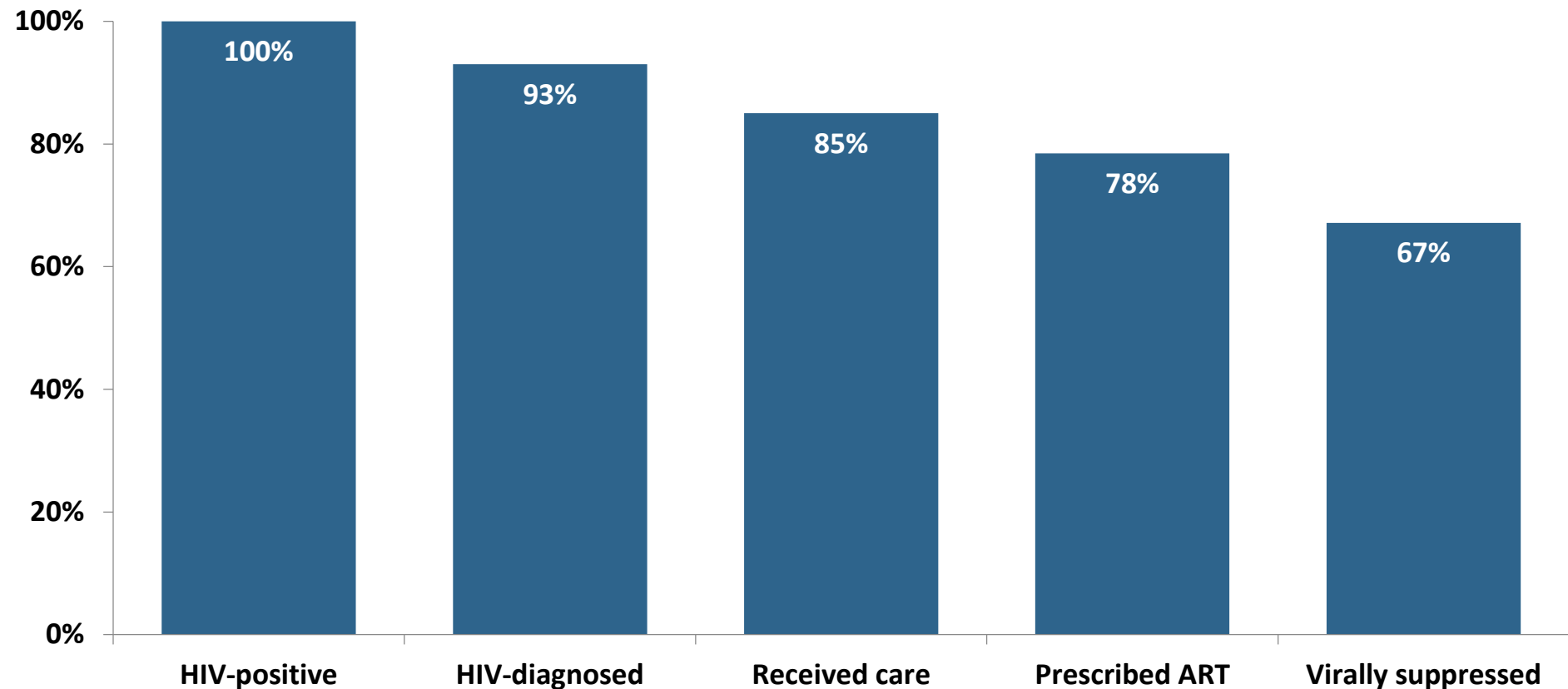
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

# NUMBER OF NEW HIV DIAGNOSES AMONG YOUTH 13 TO 29 BY BOROUGH IN NYC, 2014-2018



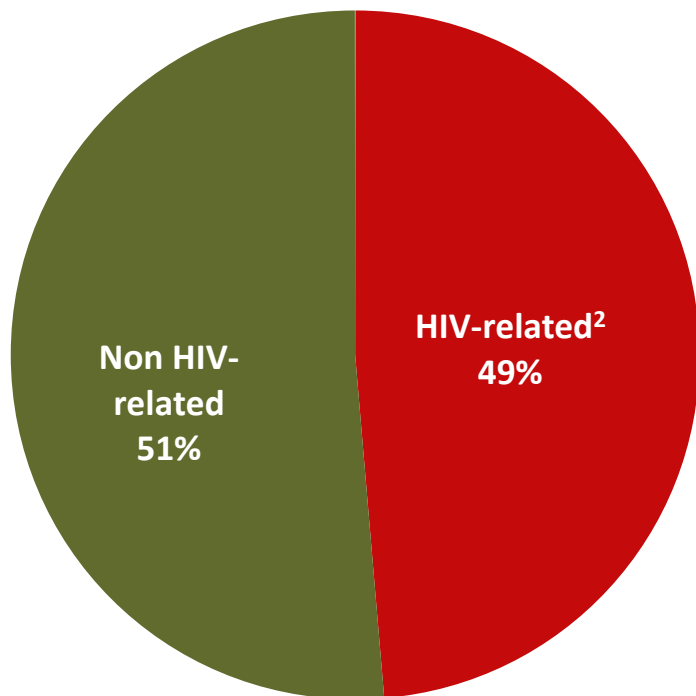
**In 2018, Brooklyn, Manhattan and the Bronx accounted for 74% of new HIV diagnoses among people ages 13 to 29 years.**

