

HIV IN BROOKLYN, NEW YORK CITY, 2020



HIV Epidemiology Program

New York City Department of Health and Mental Hygiene



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<https://www1.nyc.gov/site/doh/data/data-sets/epi-surveillance-slide-sets.page>

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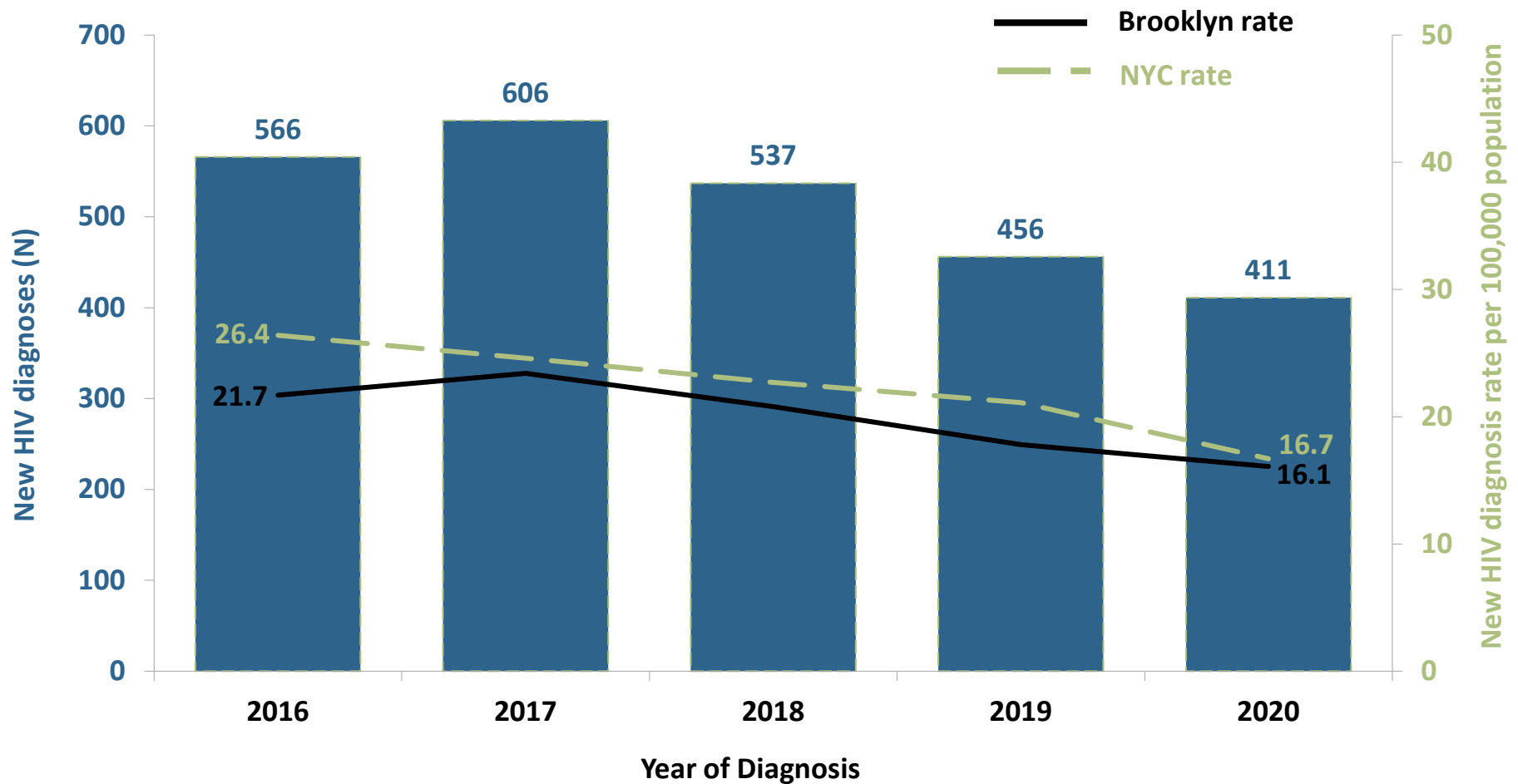
HIV IN BROOKLYN, 2020

BASIC STATISTICS

- **31% of all New Yorkers live in Brooklyn**
- **411 new HIV diagnoses**
 - 29% of all new HIV diagnoses in NYC
 - Includes 95 HIV diagnoses concurrent with an AIDS diagnosis (23%)
- **248 new AIDS diagnoses**
- **512 deaths among people with HIV**
 - 10.5 deaths per 1,000 people with HIV¹

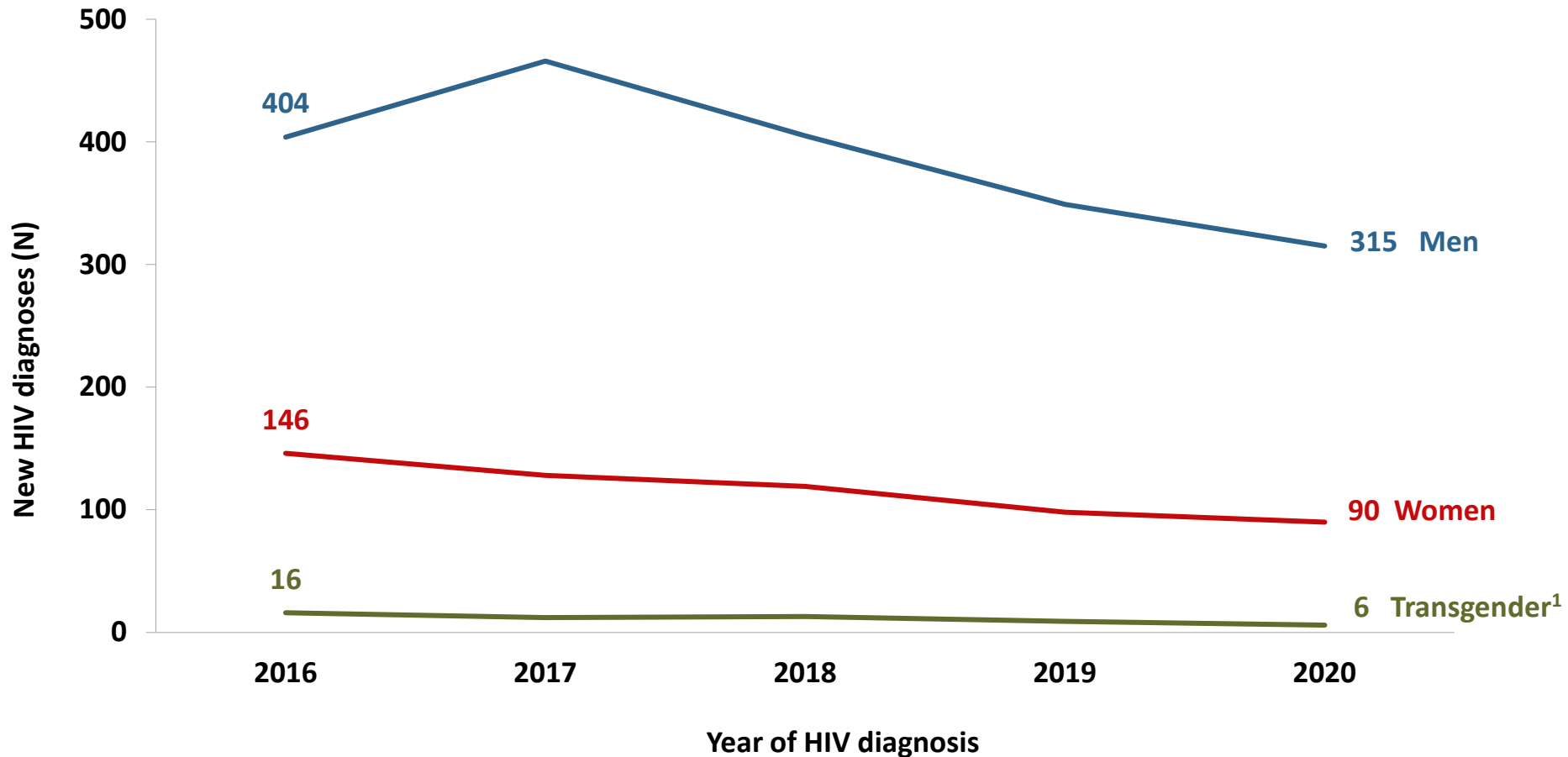
¹Death rate is age-adjusted to the NYC Census 2010 population. Death data for 2020 are incomplete. As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

NEW HIV DIAGNOSES IN BROOKLYN, 2016-2020



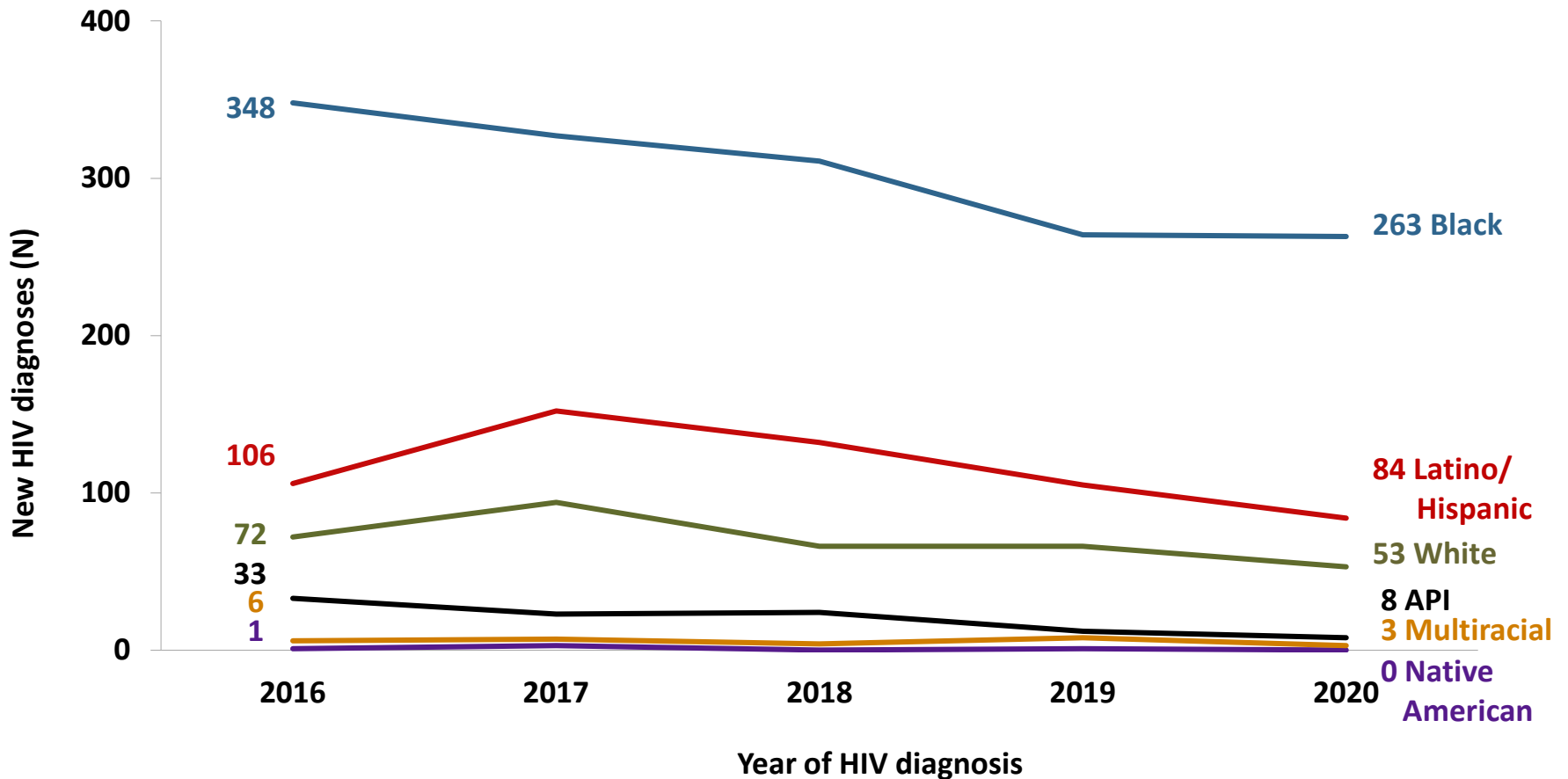
The number and rate of new HIV diagnoses decreased in Brooklyn between 2016 and 2020. The HIV diagnosis rate was higher in NYC overall than in Brooklyn.

NUMBER OF NEW HIV DIAGNOSES BY GENDER IN BROOKLYN, 2016-2020



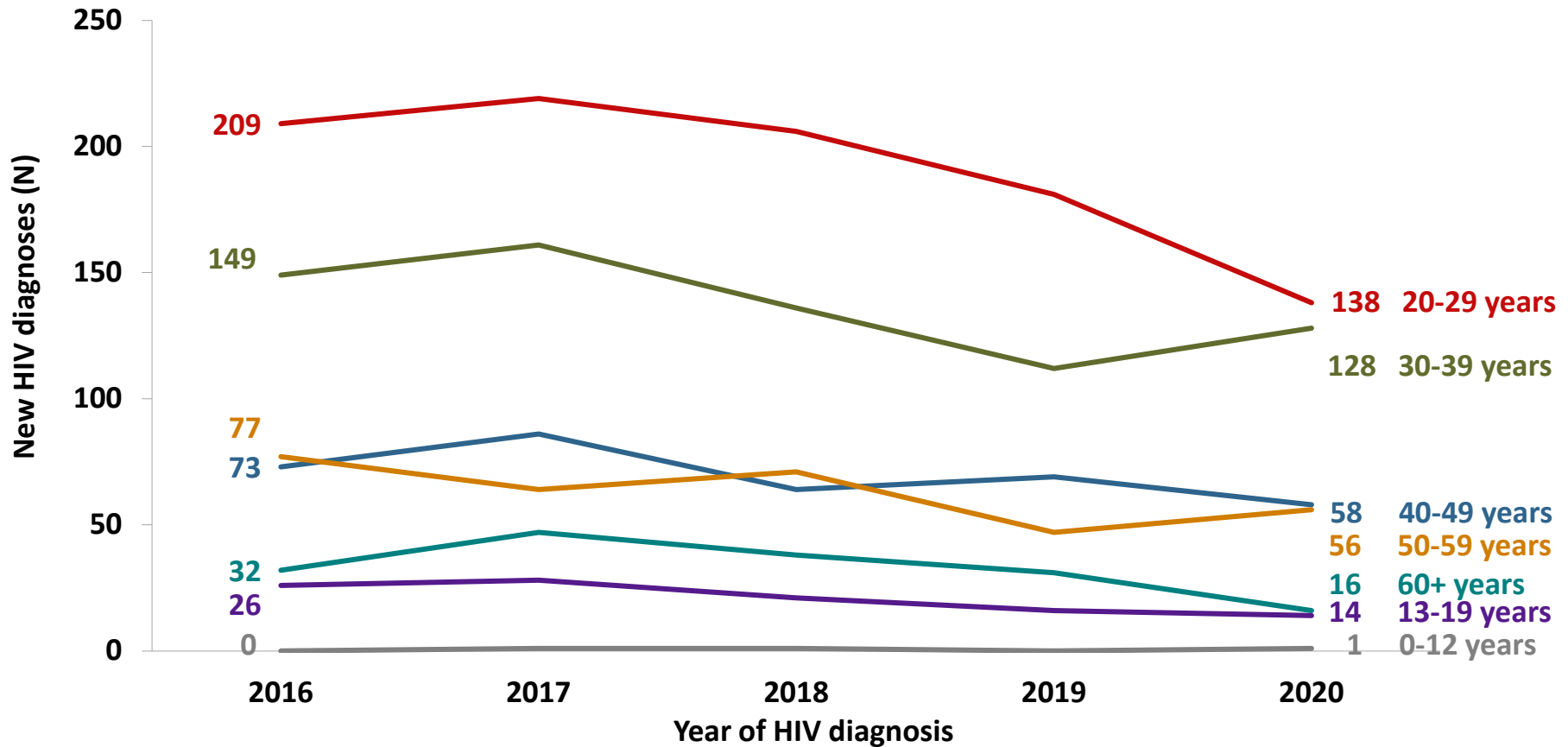
Between 2016 and 2020, the number of new HIV diagnoses among men, women, and transgender people decreased in Brooklyn.

