HIV IN MANHATTAN, 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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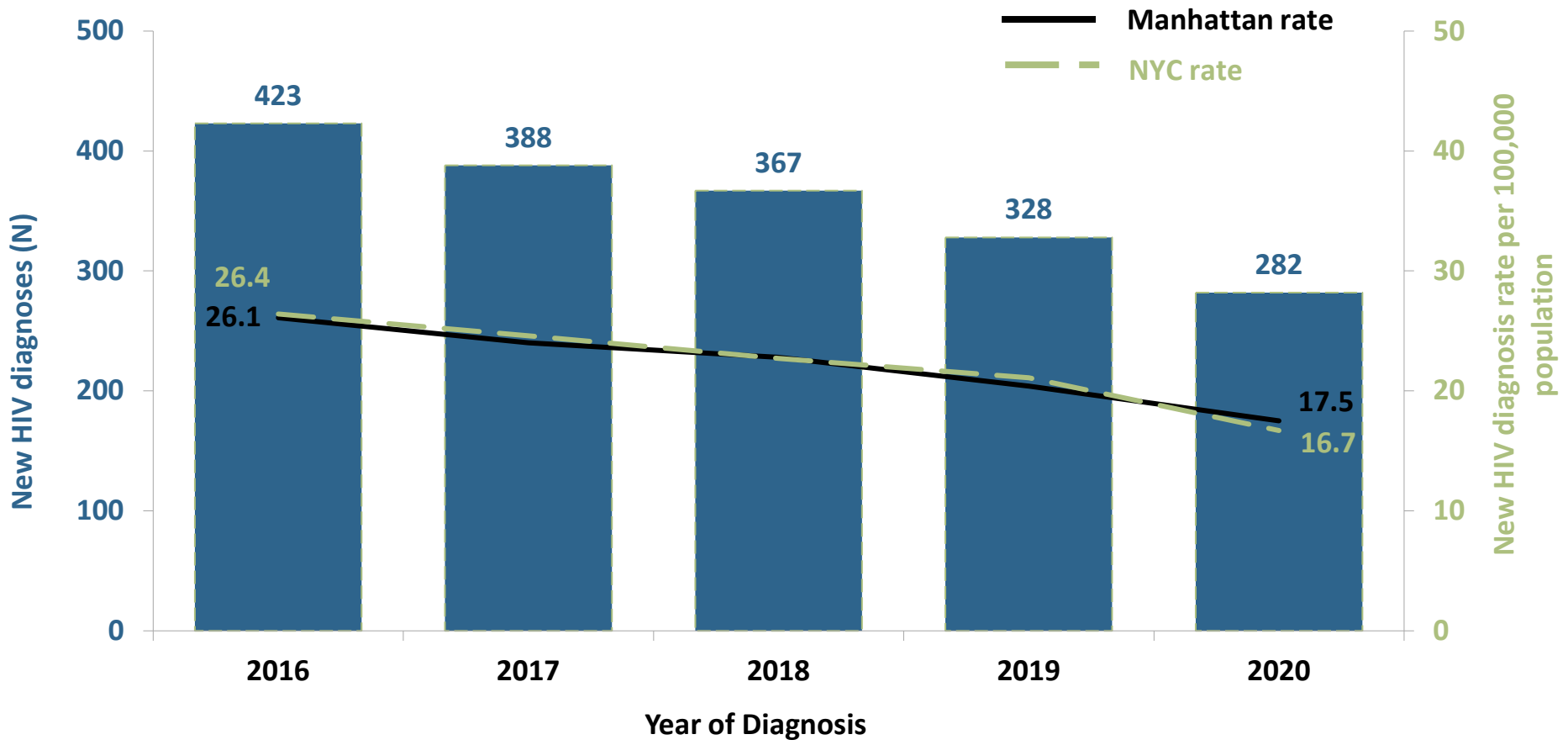
HIV IN MANHATTAN, 2020
BASIC STATISTICS

- **20% of all New Yorkers live in Manhattan**
- **282 new HIV diagnoses**
  - 20% of all HIV diagnoses in NYC
  - Includes 52 HIV diagnoses concurrent with an AIDS diagnosis (18%)
- **201 new AIDS diagnoses**
- **372 deaths among people with HIV**
  - 6.4 deaths per 1,000 people with HIV[1]

[1]Death 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.