# PROPORTION OF PLWH YOUTH 13 TO 29 ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM IN NYC, 2018



**Of the approximately 7,900 youth ages 13 to 29 years with HIV and living in NYC in 2018, 67% had a suppressed viral load.**

# CAUSE OF DEATH AMONG YOUTH 13 TO 29 WITH HIV IN NYC, 2017<sup>1</sup>



**In 2017, 51% of deaths among youth with HIV were due to non-HIV-related causes. Among these, the top causes were accidents (37%), non-HIV-related cancers (11%), and cardiovascular diseases (11%).**

<sup>1</sup>Cause of death data are not yet available for 2018.

<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, 2019.

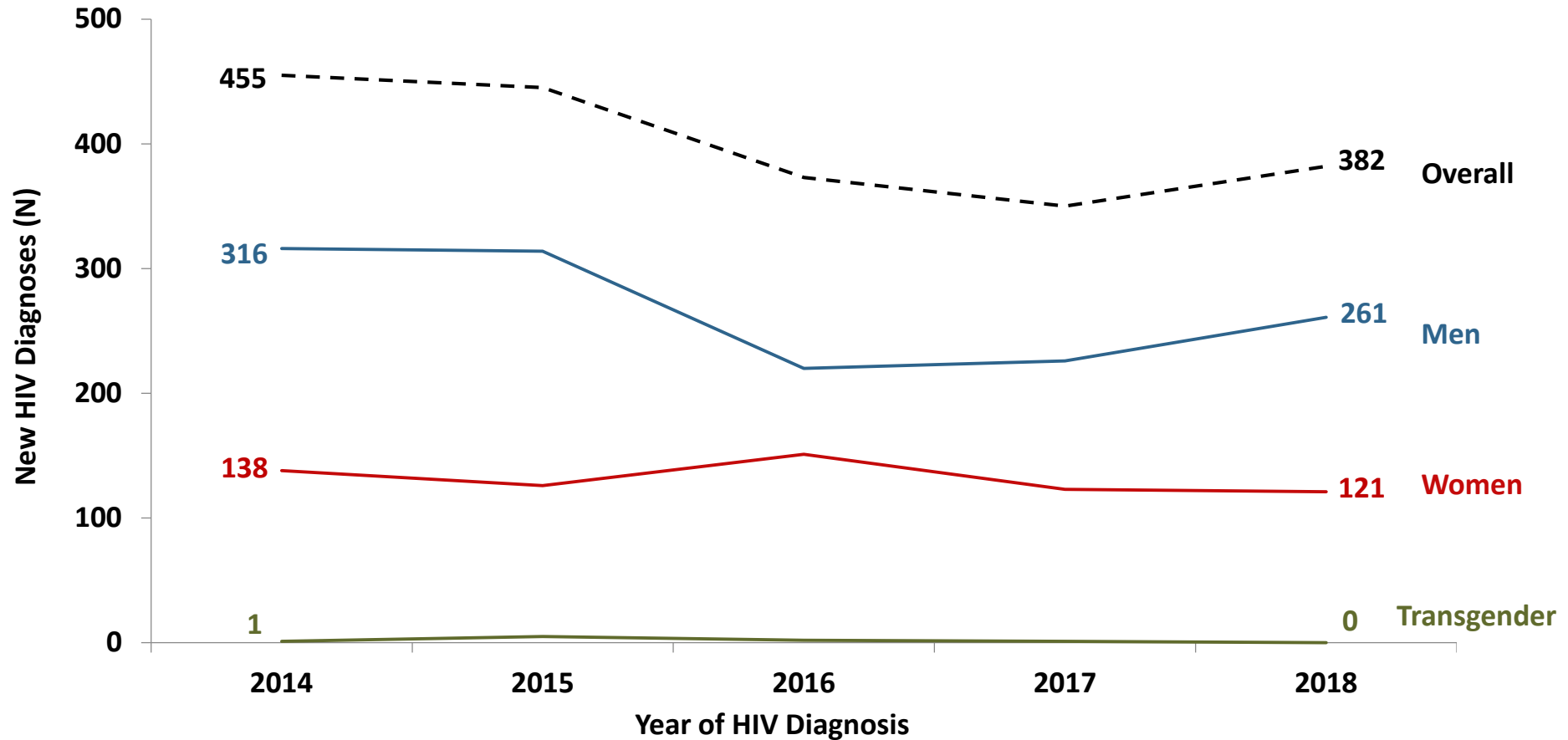
# HIV AMONG PEOPLE 50 AND OLDER IN NYC, 2018