NUMBER OF NEW HIV DIAGNOSES BY RACE/ETHNICITY IN BROOKLYN, 2016-2020



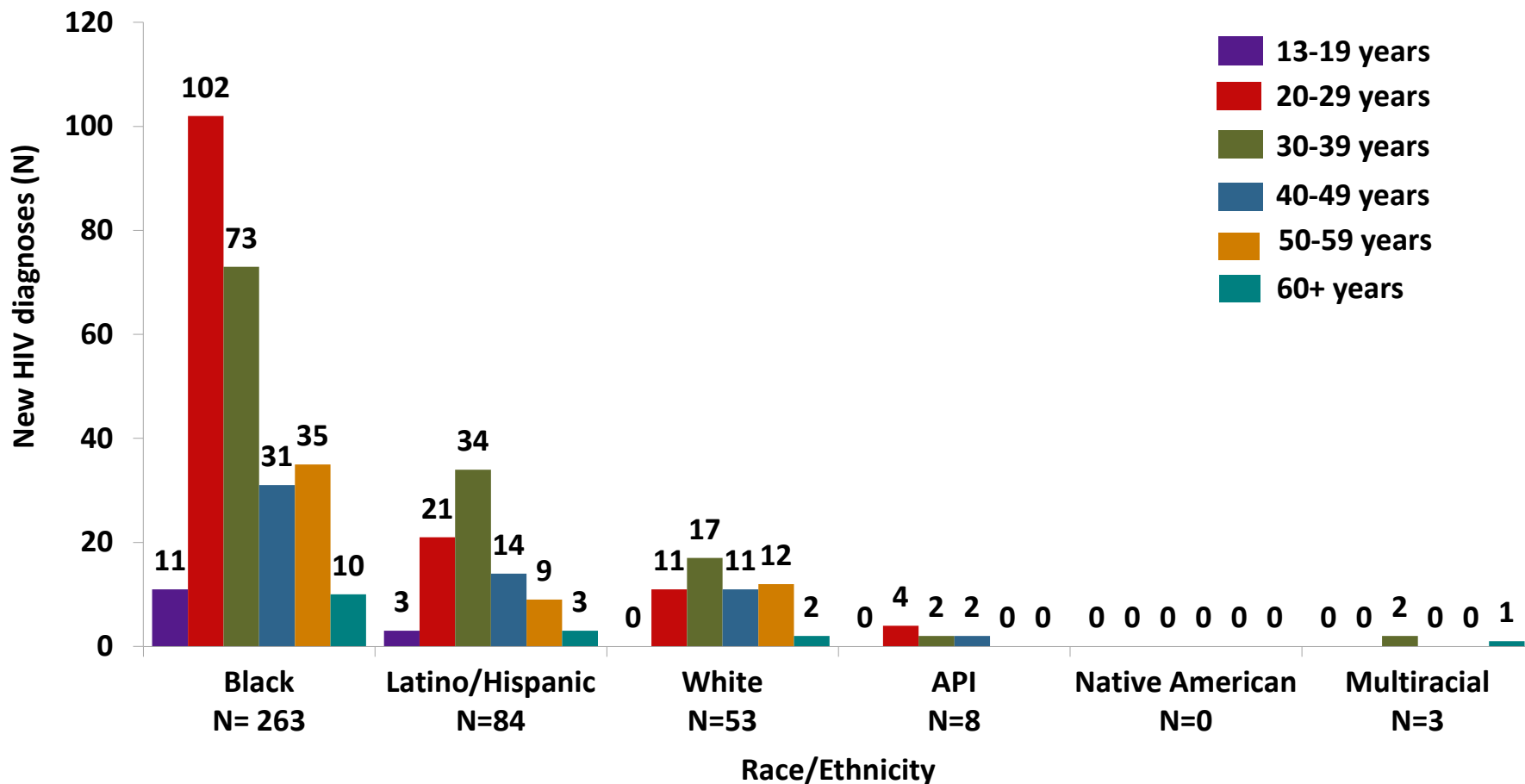
Between 2016 and 2020, HIV diagnoses decreased across all races/ethnicities. Most new diagnoses among Brooklyn residents were among Black people.

NUMBER OF NEW HIV DIAGNOSES BY AGE IN BROOKLYN, 2016-2020



Between 2016 and 2020, people ages 20 to 29 years had the highest numbers of new HIV diagnoses in Brooklyn. New diagnoses decreased among all age groups except for people ages 0 to 12 years.

NUMBER OF NEW HIV DIAGNOSES BY RACE/ETHNICITY AND AGE IN BROOKLYN, 2020



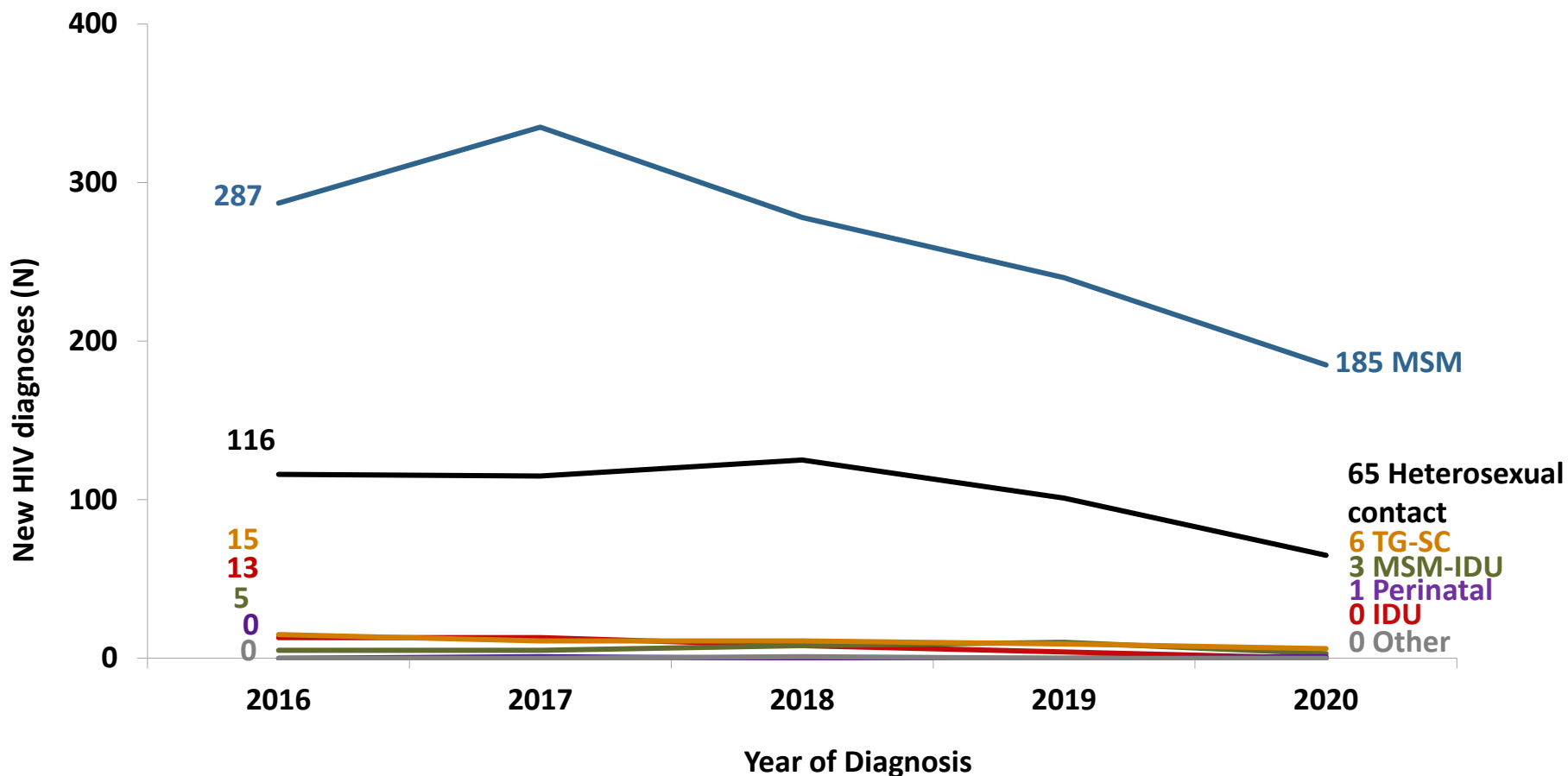
Black people ages 20 to 39 years and 50 to 59 years, and Latino/Hispanic people ages 30 to 39 years, accounted for the largest proportion of new HIV diagnoses in Brooklyn in 2020

API= Asian/Pacific Islander.

Children ages 0-12 not shown. There was one new diagnosis among children ages 0-12 in Brooklyn in 2020.

As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

NUMBER OF NEW HIV DIAGNOSES BY TRANSMISSION CATEGORY IN BROOKLYN, 2016-2020



Between 2016 and 2020, the number of new HIV diagnoses decreased among all transmission category groups in Brooklyn except for perinatal.

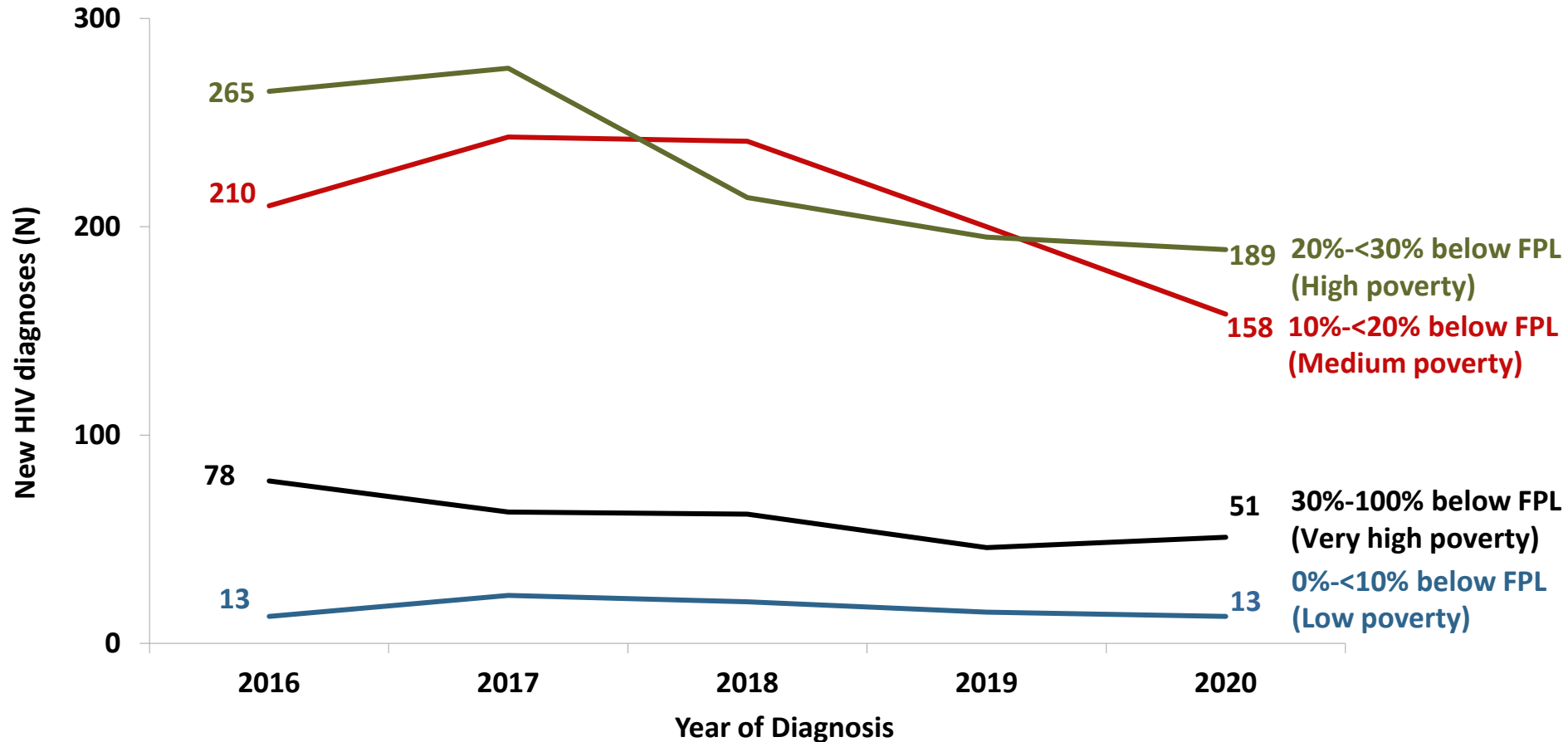
MSM=men who have sex with men; IDU=history of injection drug use; TG-SC=transgender people with sexual contact.

People with unknown transmission category are not shown. There were 151 people with unknown transmission category newly diagnosed with HIV in Brooklyn in 2020.

For new HIV diagnoses in Brooklyn with Other transmission category, there were N=0 in 2016, N=0 in 2017, N=1 in 2018, N=0 in 2019 and N=0 in 2020.