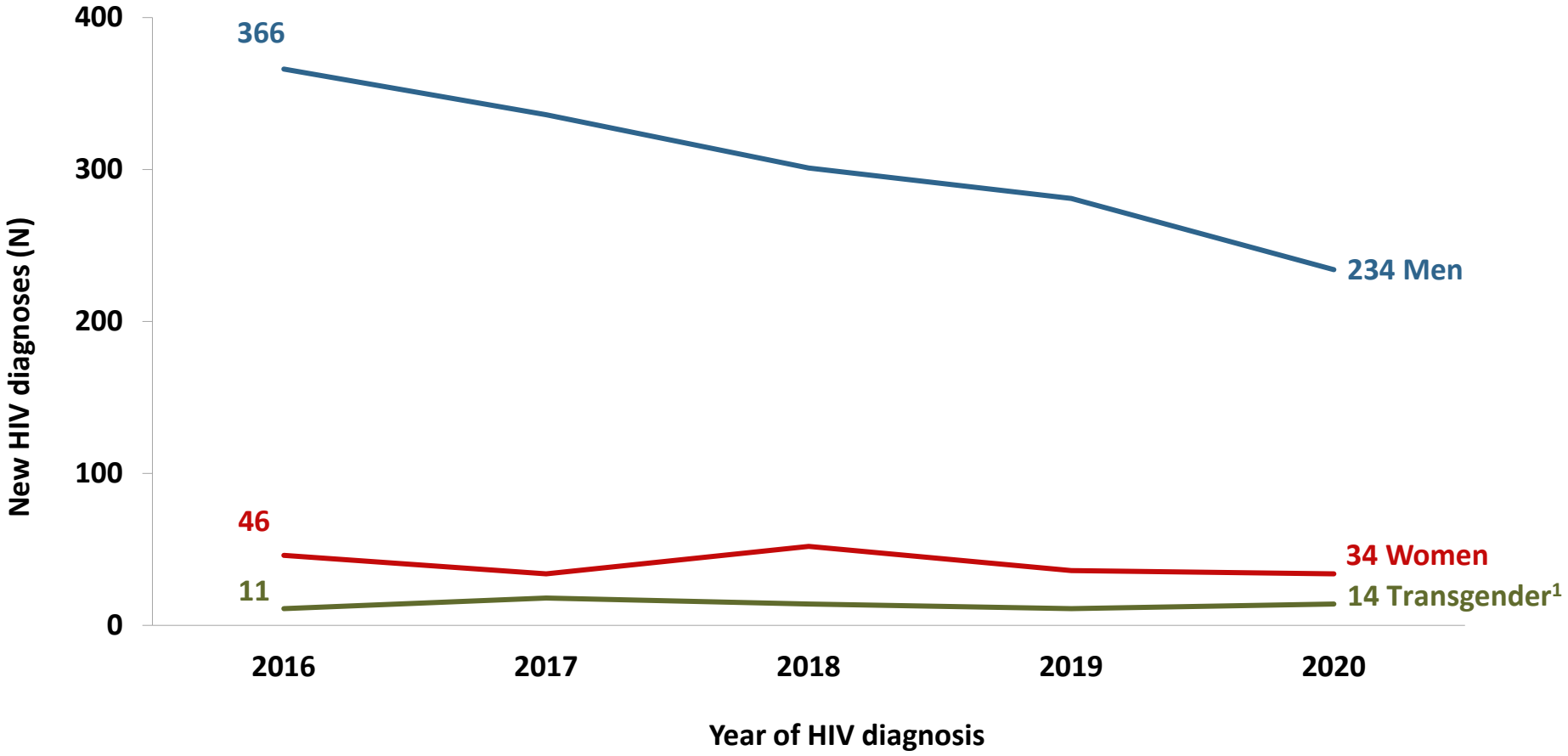
NEW HIV DIAGNOSES IN MANHATTAN, 2016-2020



The number and rate of new HIV diagnoses decreased in Manhattan between 2016 and 2020. Since 2018, HIV diagnosis rates have been similar for Manhattan and NYC overall.

Rates calculated using DOHMH 2016-2019 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 May 27, 2021.