## BASIC STATISTICS

- **382 new HIV diagnoses among New Yorkers ages 50+ years**
  - 121 HIV diagnoses concurrent with an AIDS diagnosis (31.7%)
- **453 new AIDS diagnoses**
- **1,332 deaths among older adults with HIV**
  - 18.3 deaths per 1,000 older adults with HIV<sup>1</sup>

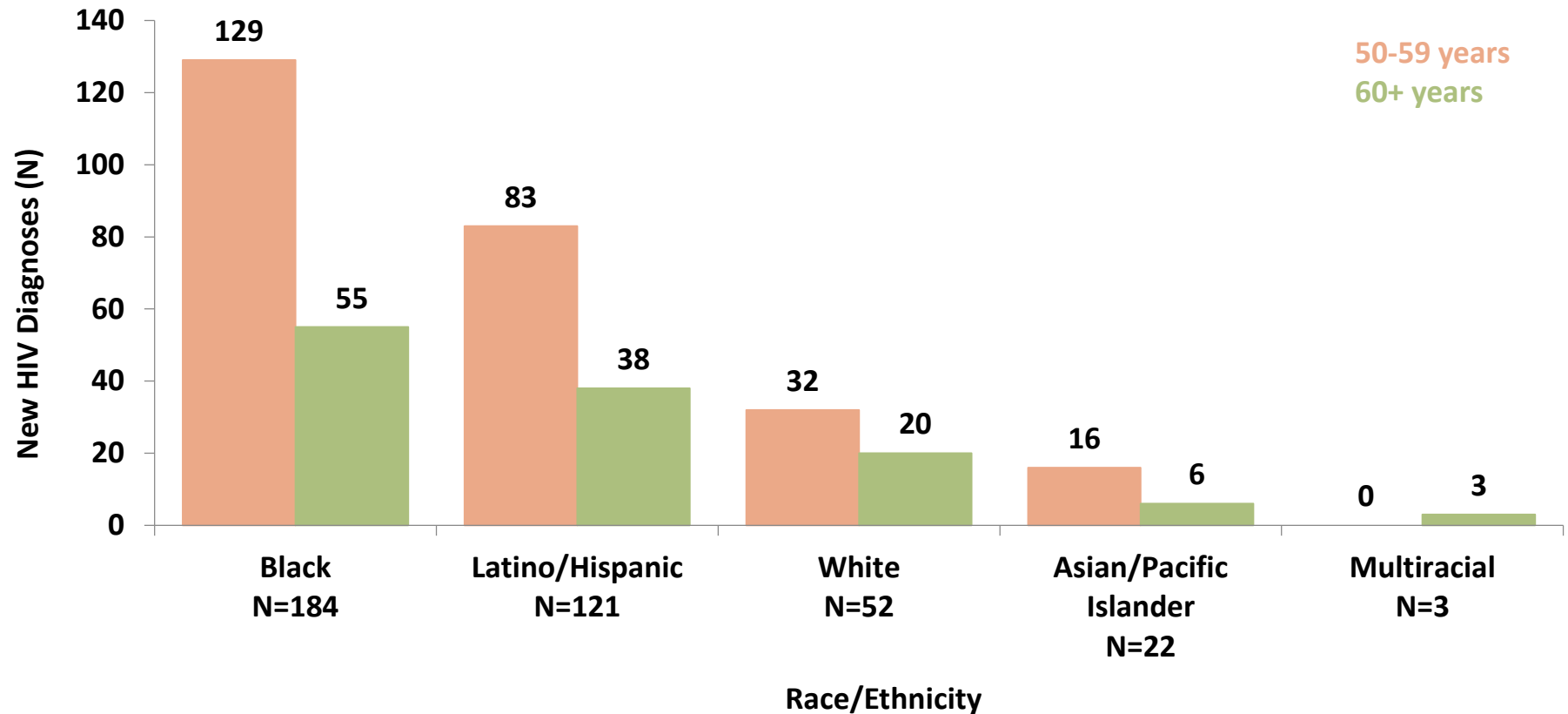


# NUMBER OF NEW HIV DIAGNOSES AMONG PEOPLE 50 AND OLDER BY GENDER IN NYC, 2014-2018



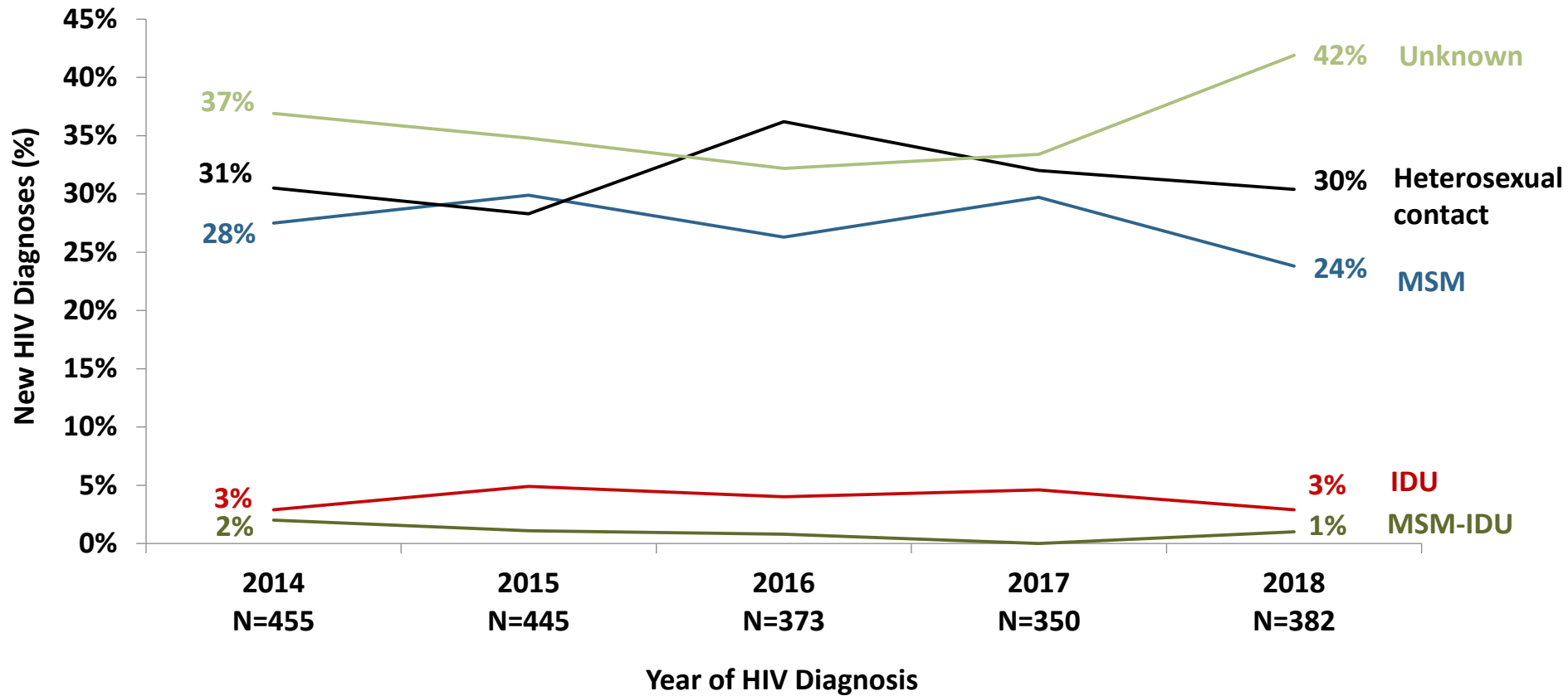
The number of new HIV diagnoses among people 50 years and older overall declined between 2014 and 2018. However, men over 50 years have had an increase in new HIV diagnoses since 2016.

# NUMBER OF NEW HIV DIAGNOSES AMONG PEOPLE 50 AND OLDER BY RACE/ETHNICITY IN NYC, 2018



**In 2018, Black people 50 years and over had more new HIV diagnoses than any other race/ethnicity. Across nearly all race/ethnicities, the largest proportion of newly diagnosed people were in the 50 to 59 years age group.**