As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

NUMBER OF NEW HIV DIAGNOSES BY AREA-BASED POVERTY LEVEL IN BROOKLYN, 2016-2020

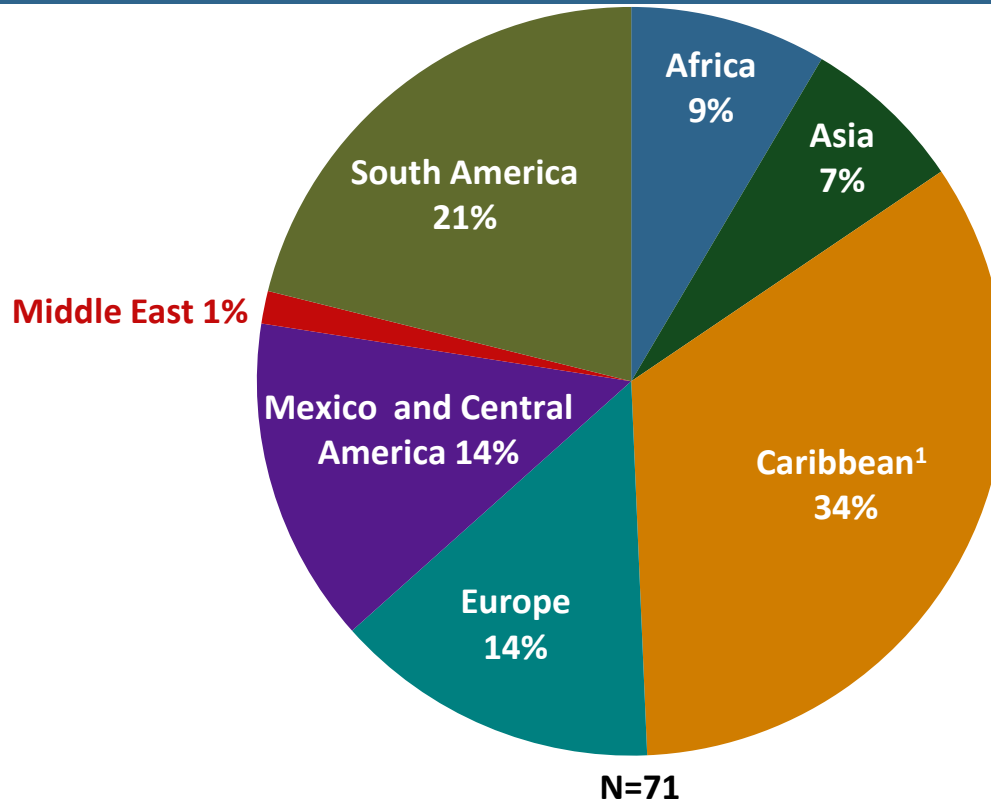


Between 2016 and 2020, the number of new HIV diagnoses was highest in neighborhoods with medium and high poverty in Brooklyn.

FPL=Federal Poverty Level.

Unknown poverty category is not shown and includes people newly diagnosed with HIV and missing ZIP code at diagnosis. There were no new diagnoses in Brooklyn in 2020 among people with an unknown ZIP code. As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

PERCENTAGE OF NEW HIV DIAGNOSES AMONG PEOPLE BORN OUTSIDE OF THE US BY REGION OF BIRTH, BROOKLYN, 2020



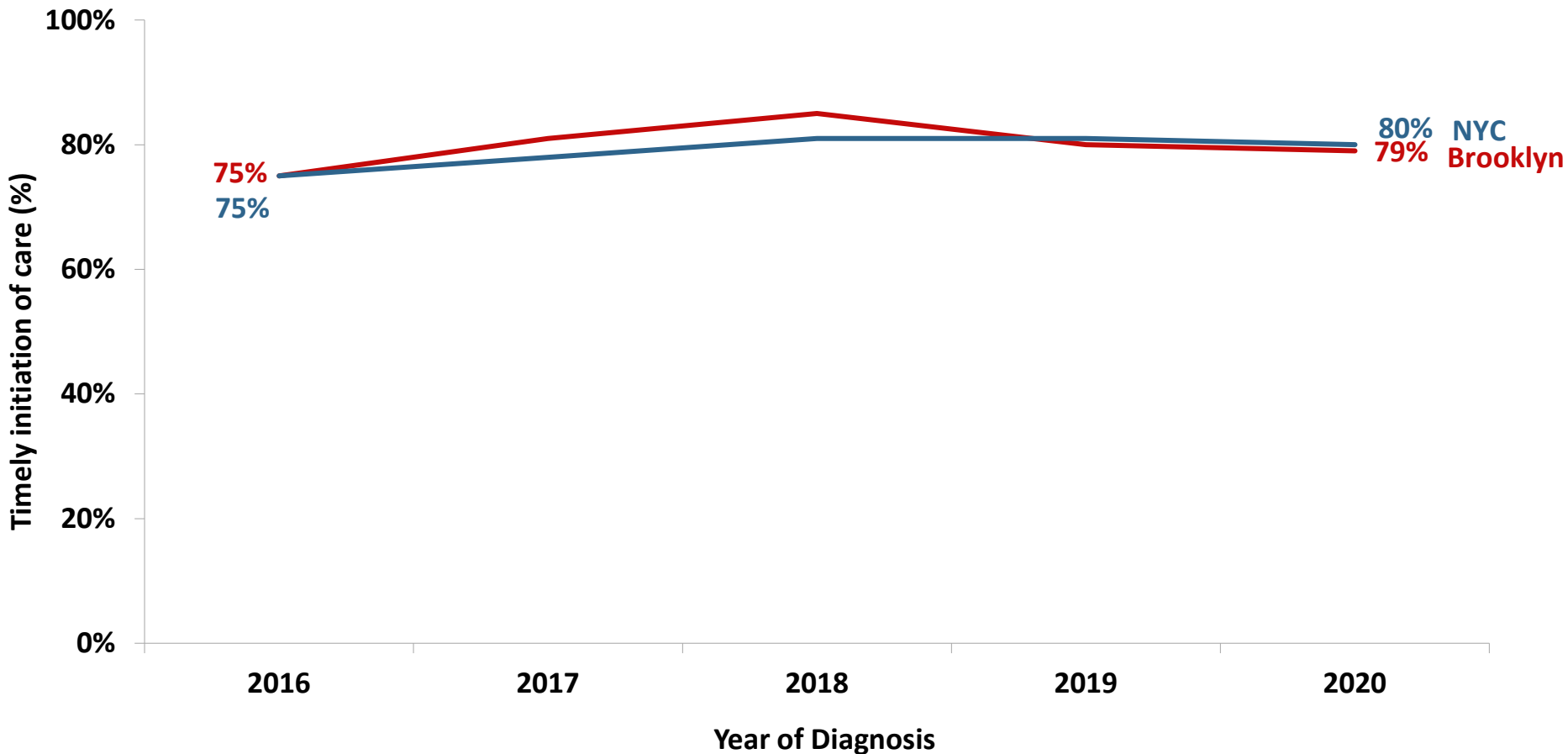
People born outside the US accounted for 37% of residents of Brooklyn², and 17% of new HIV diagnoses in Brooklyn in 2020. People born in the Caribbean¹ and South America accounted for 55% of these new HIV diagnoses.

¹Excludes Puerto Rico and the US Virgin Islands.

²US Census Bureau intercensal population estimate, updated September 2020.

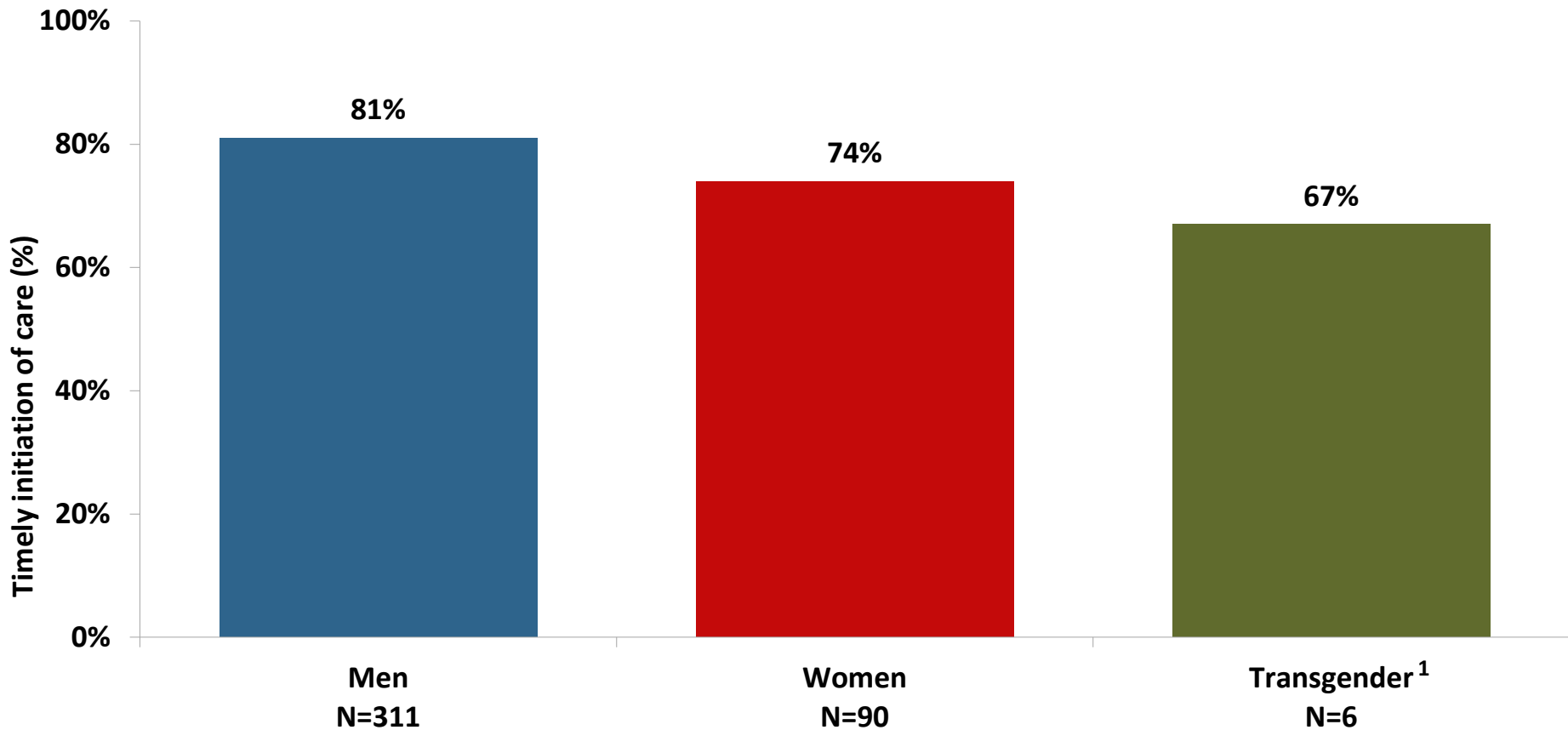
As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV IN NYC AND BROOKLYN, 2016-2020



Between 2016 and 2020, timely initiation of care among people newly diagnosed with HIV increased in Brooklyn and in NYC overall.

TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY GENDER IN BROOKLYN, 2020



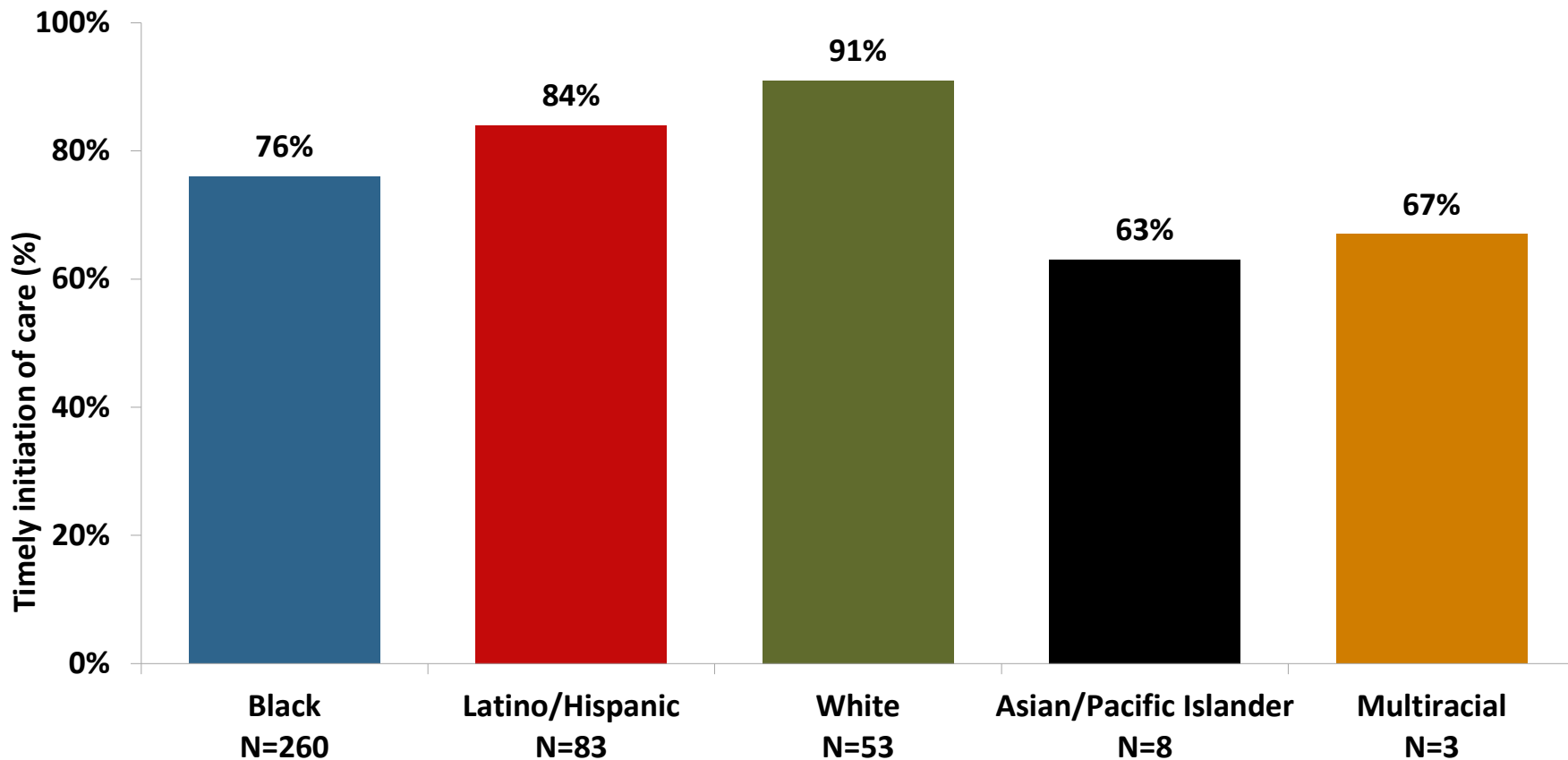
Among people newly diagnosed with HIV in Brooklyn in 2020, a smaller proportion of transgender people and women were linked to care within 30 days of diagnosis compared to men.