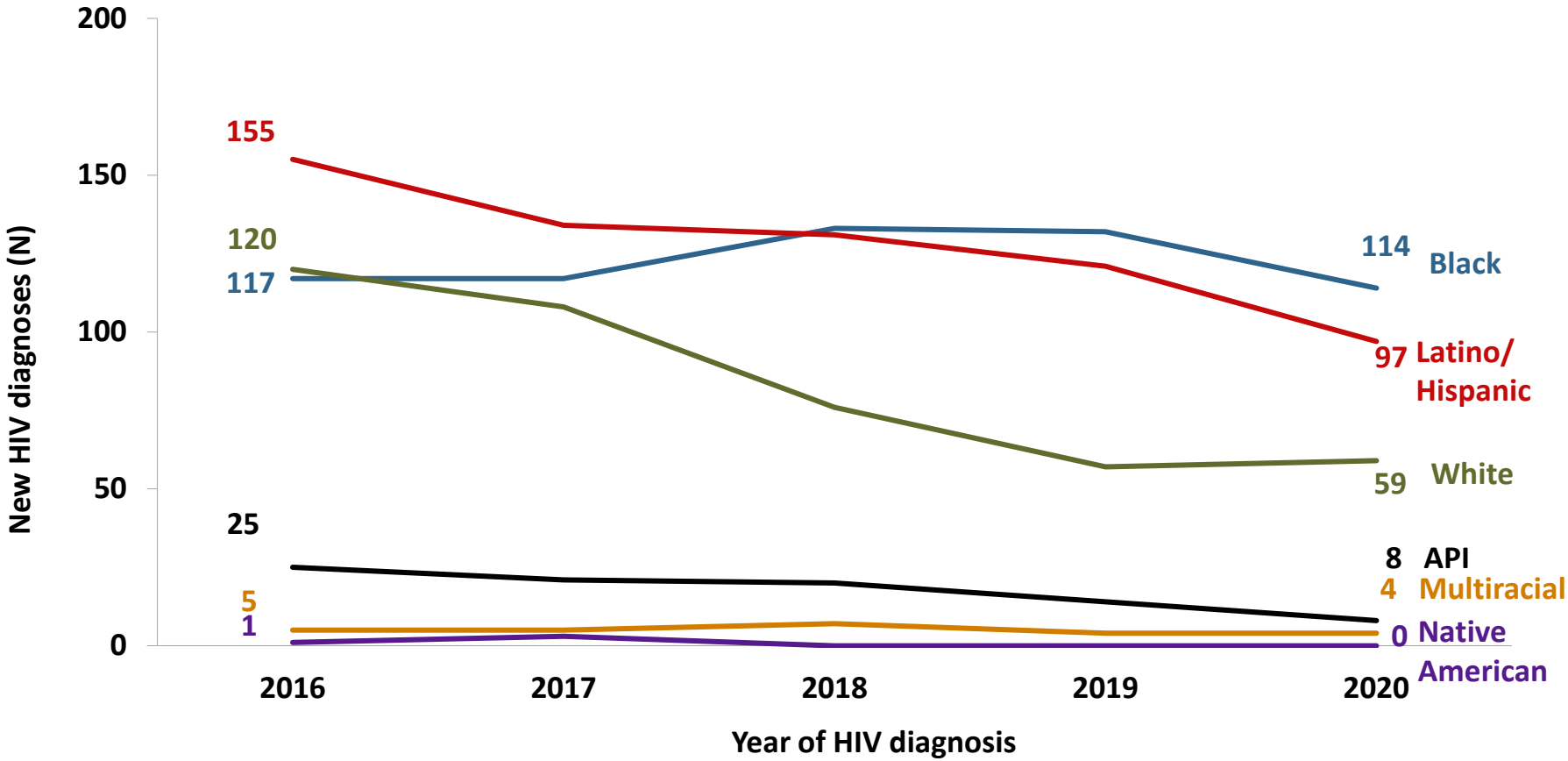
NUMBER OF NEW HIV DIAGNOSES BY GENDER IN MANHATTAN, 2016-2020



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

[1]In 2020 in Manhattan, there were N=14 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.