# PERCENTAGE OF NEW HIV DIAGNOSES AMONG PEOPLE 50 AND OLDER BY TRANSMISSION RISK IN NYC, 2014-2018



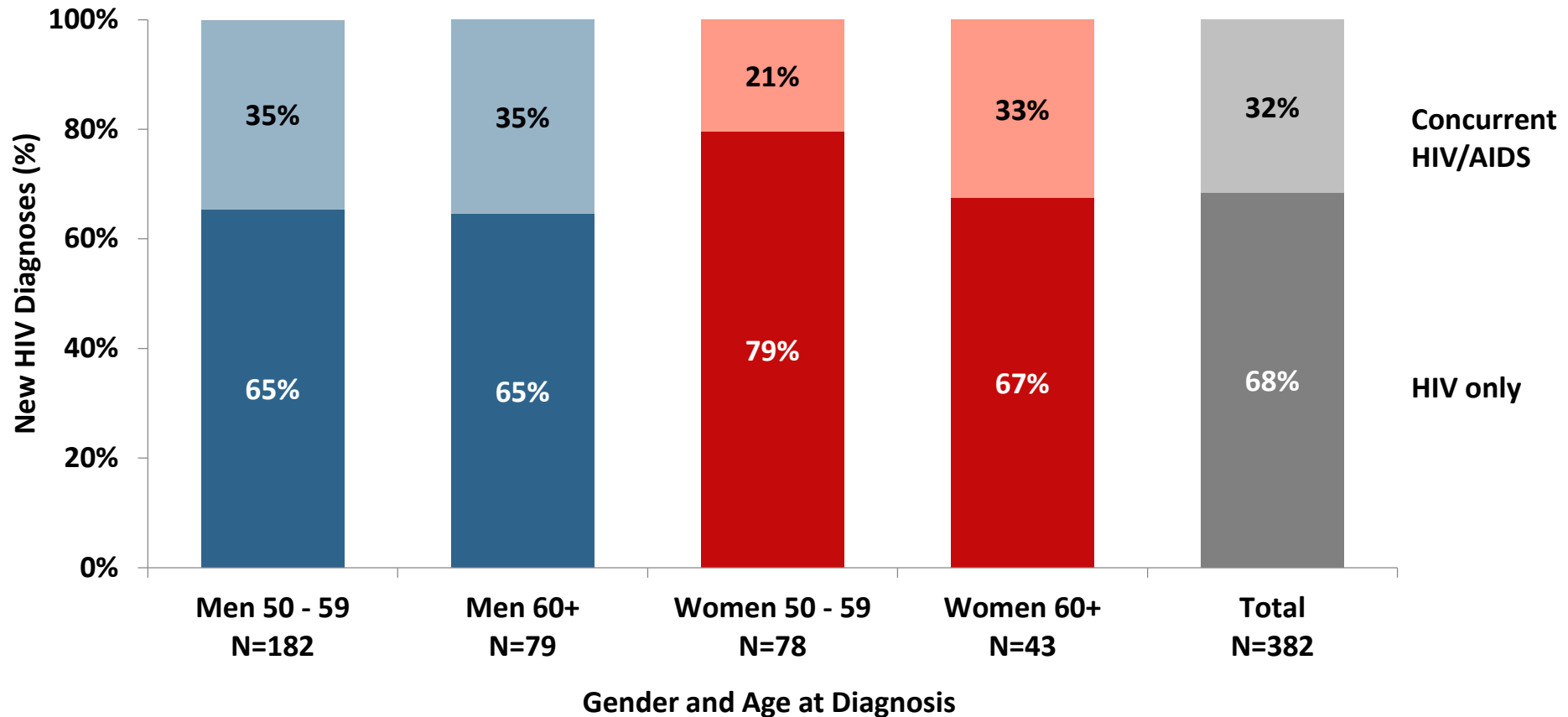
Between 2014 and 2018, the proportion of new HIV diagnoses among people ages 50 years and older remained consistent among most transmission risk categories. The proportion of cases with unknown risk was high among people 50 years and older.

MSM=men who have sex with men; IDU=history of injection drug use.

In 2018, there were no transgender people ages 50 and older with sexual contact risk, perinatal or other risk.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