Timely initiation of care is defined as first CD4, viral load, or genotype drawn within 30 days of HIV diagnosis. People diagnosed at death have been excluded.

¹In 2020 in Brooklyn, there were N=6 new diagnoses among transgender women, and no new diagnoses among transgender men.

As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

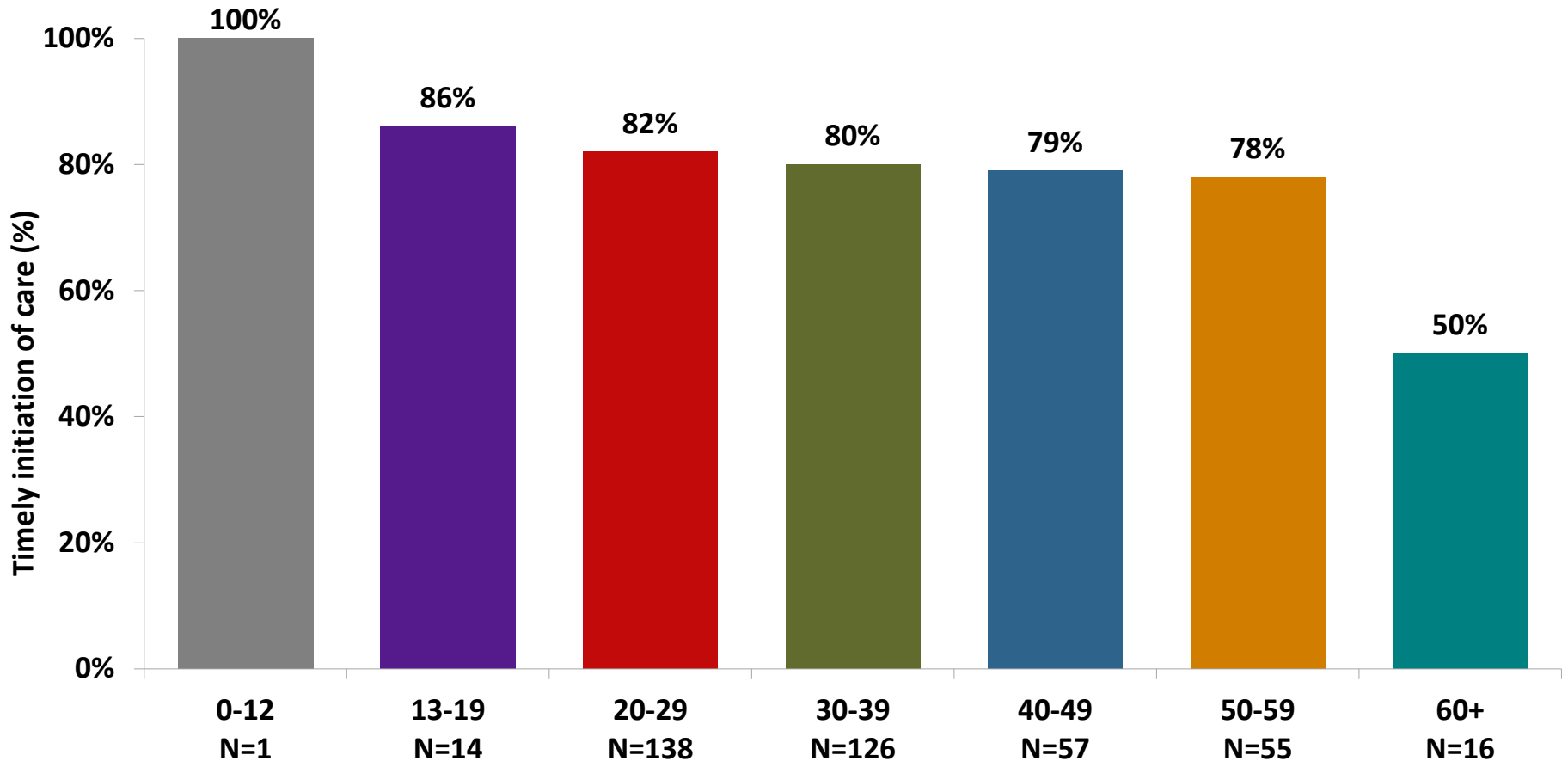
TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY RACE/ETHNICITY IN BROOKLYN, 2020



Among people newly diagnosed with HIV in Brooklyn in 2020, a larger proportion of White people were linked to care within 30 days of diagnosis.

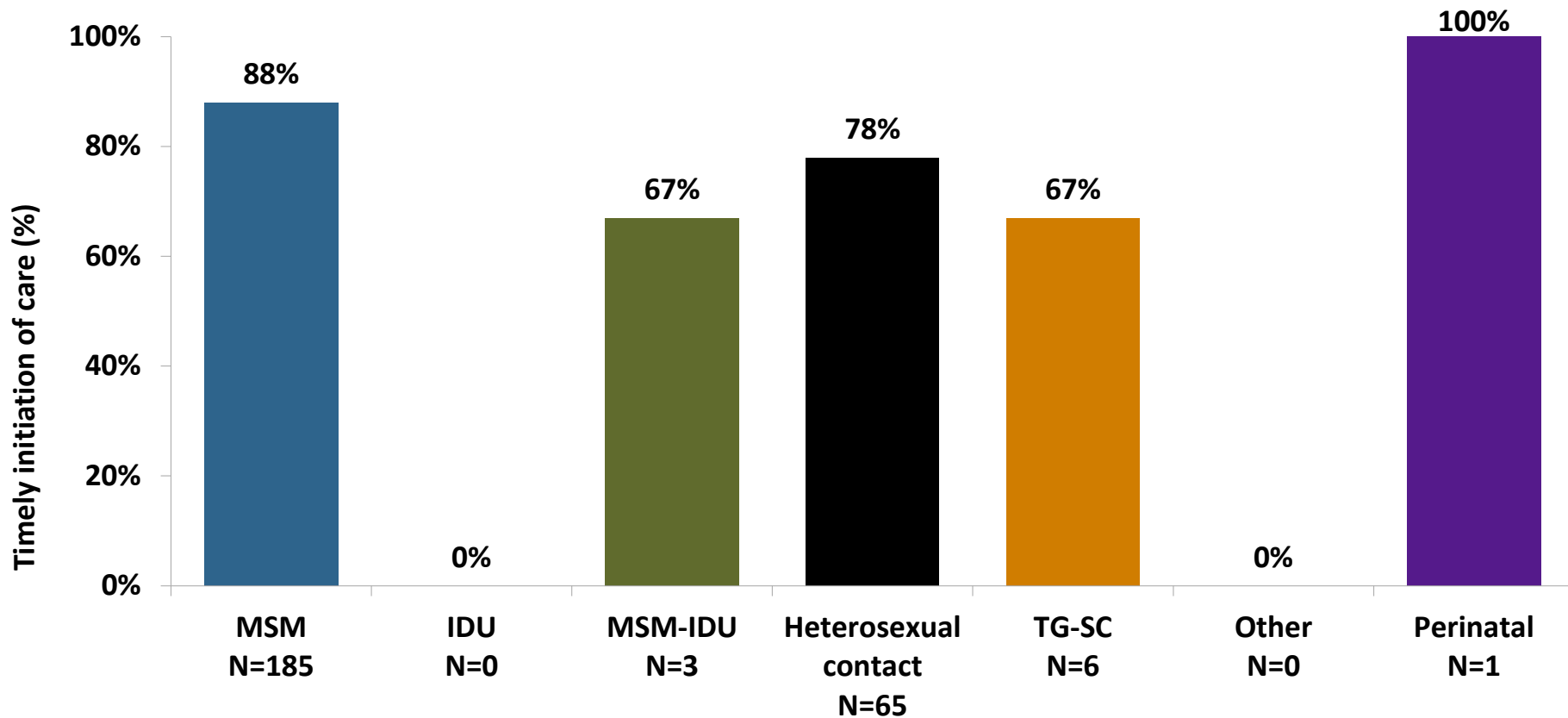
Timely initiation of care is defined as first CD4, viral load, or genotype drawn within 30 days of HIV diagnosis. People diagnosed at death have been excluded. There were no new diagnoses among Native American people in 2020. As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021..

TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY AGE IN BROOKLYN, 2020



Among people newly diagnosed with HIV in Brooklyn in 2020, people ages 60 and older had the lowest proportion linked to care within 30 days of diagnosis.

TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY TRANSMISSION CATEGORY IN BROOKLYN, 2020



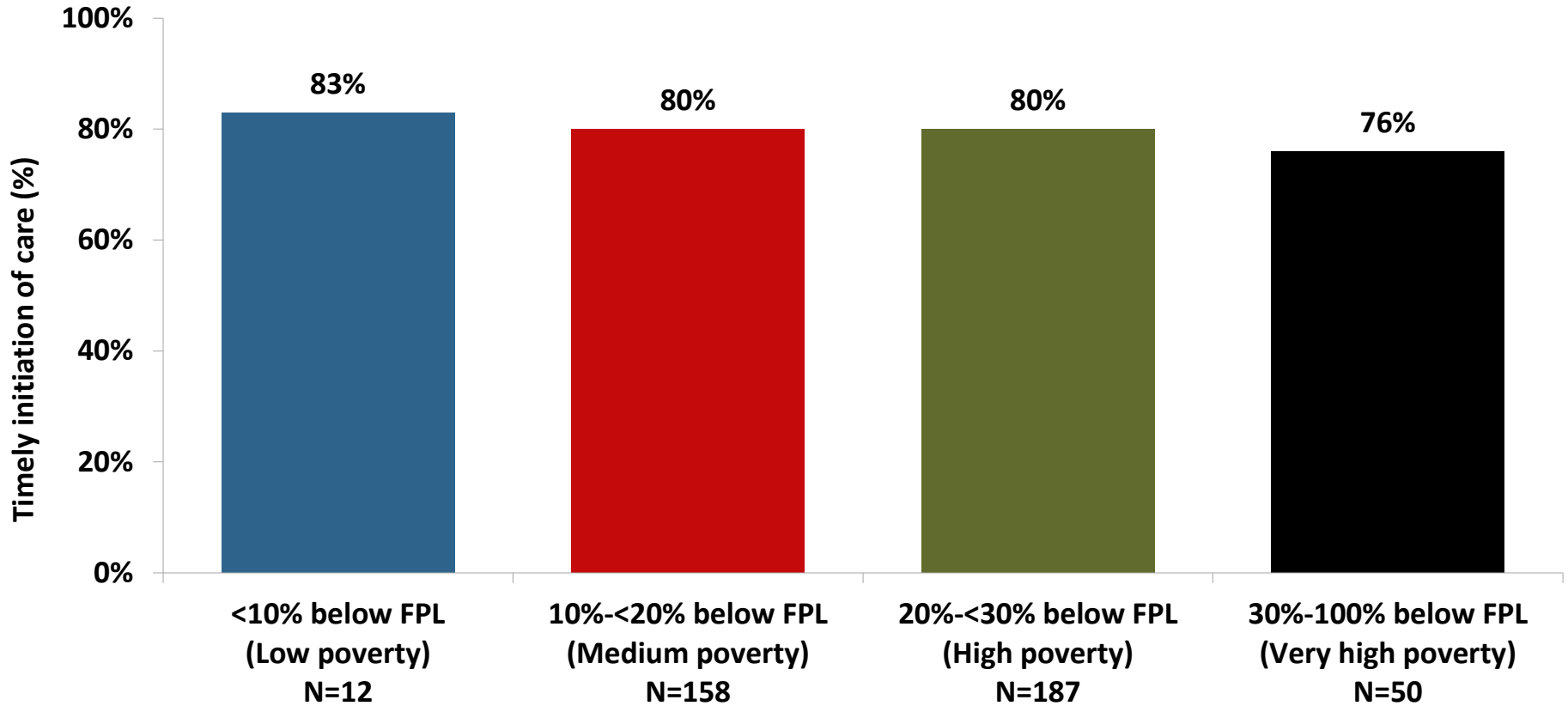
Among people newly diagnosed with HIV in Brooklyn in 2020, MSM with a history of injection drug use and transgender people with sexual contact had the smallest proportions linked to care within 30 days of diagnosis.

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

Timely initiation of care is defined as first CD4, viral load, or genotype drawn within 30 days of HIV diagnosis. People diagnosed at death have been excluded.

New diagnoses with unknown transmission category (N=151) not displayed. In 2020 in Brooklyn, there were no new diagnoses among people in the IDU or other transmission category. As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY AREA-BASED POVERTY IN BROOKLYN, 2020



Among people newly diagnosed with HIV in Brooklyn in 2020, those living in very high poverty areas had the smallest proportion linked to care within 30 days of diagnosis.

