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HIV IN NYC, 2018

• 1,917 new HIV diagnoses
  – 22.2 HIV diagnoses per 100,000 population

• 1,214 new AIDS diagnoses

• 1,683 deaths among people with HIV
  – Age-adjusted death rate: 8.6 per 1,000 people with HIV

Diagnosis rate calculated using DOHMH 2017 population estimate, modified from US Census Bureau intercensal population estimates, updated September 2018. Death rate age-adjusted to the NYC Census 2010 population. Death data for 2018 are incomplete. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
The number and rate of new HIV diagnoses decreased in NYC between 2014 and 2018.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
Over three in four new HIV diagnoses in NYC in 2018 were among men.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
The rate of new HIV diagnoses decreased in both men and women in NYC between 2014 and 2018.

Women includes transgender women and men includes transgender men. Rates are calculated using DOHMH 2014-2017 population estimates, modified from US Census Bureau intercensal population estimates, updated September 2018. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
In NYC, the overall number of new HIV diagnoses decreased in men, women and transgender people between 2014 and 2018.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
The number of new HIV diagnoses decreased for all race/ethnicity groups between 2014 and 2018.

API = Asian/Pacific Islander.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
Black and Latino/Hispanic people accounted for more than four in five new HIV diagnoses in NYC in 2018.
The number of new HIV diagnoses decreased among men of all race/ethnicity groups between 2014 and 2018.

Men includes transgender men. API = Asian/Pacific Islander. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
Black and Latino/Hispanic men consistently had the highest HIV diagnosis rates in NYC from 2014-2018, however the rates decreased in all groups from 2014-2018.

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

For new HIV diagnoses among Native American men, there were N=6 in 2014, N=3 in 2015, N=6 in 2016, N=7 in 2017, and N=1 in 2018.

Rates are calculated using DOHMH 2014-2017 population estimates, modified from US Census Bureau intercensal population estimates, updated September 2019.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
Black and Latina/Hispanic women had the highest number of new HIV diagnoses in NYC between 2014 and 2018, however the numbers decreased both groups from 2014-2018.

Women includes transgender women. API = Asian/Pacific Islander.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
Black and Latina/Hispanic women consistently had the highest HIV diagnosis rates in NYC between 2014 and 2018, however the rates decreased in both groups from 2014-2018.

Women includes transgender women. API = Asian/Pacific Islander.
For new HIV diagnoses among Native American women, there were N=2 in 2014, N=1 in 2015, N=0 in 2016, N=2 in 2017, and N=0 in 2018.
Rates are calculated using DOHMH 2014-2017 population estimates, modified from US Census Bureau intercensal population estimates, updated September 2018.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
Black and Latino/Hispanic people accounted for 80% and 90% of new HIV diagnoses in men and women, respectively, in NYC in 2018.
The number of new HIV diagnoses decreased in all age groups in NYC between 2014 and 2018. The highest number of new HIV diagnoses was among people ages 20-29 years.
People ages 20 to 39 accounted for more than three-fifths of new HIV diagnoses in NYC in 2018.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
The number of new HIV diagnoses among men decreased in all age groups in NYC between 2014 and 2018.

The number of new HIV diagnoses among men includes transgender men. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
The rate of new HIV diagnoses among men decreased in all age groups in NYC between 2014 and 2018.


As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
The number of new HIV diagnoses among women decreased in all age groups in NYC 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.
The rate of HIV diagnoses among women decreased in all age groups in NYC between 2014 and 2018. Women ages 40-49 years had the highest HIV diagnosis rate in 2018.

Women includes transgender women.
New diagnoses in the 0-12 age group are not shown because of small numbers. There was 1 girl age 0-12 years newly diagnosed with HIV in 2018.
Rates are calculated using DOHMH 2014-2017 population estimates, modified from US Census Bureau intercensal population estimates, updated September 2018.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
In NYC in 2018, newly diagnosed men were generally younger than newly diagnosed women.