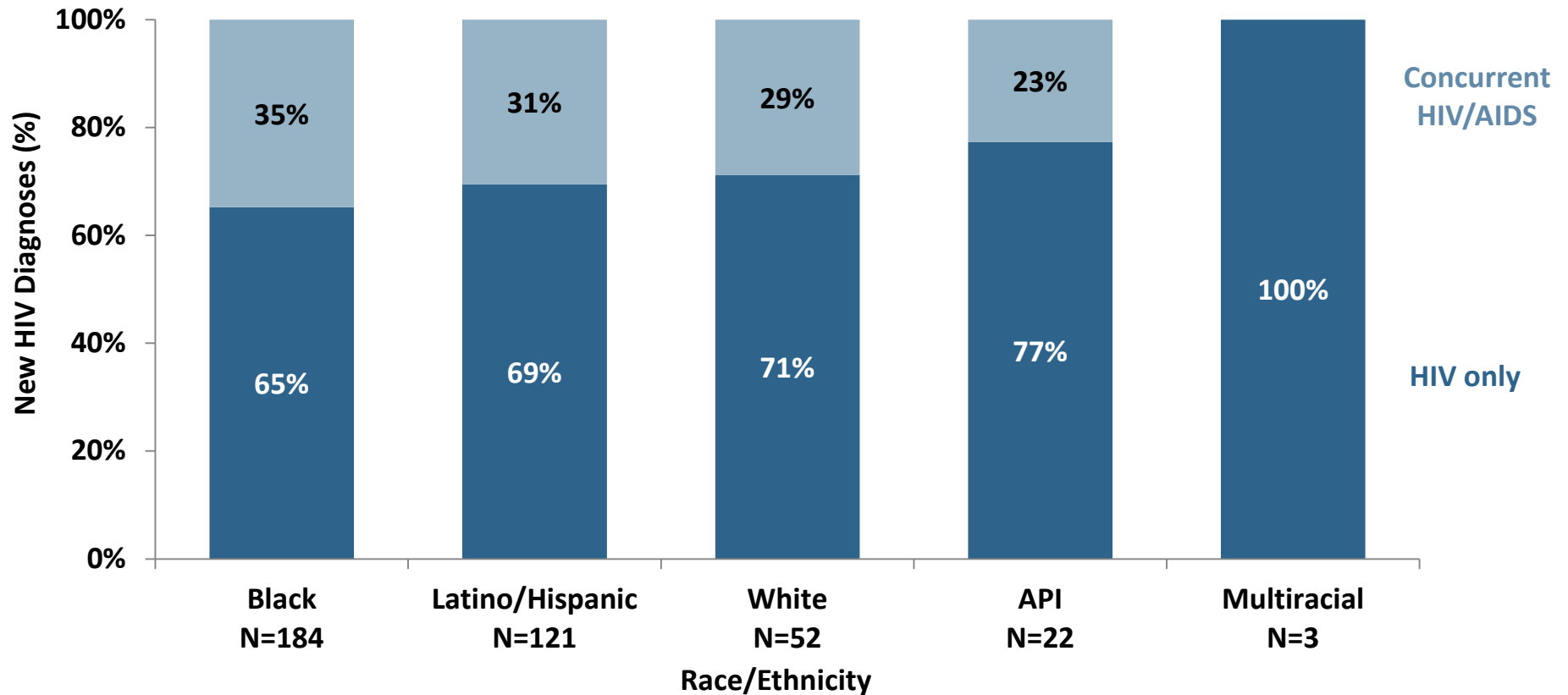
# PERCENTAGE OF NEW HIV DIAGNOSES CONCURRENT WITH AN AIDS DIAGNOSIS<sup>1</sup> AMONG PEOPLE 50 AND OLDER BY GENDER AND AGE IN NYC, 2018



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

<sup>1</sup>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, 2019.

# PERCENTAGE OF NEW HIV DIAGNOSES CONCURRENT WITH AN AIDS DIAGNOSIS<sup>1</sup> AMONG PEOPLE 50 AND OLDER BY RACE/ETHNICITY IN NYC, 2018



The proportion of concurrent HIV/AIDS diagnoses was higher among Black people (35%) and Latino/Hispanic people (31%) ages 50+ years than among White people (29%) and API people (23%).

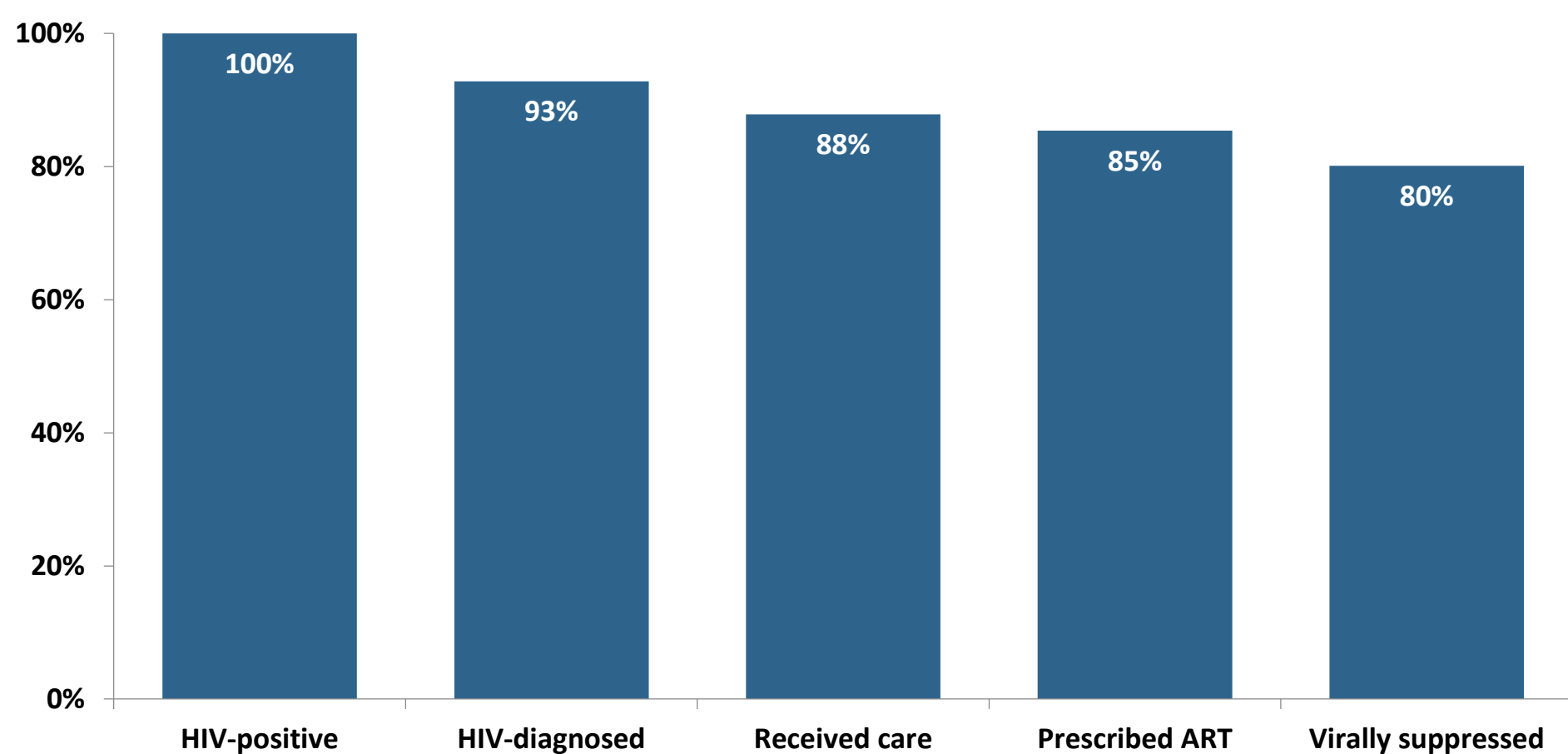
<sup>1</sup>AIDS diagnosis within 31 days of HIV diagnosis.