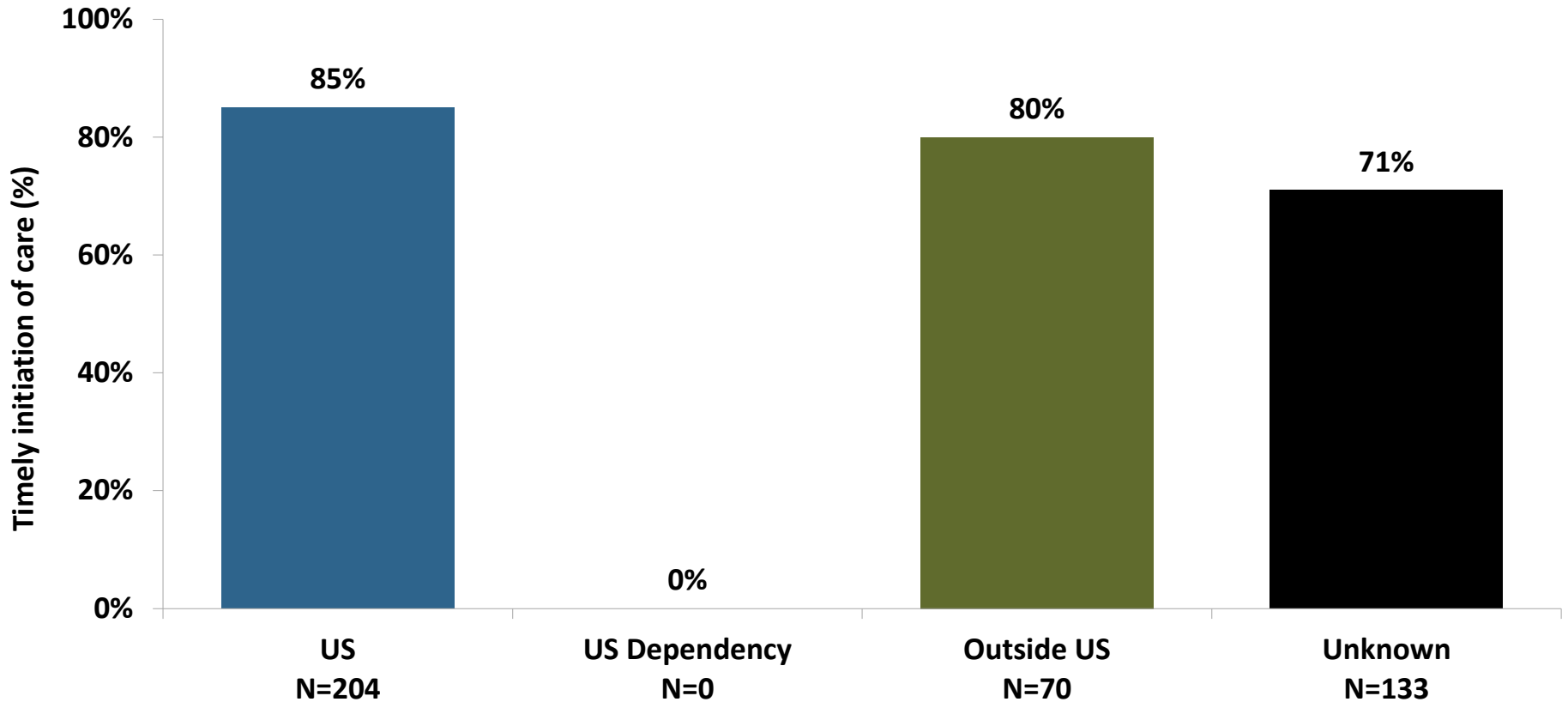
FPL=Federal Poverty Level.

Timely initiation of care is defined as first CD4, viral load, or genotype drawn within 30 days of HIV diagnosis. People diagnosed at death have been excluded.

New diagnoses without area-based poverty information not displayed. There were no people with unknown ZIP code at diagnosis in Brooklyn in 2020.

As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

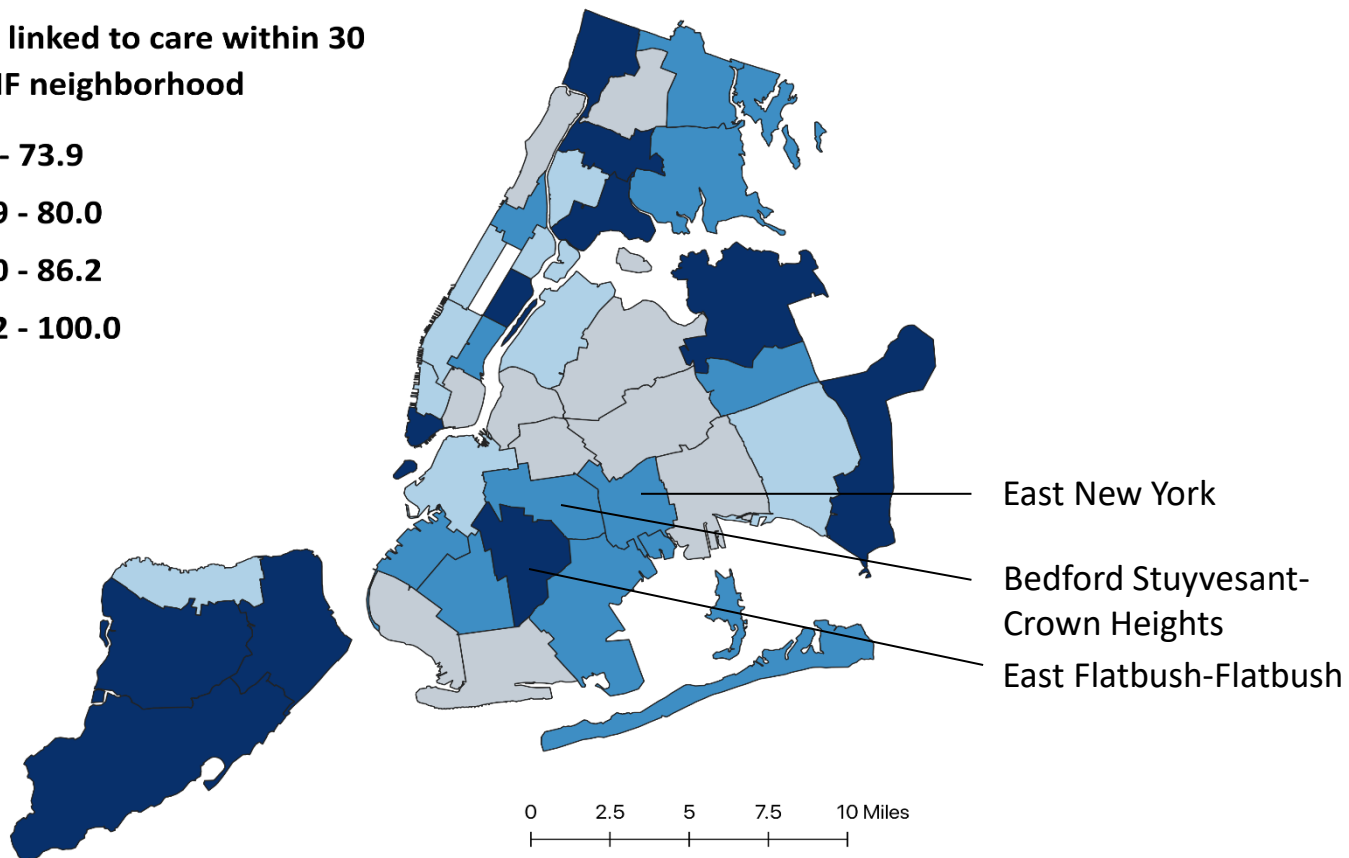
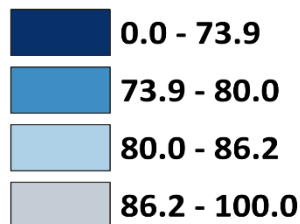
TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY COUNTRY OF BIRTH IN BROOKLYN, 2020



Among people newly diagnosed with HIV in Brooklyn in 2020, people born in the US had the highest proportion linked to care within 30 days of diagnosis.

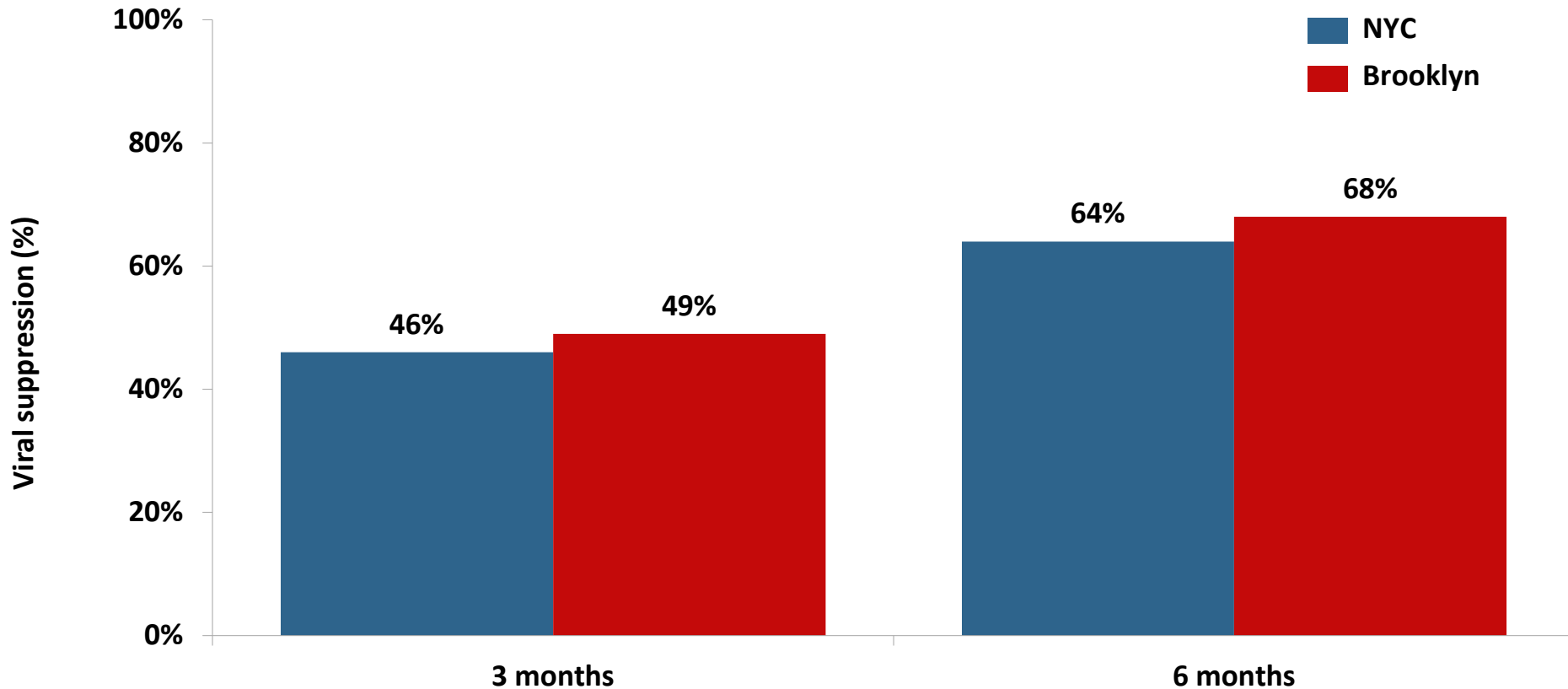
TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY UHF NEIGHBORHOOD IN NYC, 2020

Proportion linked to care within 30 days by UHF neighborhood



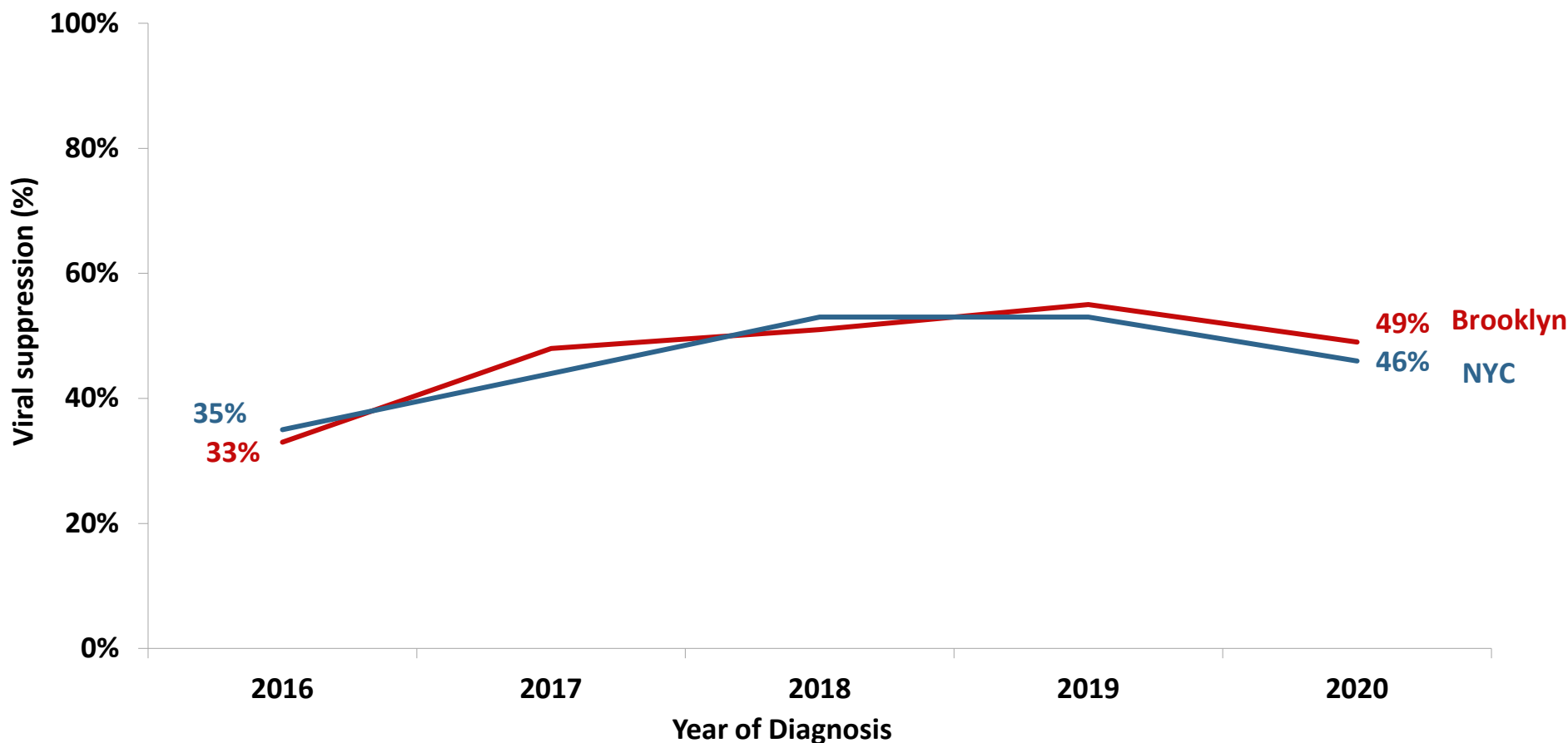
Brooklyn neighborhoods with the smallest proportions of people linked to care within 30 days of diagnosis in 2020 were East Flatbush-Flatbush (71.1%), East New York (75.4%), and Bedford Stuyvesant-Crown Heights (76.5%).