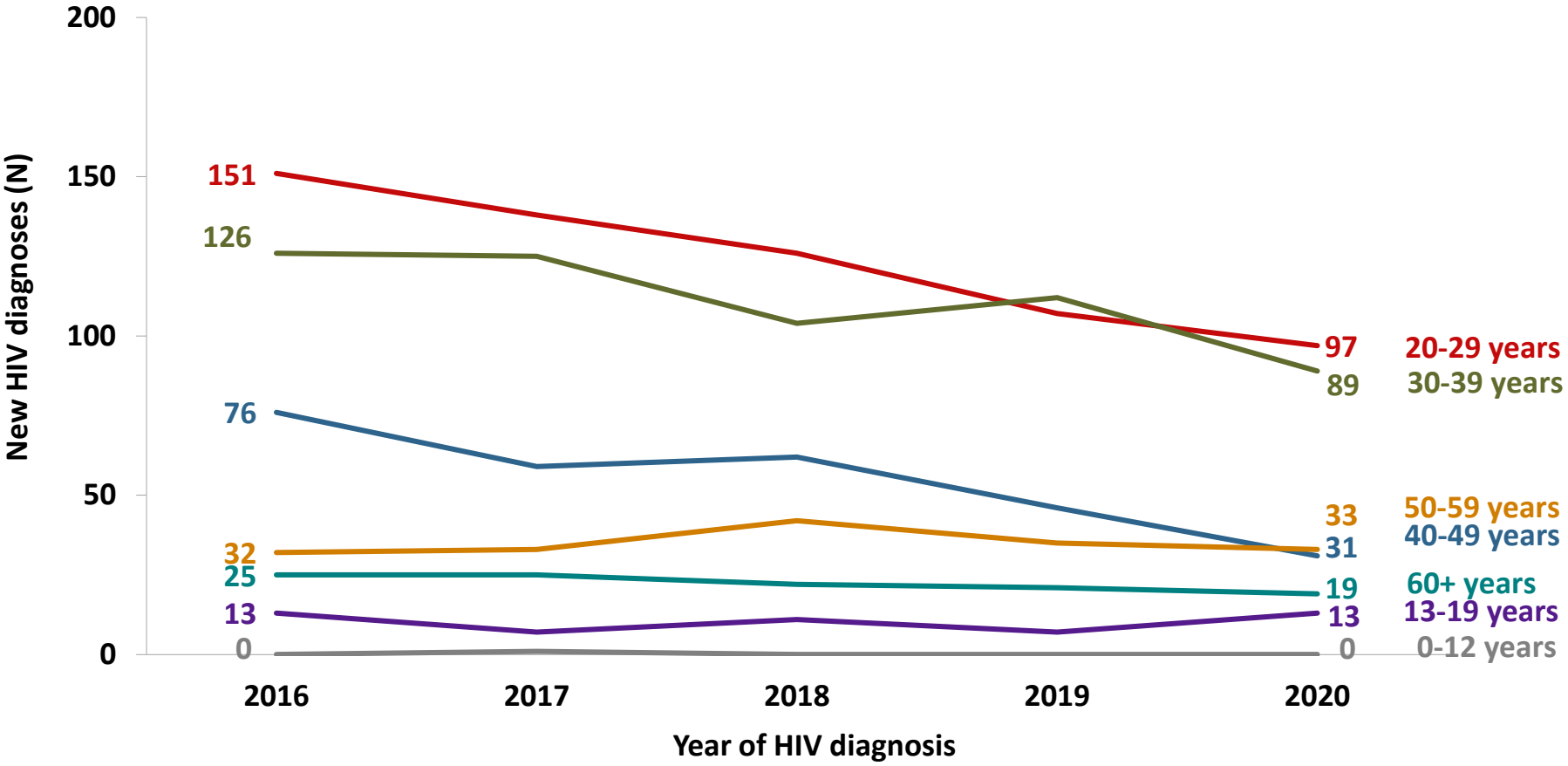
NUMBER OF NEW HIV DIAGNOSES BY RACE/ETHNICITY IN MANHATTAN, 2016-2020



Between 2016 and 2020 in Manhattan, HIV diagnoses decreased among all racial/ethnic groups. The majority of the diagnoses were among Black people and Latino/Hispanic people.