API=Asian/Pacific Islander

In 2018, there were no Native Americans ages 50 and older diagnosed with HIV.

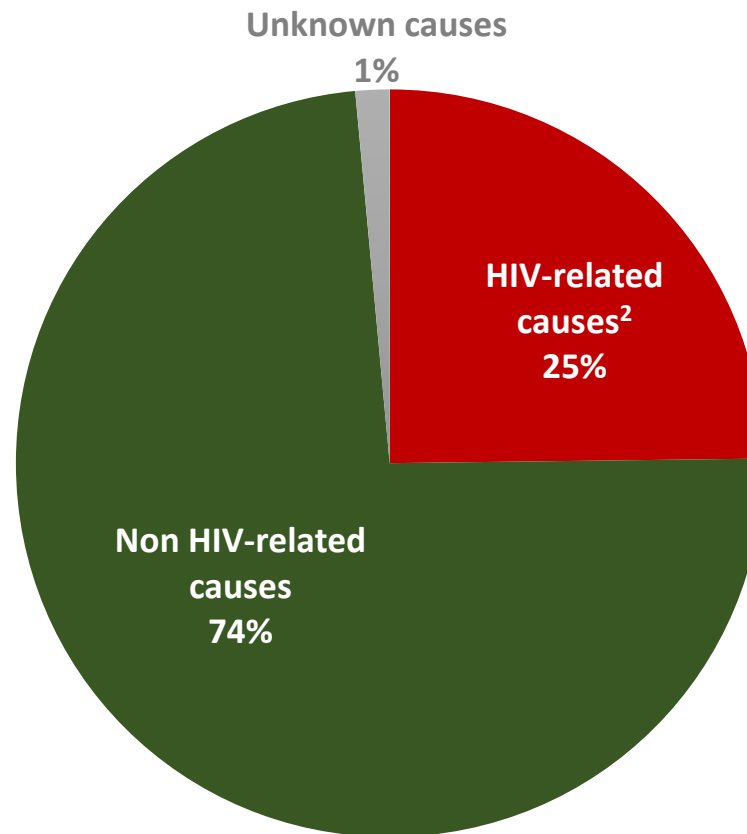
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

# PROPORTION OF PLWH AGES 50 AND OLDER ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM IN NYC, 2018



**Of the approximately 50,000 people ages 50 years and over with HIV and living in NYC in 2018, 80% had a suppressed viral load.**

# CAUSE OF DEATH AMONG PEOPLE 50 AND OLDER WITH HIV IN NYC, 2017<sup>1</sup>



**In 2017, 74% of deaths among people 50 years and older with HIV were due to non-HIV-related causes. Among these, top causes were cardiovascular diseases (36%), non-HIV-related cancers, and accidents (11%).**