VIRAL SUPPRESSION WITHIN 3 AND 6 MONTHS OF NEW HIV DIAGNOSIS IN NYC AND BROOKLYN, 2020



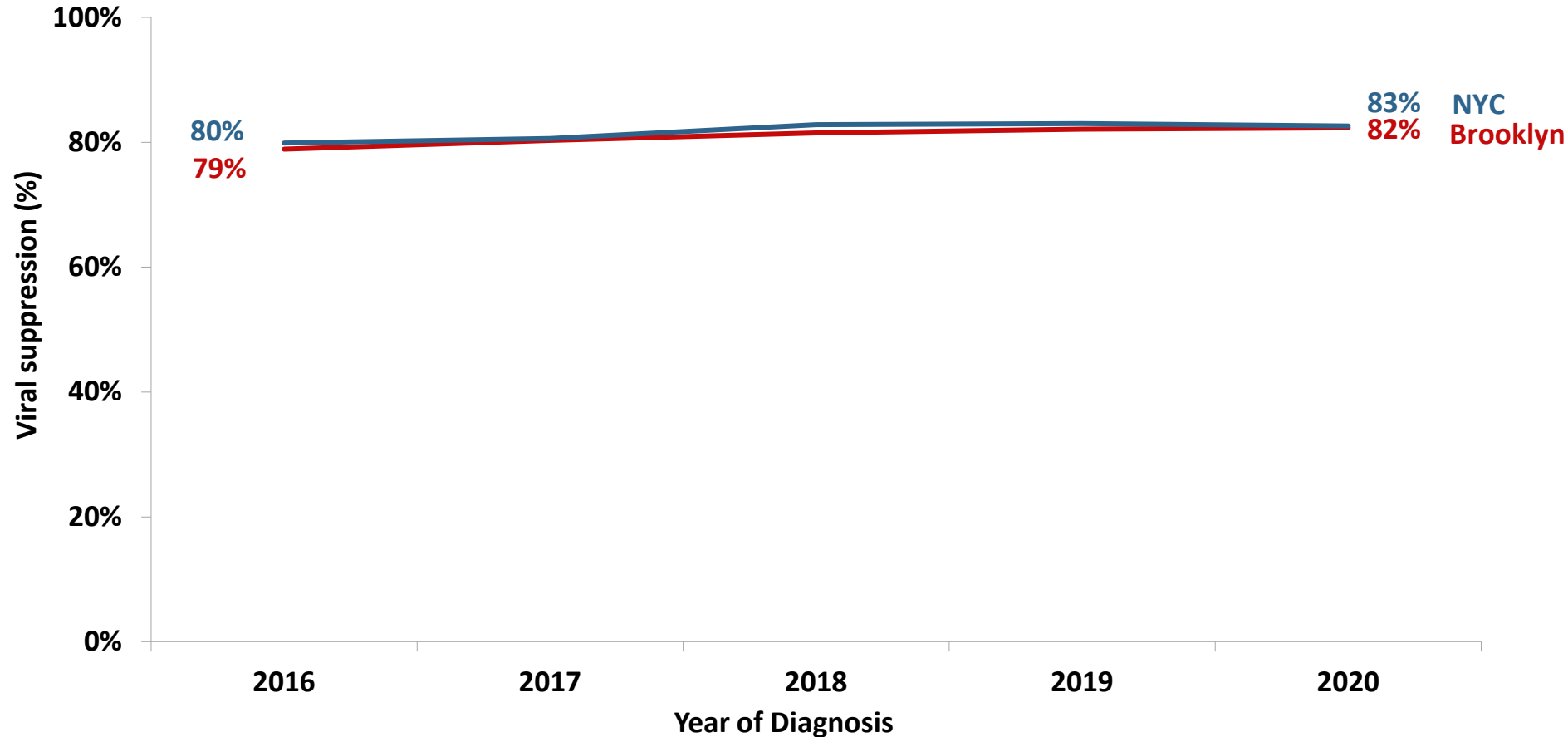
Among people newly diagnosed with HIV in 2020, a larger proportion of Brooklyn residents were virally suppressed within 3 months and 6 months of diagnosis compared to NYC overall.

VIRAL SUPPRESSION WITHIN 3 MONTHS AMONG PEOPLE NEWLY DIAGNOSED WITH HIV IN NYC AND BROOKLYN, 2016-2020



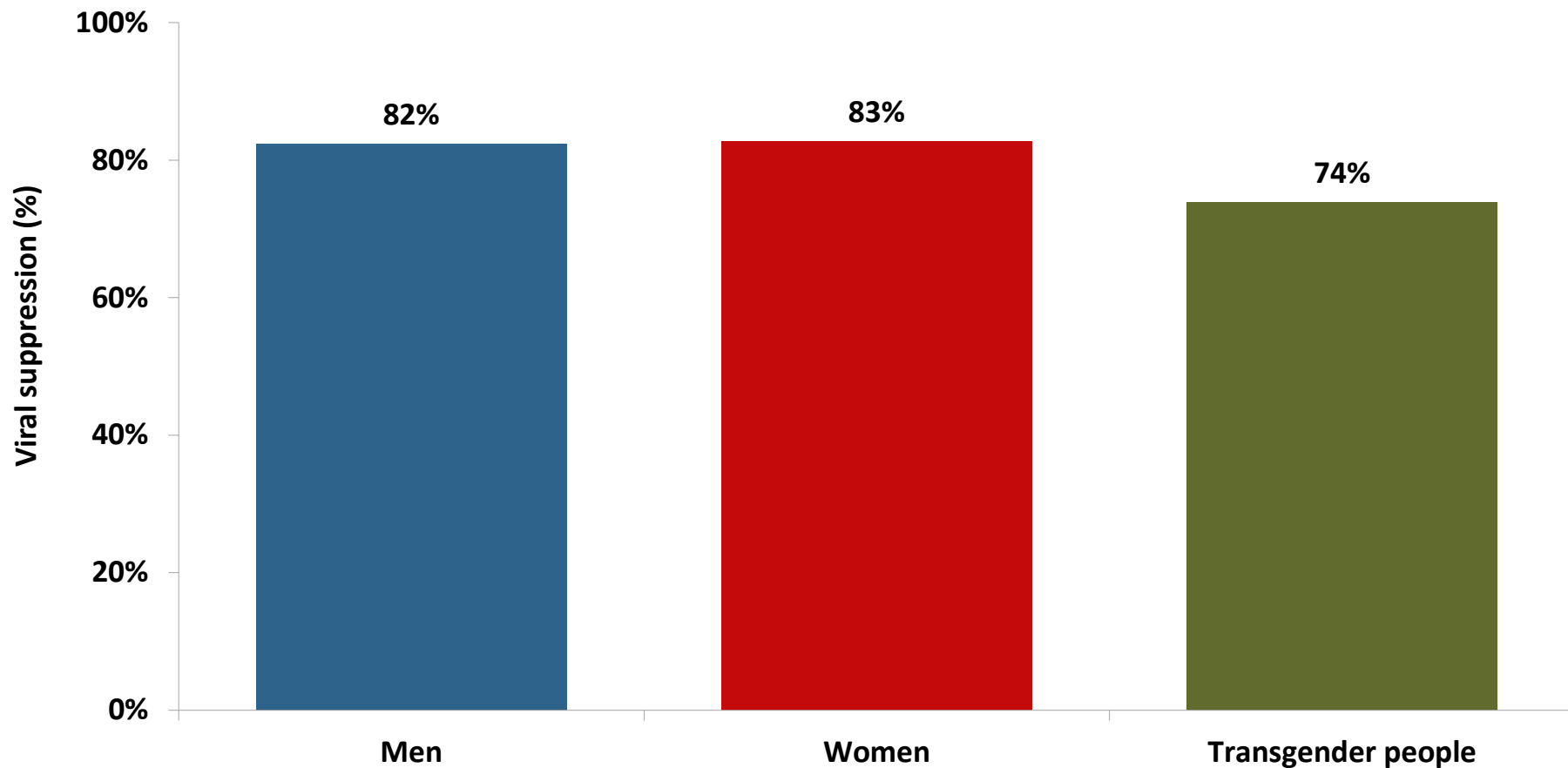
Between 2016 and 2020, viral suppression within 3 months among people newly diagnosed with HIV increased in Brooklyn and in NYC overall.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH IN NYC AND BROOKLYN, 2016-2020



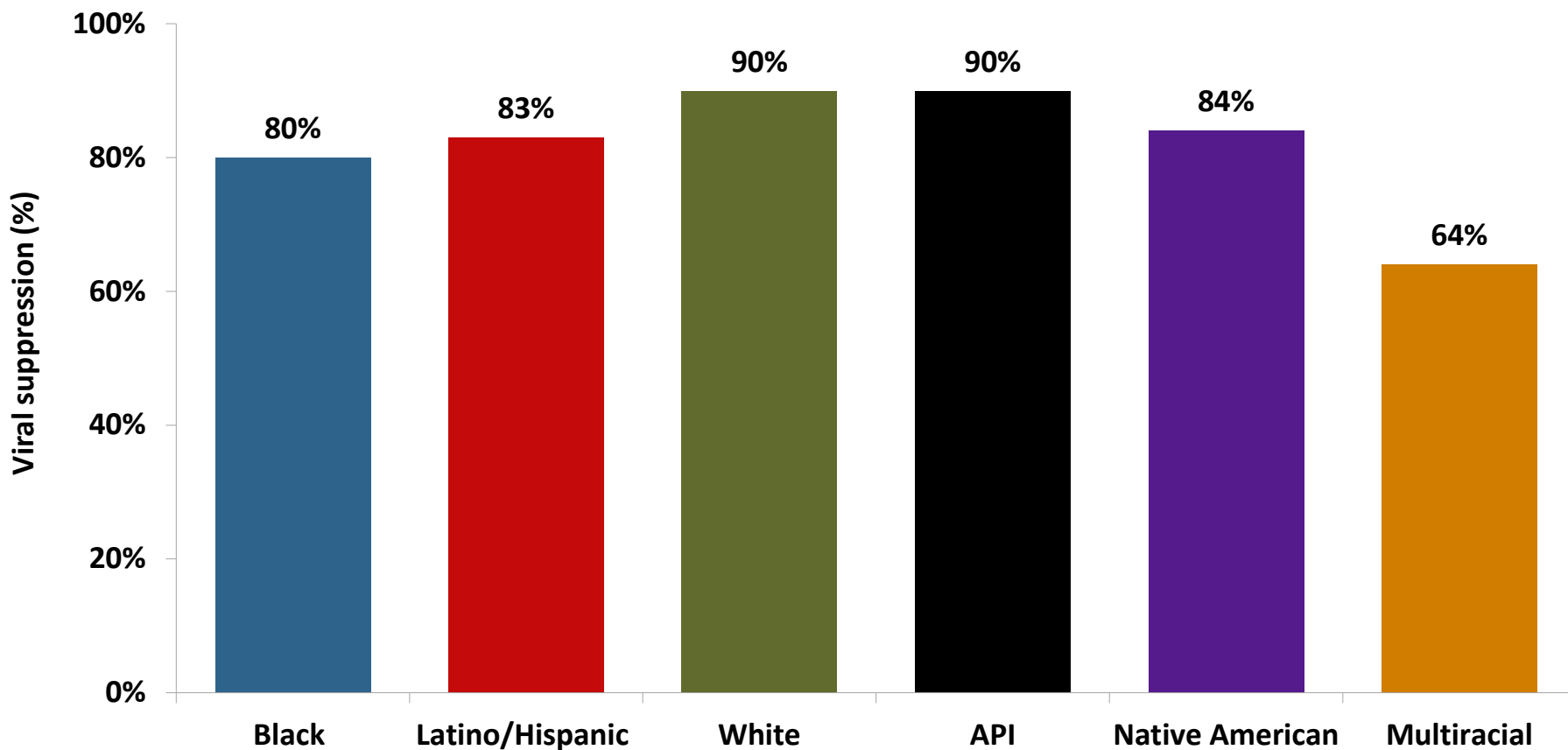
Between 2016 and 2020, viral suppression among all diagnosed people living with HIV (PLWH) increased in Brooklyn and in NYC overall.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY GENDER IN BROOKLYN, 2020



Among diagnosed people living with HIV (PLWH) in Brooklyn, a smaller proportion of transgender people were virally suppressed compared to men and women.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY RACE/ETHNICITY IN BROOKLYN, 2020



Among diagnosed people living with HIV (PLWH) in Brooklyn, Asian/Pacific Islander people and White people had the largest proportions of viral suppression across all racial/ethnic groups.

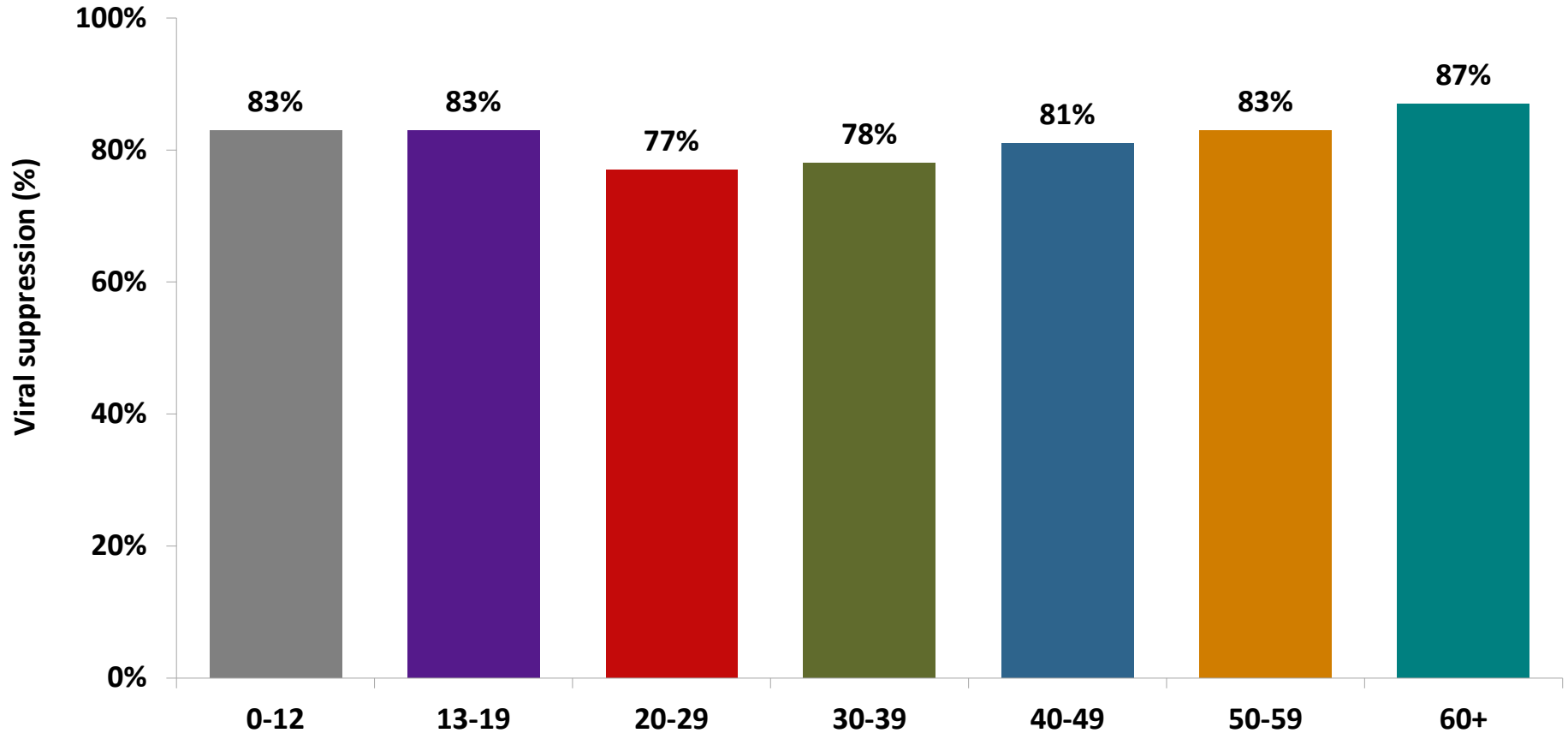
API=Asian/Pacific Islander.