API=Asian/Pacific Islander.
As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

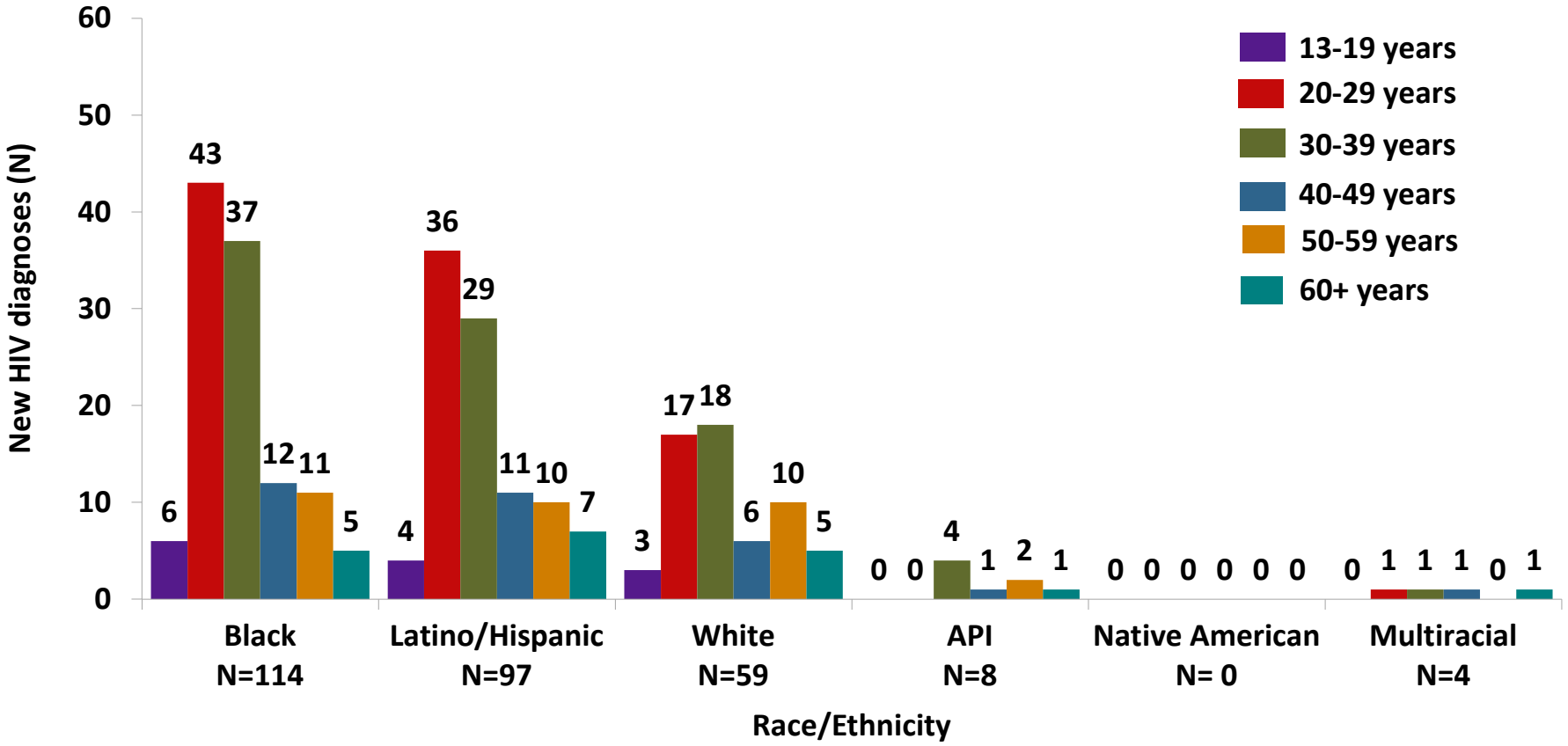
NUMBER OF NEW HIV DIAGNOSES BY AGE IN MANHATTAN, 2016-2020



Between 2016 and 2020, people ages 20 to 29 and 30 to 39 years had the highest numbers of new HIV diagnoses in Manhattan. New diagnoses decreased or remained stable among all age groups.