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 NYC, the number of new HIV diagnoses decreased in all transmission risk groups between 2014 and 2018, except among TG-SC which remained stable.

MSM=men who have sex with men; IDU=Injection drug use history; TG-SC=transgender people with sexual contact.
There were 445 people with unknown transmission risk in 2018. Data for people with unknown transmission risk are not shown.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
MSM accounted for the majority of new HIV diagnoses in NYC in 2018.

MSM=men who have sex with men; IDU=Injection drug use history; TG-SC=Transgender people with sexual contact.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
The number of new HIV diagnoses decreased among men in all transmission risk groups in NYC between 2014 and 2018.

Men includes transgender men. MSM=men who have sex with men; IDU= injection drug use history; TG-SC=transgender people with sexual contact.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
The number of new HIV diagnoses decreased among heterosexual women and women with injection drug use history in NYC between 2014 and 2018.

Women includes transgender women. TG-SC=transgender people with sexual contact; IDU=injection drug use history.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
Men who have sex with men and women with heterosexual contact accounted for the majority of new HIV diagnoses in NYC in 2018 among men and women, respectively.

Women includes transgender women and men includes transgender men. MSM=men who have sex with men; IDU=drug user history; TG-SC=transgender people with sexual contact.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
NUMBER OF NEW HIV DIAGNOSES BY BOROUGH IN NYC, 2014-2018

In NYC, the number of new HIV diagnoses decreased in all boroughs between 2014 and 2018.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
The rate of new HIV diagnoses decreased in all boroughs between 2014 and 2018.

New diagnoses in people residing outside of NYC or with an unknown borough of residence (N = 155 in 2018) are not shown.

Rates are calculated using DOHMH 2014-2017 population estimates, modified from US Census Bureau intercensal population estimates, updated September 2018.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
Bronx and Brooklyn accounted for more than half of new HIV diagnoses in NYC in 2018.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
The largest proportion of newly HIV diagnosed men and women lived in Brooklyn in 2018.

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.
The overall trend shows the number of new HIV diagnoses decreased in all area-based poverty levels in NYC between 2014 and 2018.

FPL = Federal Poverty Level.
Unknown poverty category includes people newly diagnosed with HIV and living outside of NYC at diagnosis (N=156 in 2018).
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
RATES OF NEW HIV DIAGNOSES BY AREA-BASED POVERTY LEVEL IN NYC, 2014-2018

In NYC, neighborhoods with higher levels of poverty had higher HIV diagnosis rates.

FPL = Federal Poverty Level.
Unknown poverty category includes people newly diagnosed with HIV and living outside of NYC at diagnosis (N = 156 in 2018).
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
NYC neighborhoods with the highest rates of new HIV diagnoses in 2018 were Chelsea-Clinton, Lower Manhattan, and Crown Heights.
Both the number of deaths and the age-adjusted death rate among people with HIV decreased in NYC between 2014 and 2018.

1Death data for 2018 are incomplete.
Age-adjusted to the NYC Census 2010 population.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
In 2017, 71% of deaths among people with HIV were due to non-HIV-related cause. Among these, the top causes were cardiovascular diseases (32%), non-HIV-related cancers (25%), and accidents (13%).

1Cause of death data are 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.
Among PWH, the age-adjusted death rate from all causes decreased during 2014-2018. The decrease was driven largely by the decline in deaths attributed to HIV.

Age-adjusted to the NYC Census 2010 population.

1The overall rate includes people with unknown cause of death. Death data for 2018 are incomplete; cause of death data not available for 2018.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
The age-adjusted death rate\(^1\) among women with HIV was higher than the rate among men with HIV in NYC in 2018.

Women includes transgender women and men includes transgender men. Age-adjusted to the NYC Census 2010 population.

\(^1\)Death data for 2018 are incomplete.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
Native American people with HIV had the highest age-adjusted death rate\(^1\) in NYC in 2018.