Viral suppression is defined as most recent viral load in 2020 was <200 copies/mL.

Unknown race/ethnicity not shown. There were no people whose race/ethnicity was unknown in Brooklyn in 2020.

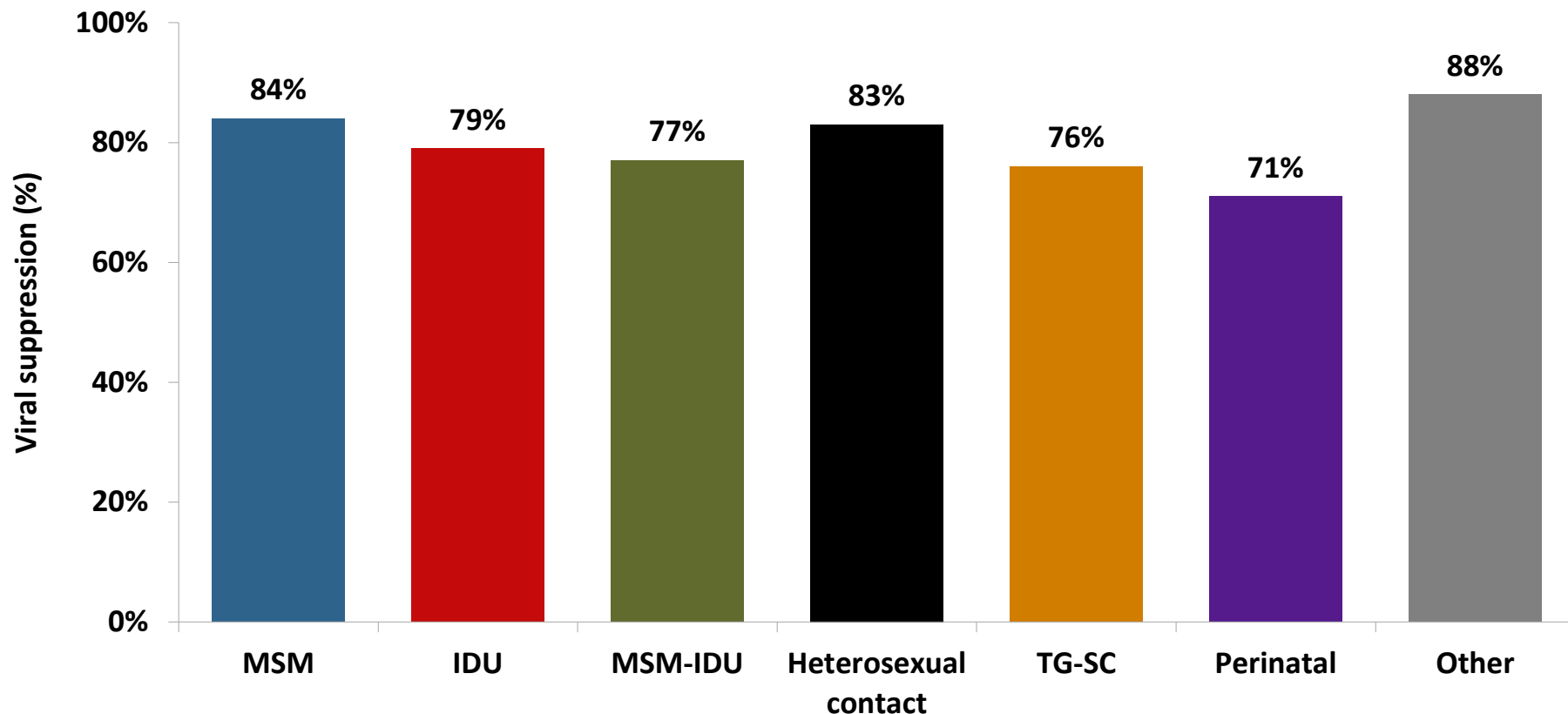
As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY AGE IN BROOKLYN, 2020



Among diagnosed people living with HIV (PLWH) in Brooklyn, people ages 20 to 39 years had the smallest proportion of viral suppression and people ages 60 years and older had the largest.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY TRANSMISSION CATEGORY IN BROOKLYN, 2020



Among diagnosed people living with HIV (PLWH) in Brooklyn, people in the perinatal transmission category had the smallest proportion of viral suppression followed by transgender people with sexual contact.

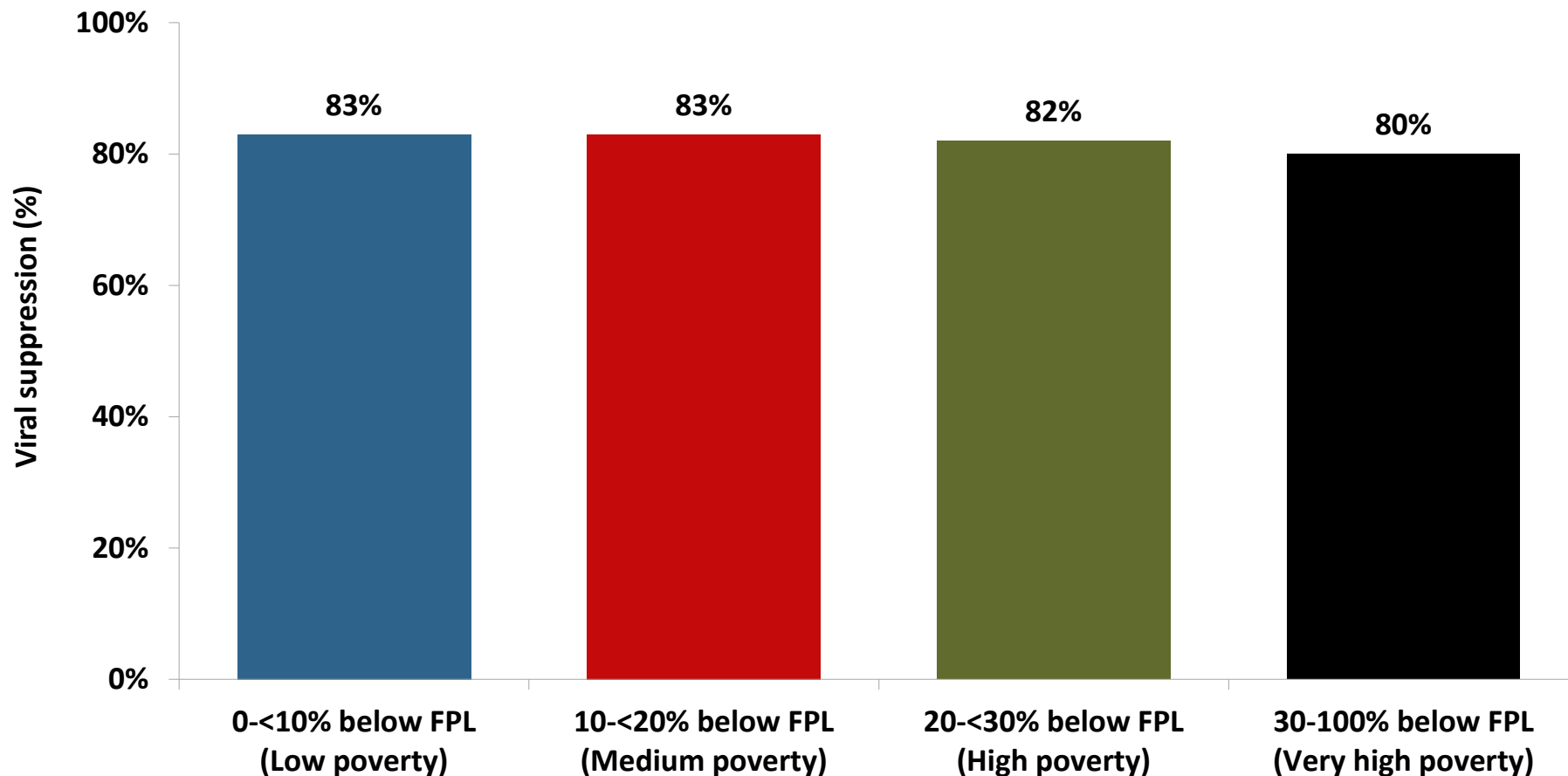
MSM=men who have sex with men; IDU=history of injection drug use; TG-SC=transgender people with sexual contact.

People living with HIV with unknown transmission category are not displayed.

Viral suppression is defined as most recent viral load in 2020 was <200 copies/mL.

As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY AREA-BASED POVERTY LEVEL IN BROOKLYN, 2020



Among diagnosed people living with HIV (PLWH) in Brooklyn, smaller proportions of people living in high or very high poverty neighborhoods were virally suppressed.

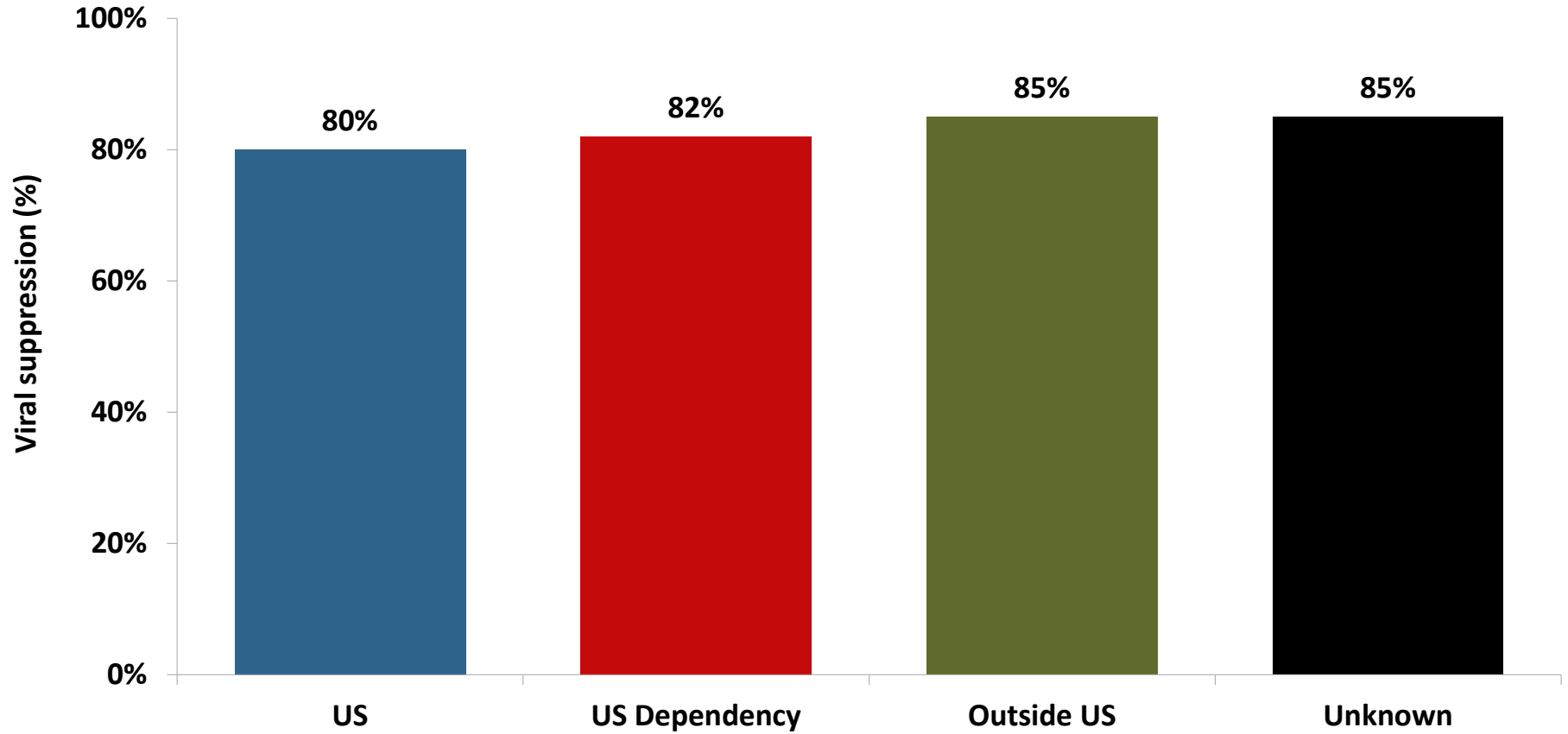
FPL=Federal Poverty Level.

Viral suppression is defined as most recent viral load in 2020 was <200 copies/mL.

PLWH without area-based poverty information not displayed.