Among those ages 0-12 living in Manhattan, there was N=1 new HIV diagnosis in 2017 and none in the other years between 2016 and 2020.
As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

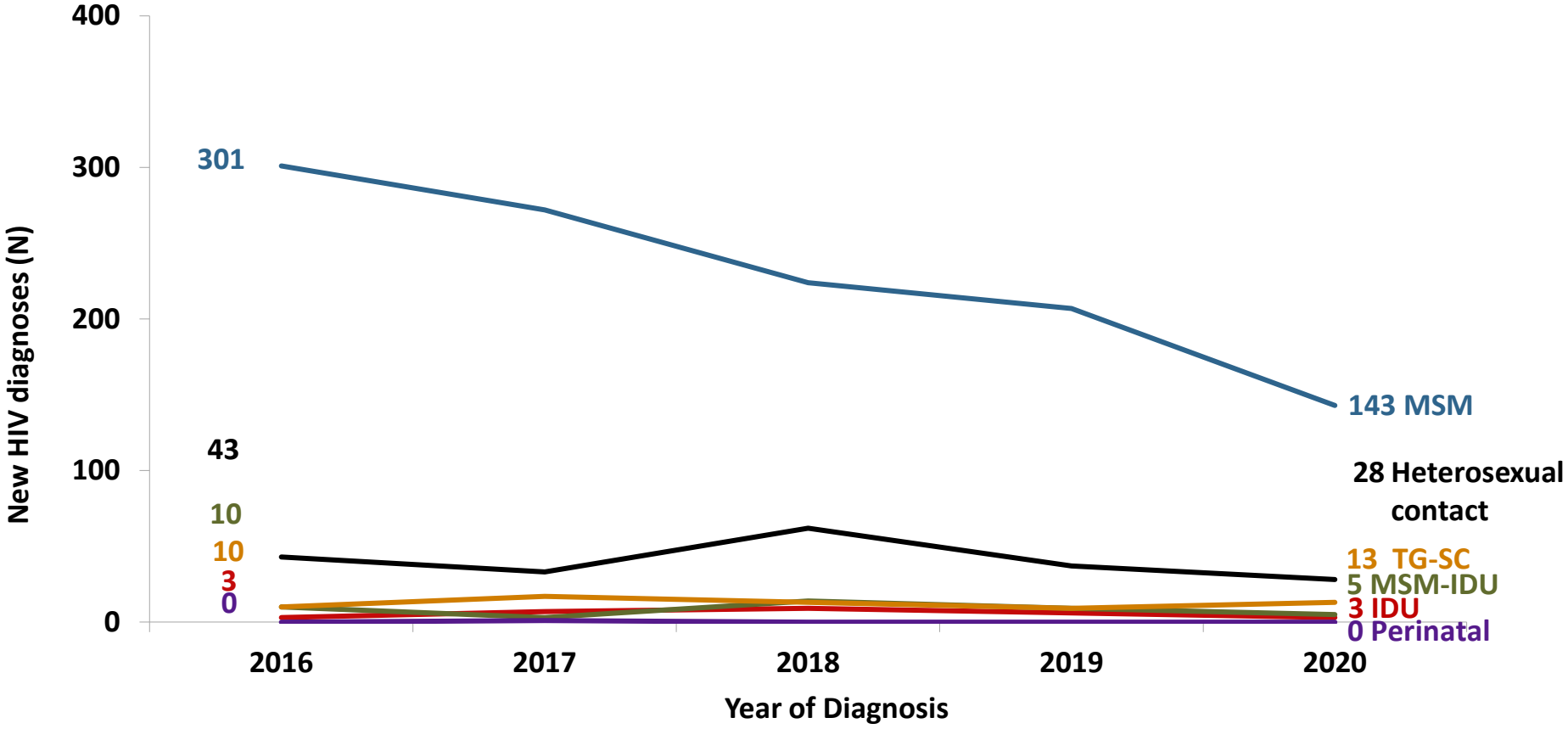
NUMBER OF NEW HIV DIAGNOSES BY RACE/ETHNICITY AND AGE IN MANHATTAN, 2020



Black people ages 20 to 29 and 30 to 39 and Latino/Hispanic people ages 20 to 29 and 30 to 39 years accounted for the largest proportions of new HIV diagnoses in Manhattan in 2020.