API = Asian/Pacific Islander. Age-adjusted to the NYC Census 2010 population.

\(^1\)Death data for 2018 are incomplete.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
AGE-ADJUSTED DEATH RATES AMONG PWH BY TRANSMISSION RISK IN NYC, 2018

PWH with perinatal transmission risk had the lowest age-adjusted death rate\(^1\) in NYC in 2018.

**Note:**

MSM=men who have sex with men; IDU=Injection drug use history; TG-SC=Transgender people with sexual contact.

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**Footnotes:**

1. Death data for 2018 are incomplete. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
AGE-ADJUSTED DEATH RATES AMONG PWH BY BOROUGH IN NYC, 2018

PWH residing in Manhattan and Queens had the lowest age-adjusted death rates\(^1\) by borough in NYC in 2018.

Age-adjusted death rate per 1,000 mid-year PLWH

<table>
<thead>
<tr>
<th>Borough</th>
<th>N</th>
<th>Death Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronx</td>
<td>469</td>
<td>9.9</td>
</tr>
<tr>
<td>Brooklyn</td>
<td>374</td>
<td>8.0</td>
</tr>
<tr>
<td>Manhattan</td>
<td>256</td>
<td>4.8</td>
</tr>
<tr>
<td>Queens</td>
<td>124</td>
<td>4.3</td>
</tr>
<tr>
<td>Staten Island</td>
<td>27</td>
<td>6.9</td>
</tr>
</tbody>
</table>

Overall: 8.6

Age-adjusted to the NYC Census 2010 population.
\(^1\)Death data for 2018 are incomplete.
Deaths among people living outside of NYC or with an unknown borough (N = 432) are not shown.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
AGE-ADJUSTED DEATH RATES AMONG PWH BY AREA-BASED POVERTY IN NYC, 2018

PWH residing in neighborhoods with higher levels of poverty had higher age-adjusted death rates in NYC in 2018.

FPL = Federal Poverty Level. Age-adjusted to the NYC Census 2010 population.

1Death data for 2018 are incomplete.

Deaths for people missing area-based poverty information (N = 433) are not shown.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
NYC neighborhoods with the highest mortality among PWH were South Beach-Tottenville, Crown Heights, and Lower Manhattan.

Age-adjusted to the NYC Census 2010 population.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019. Death data for 2018 are incomplete.
• Our program publishes annual surveillance reports, slide sets, and statistics tables:

• Other resources:
  • 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)

• For surveillance data requests, email: HIVReport@health.nyc.gov
  • 2 weeks minimum needed for requests to be completed
“HIV diagnoses” include diagnoses of HIV (non-AIDS) and HIV concurrent with AIDS (AIDS diagnosed within 31 days of HIV), unless otherwise specified.

“Death rates” refer to deaths from all causes, unless otherwise specified. Death rates are calculated as deaths per mid-year PLWH.

Data presented by “Transmission risk” categories include only individuals with known or identified transmission risk, except when an “unknown” category is presented. “Other” risk includes people who received treatment for hemophilia, people who received a transfusion or transplant, people with other healthcare-associated transmission, and children with non-perinatal transmission risk.

“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 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. 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.

Area-based poverty is based on NYC ZIP code of residence and is defined as the percent of the population in a given ZIP code whose household income is below the Federal Poverty Level. This measure is not available for people missing ZIP code information or living outside NYC. Income data used for analyses in this report are from the 2007-2011 American Community Survey (ACS) for events occurring in 2006-2009, ACS 2008-2012 for events occurring in 2010, ACS 2009-2013 for events occurring in 2011, and ACS 2010-2014 for events occurring in 2012, ACS 2011-2015 for events occurring in 2013, and ACS 2012-2016 for events occurring in 2014-2017. Cut-points for categories of area-based poverty in NYC were defined by a NYC DOHMH workgroup.