As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

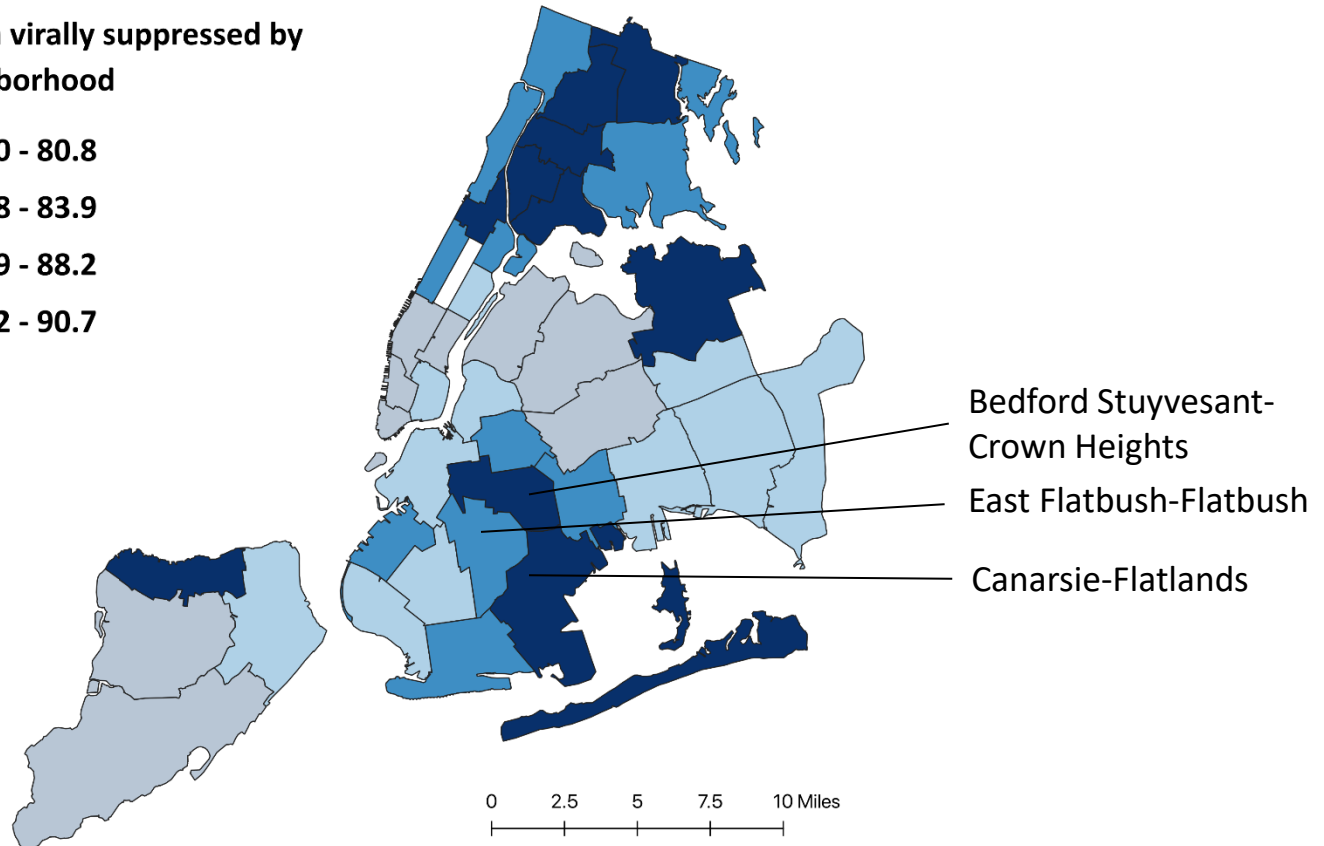
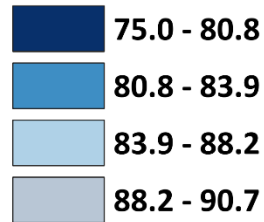
VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY COUNTRY OF BIRTH IN BROOKLYN, 2020



Among diagnosed PLWH in Brooklyn, a smaller proportion of people born in the US were virally suppressed compared to people born outside the US or in a US Dependency.

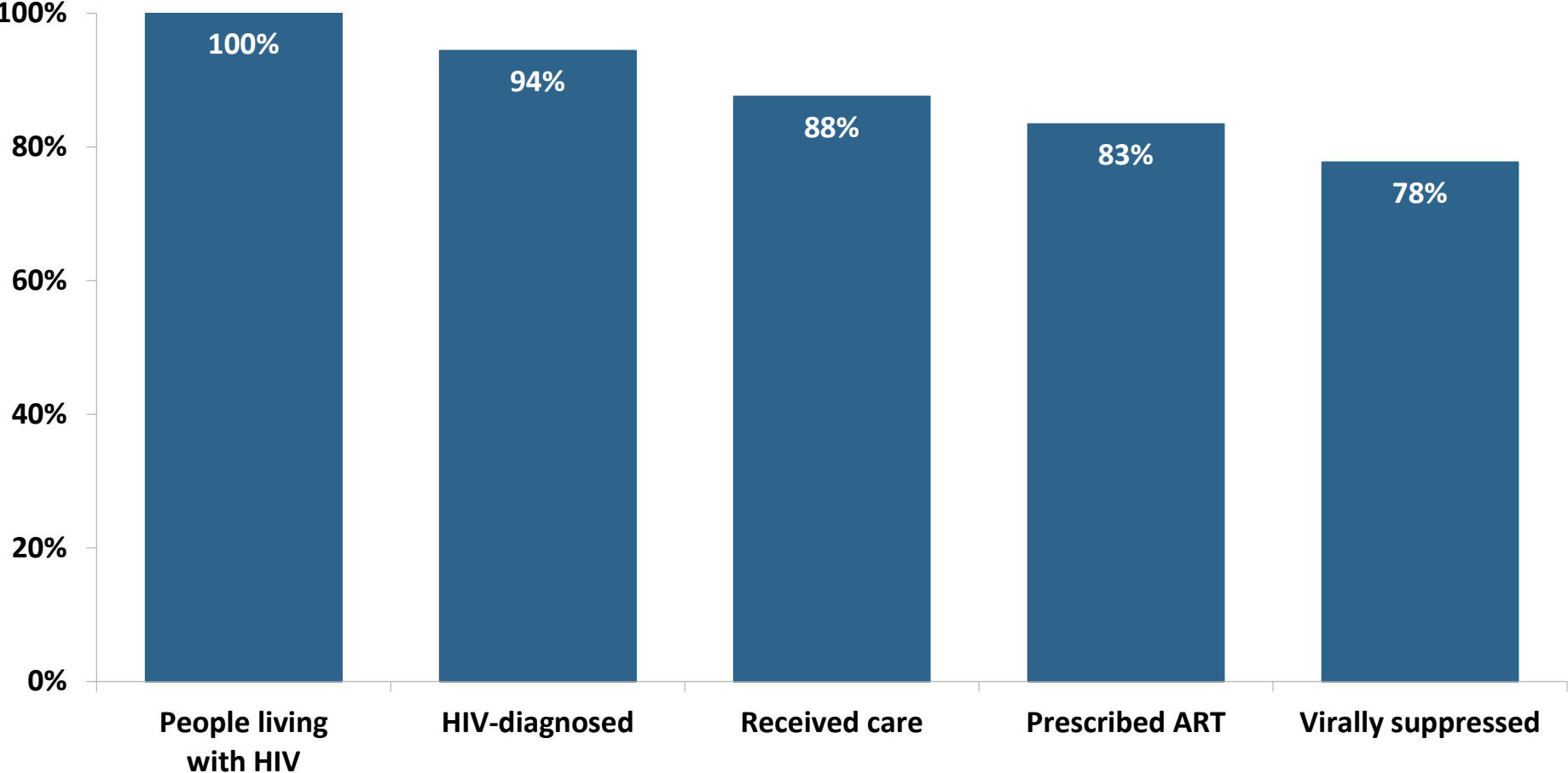
VIRAL SUPPRESSION BY UHF NEIGHBORHOOD IN NYC, 2020

Proportion virally suppressed by UHF neighborhood



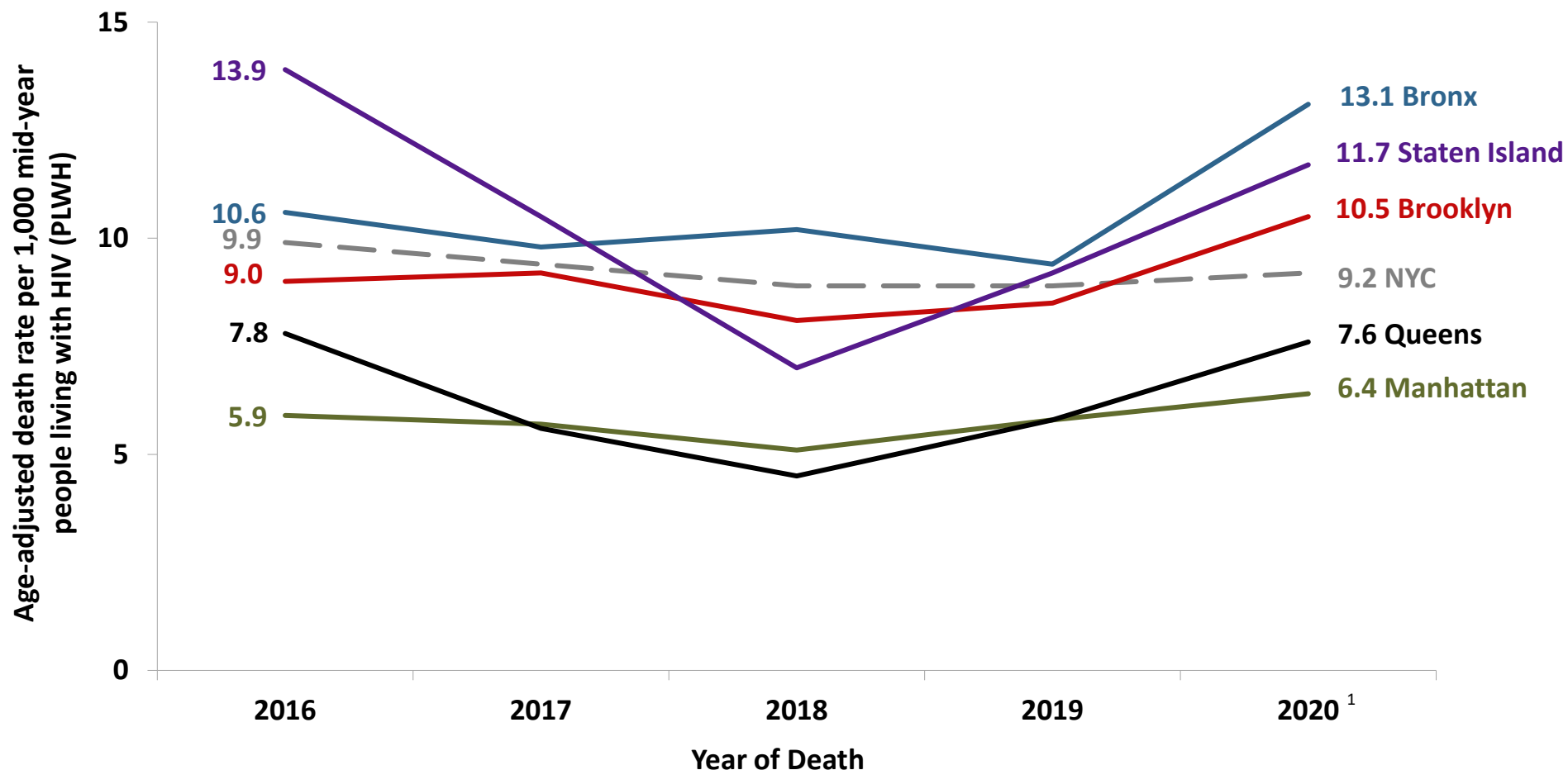
Brooklyn neighborhoods with the smallest proportions of virally suppressed people living with HIV (PLWH) in 2020 were Canarsie-Flatlands (80.2%), Bedford Stuyvesant-Crown Heights (80.5%), and East Flatbush-Flatbush (81.3%).

PROPORTION OF PLWH IN BROOKLYN ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2020



Of approximately 21,600 people living with HIV (PLWH) in Brooklyn in 2020, 78% had a suppressed viral load.

AGE-ADJUSTED DEATH RATES AMONG PEOPLE WITH HIV IN NYC OVERALL AND BY BOROUGH, 2016-2020



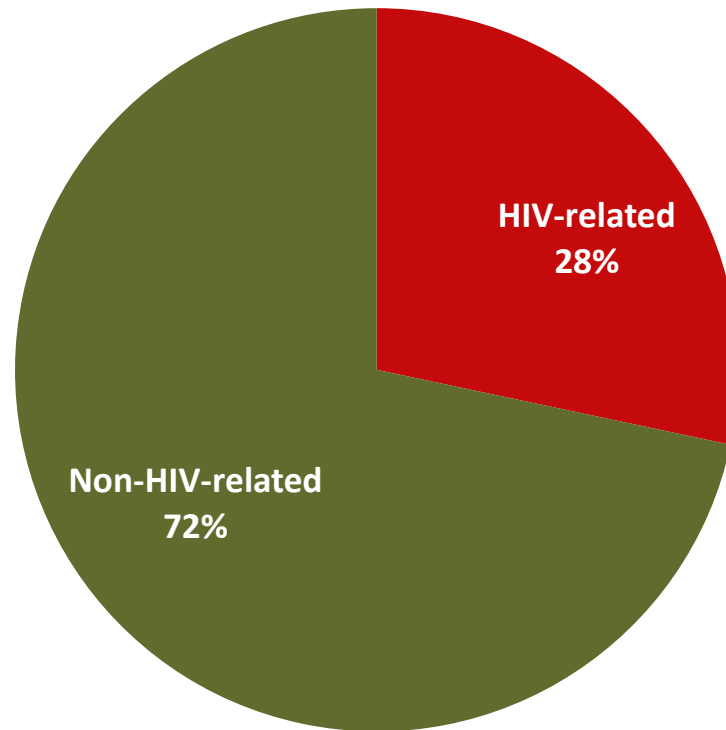
The age-adjusted death rate among people with HIV increased in Brooklyn between 2016 and 2020. Bronx was the borough with the highest death rate in 2020.

Age-adjusted to the NYC Census 2010 population.

¹The overall rate includes people with unknown cause of death. Death data for 2020 are incomplete.

As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

CAUSE OF DEATH AMONG PEOPLE WITH HIV IN BROOKLYN, 2019¹



In 2019, 72% of deaths among people with HIV in Brooklyn were due to non-HIV-related causes. Among these, the top causes were cardiovascular diseases (32%), non-HIV-related cancers (26%), and accidents (7%).

¹Cause of death data are not yet available for 2020.

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 May 27, 2021.

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
 - Two weeks minimum needed for requests to be completed

APPENDIX:

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 category” include only individuals with a known or identified transmission category, except when an “unknown” category is presented.
- “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 during the reporting period and alive at the end of the reporting period.
- 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 are displayed by sex at birth.

APPENDIX:

DEFINITIONS AND STATISTICAL NOTES

Definitions continued:

- Transmission category information is collected from people's self-report, their diagnosing provider, or medical chart review. "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 in the non-perinatal transmission category.
- The MSM transmission category does not include people known to surveillance to be transgender.

Statistical notes:

- UHF boundaries in maps were updated for data released in 2010 and onward. Non-residential zones are indicated, and Rikers Island is classified with West Queens.

APPENDIX 2:

TECHNICAL NOTES: NYC HIV CARE CONTINUUM

- “HIV-infected”: calculated as “HIV-diagnosed” divided by the estimated proportion of people living with HIV (PLWH) who had been diagnosed, 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 “retained in 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/AIDS 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.
- “Retained in care”: PLWH with ≥ 1 VL or CD4 count or CD4 percent drawn in 2020, 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, based on the weighted 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, 2018.
- “Virally suppressed”: calculated as PLWH in care with a most recent viral load measurement in 2020 of < 200 copies/mL, plus the estimated number of out-of-care 2020 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.