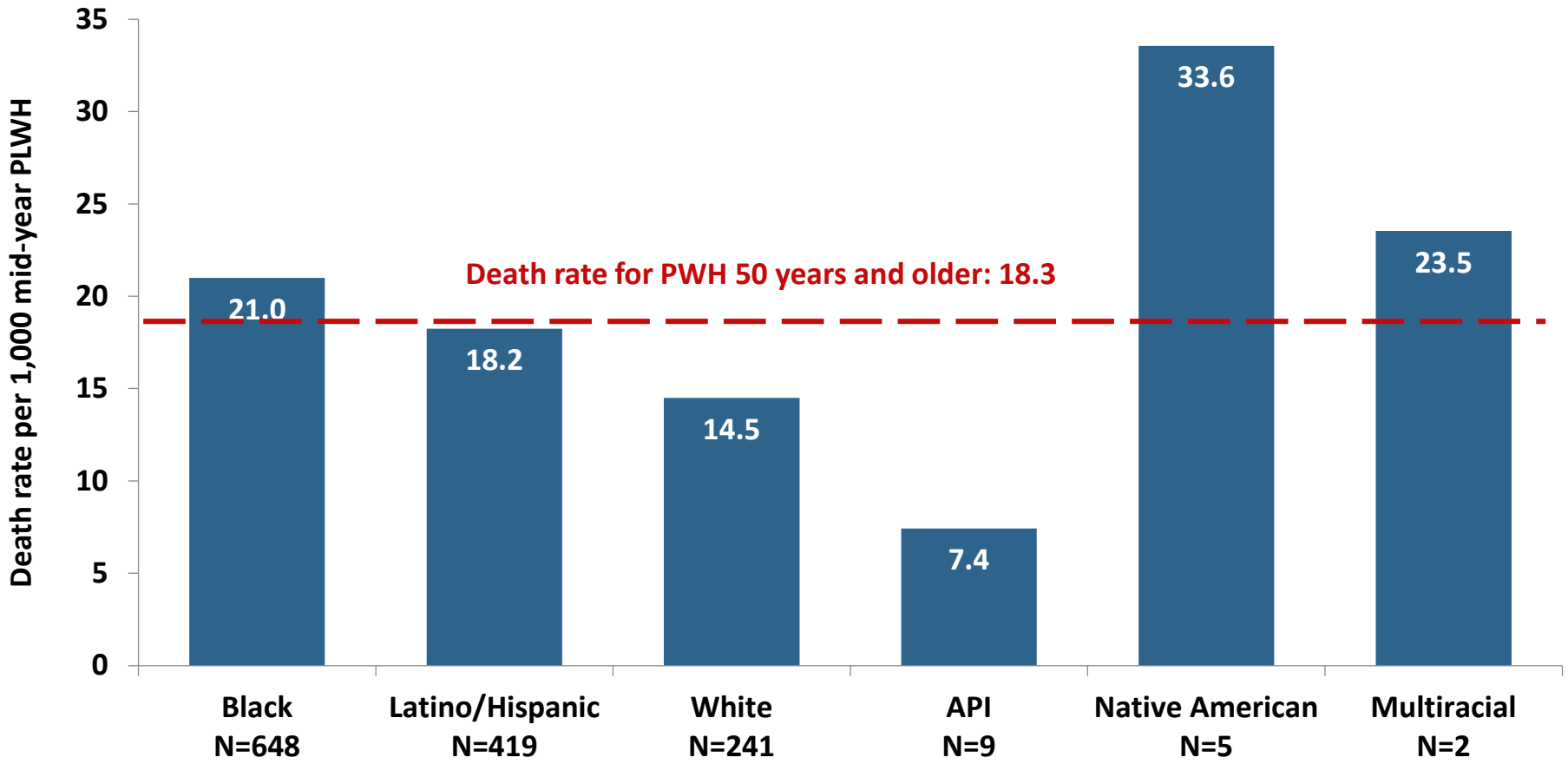
<sup>1</sup>Cause of death data are not yet available for 2018.

<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, 2019.

# DEATH RATES<sup>1</sup> AMONG PEOPLE 50 AND OLDER BY RACE/ETHNICITY IN NYC, 2018



**Death rates among Native American, Multiracial and Black PWH ages 50 years and older were higher than the rates for PWH 50 years and older of other race/ethnicities.**

PWH=People with HIV, API=Asian/Pacific Islander  
<sup>1</sup>Crude death rates. Death data for 2018 are incomplete.  
 As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.



# 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>
  - Statistics tables: <http://www1.nyc.gov/site/doh/data/data-sets/hiv-aids-annual-surveillance-statistics.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](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 (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.
- “PWH” refers to people with HIV during the reporting period and includes people who died during the reporting period
- “PLWH” refers to people living with HIV 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.
- 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](http://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.
- “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.

# APPENDIX 2:

## TECHNICAL NOTES: NYC HIV CARE CONTINUUM

- “People living with HIV ”: calculated as “HIV-diagnosed” divided by the estimated proportion of people living with HIV (PLWH) who had been diagnosed (92.8% for youth and older adults), 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 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.
  - 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.
- “Received care”: PLWH with  $\geq 1$  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 “retained in care” multiplied by the estimated proportion of PLWH prescribed ART in the previous 12 months (92.3% for youth, 97.2% for older adults), 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, 2017.
- “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.
  - 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.