API=Asian/Pacific Islander.
As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

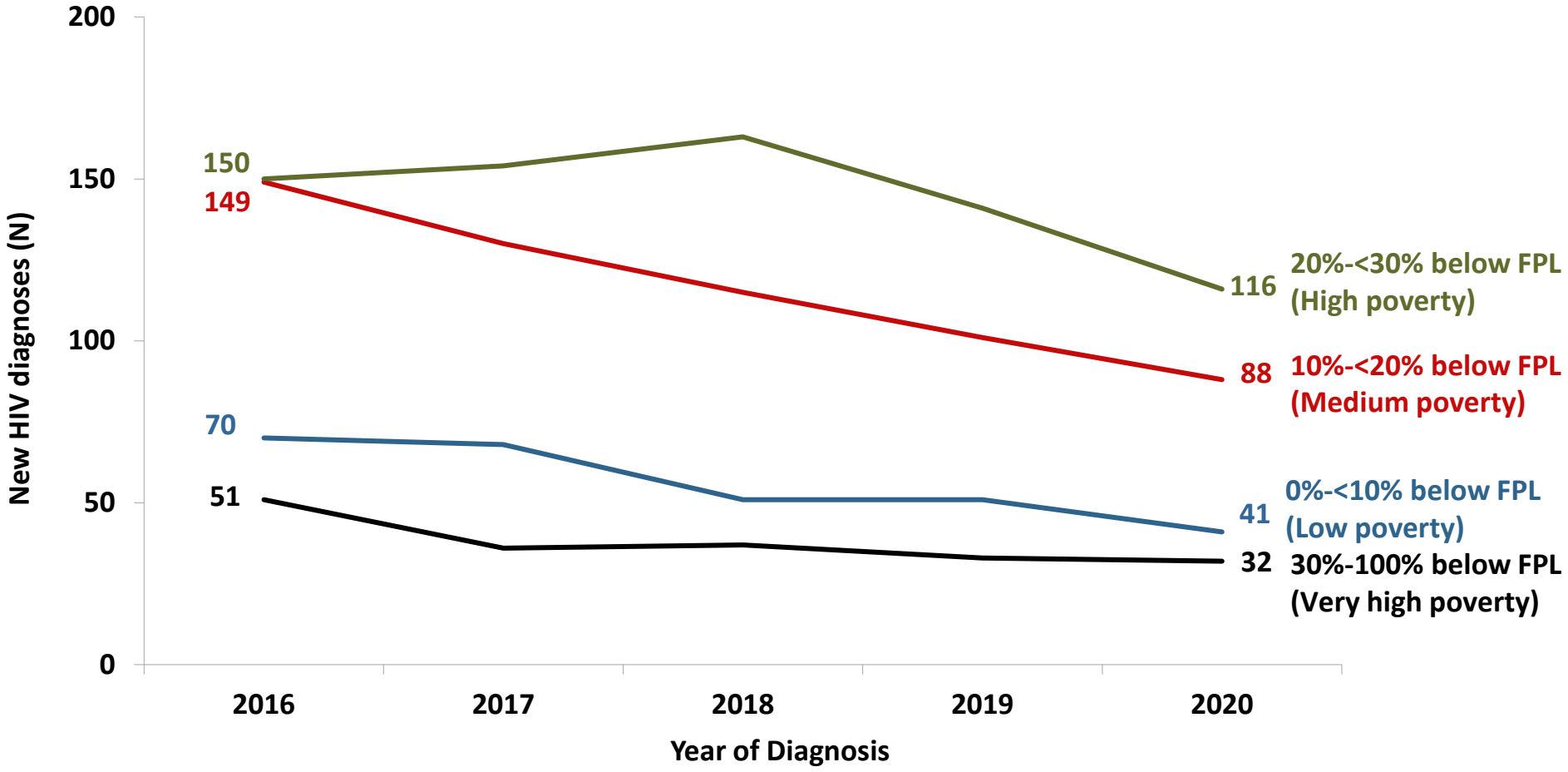
NUMBER OF NEW HIV DIAGNOSES BY TRANSMISSION CATEGORY IN MANHATTAN, 2016-2020



Between 2016 and 2020, the number of new HIV diagnoses decreased in most transmission categories in Manhattan.

MSM=men who have sex with men; IDU=history of injection drug use; TG-SC=transgender people with sexual contact.
Among those in the perinatal transmission category living in Manhattan, there was N=1 new HIV diagnosis in 2017 and none in the other years between 2016 and 2020. There were no new HIV diagnoses among people in the Other transmission category in Manhattan between 2016 and 2020. People in the Unknown transmission category are not shown. There were 90 people in the unknown transmission category newly diagnosed with HIV in Manhattan 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 MANHATTAN, 2016-2020

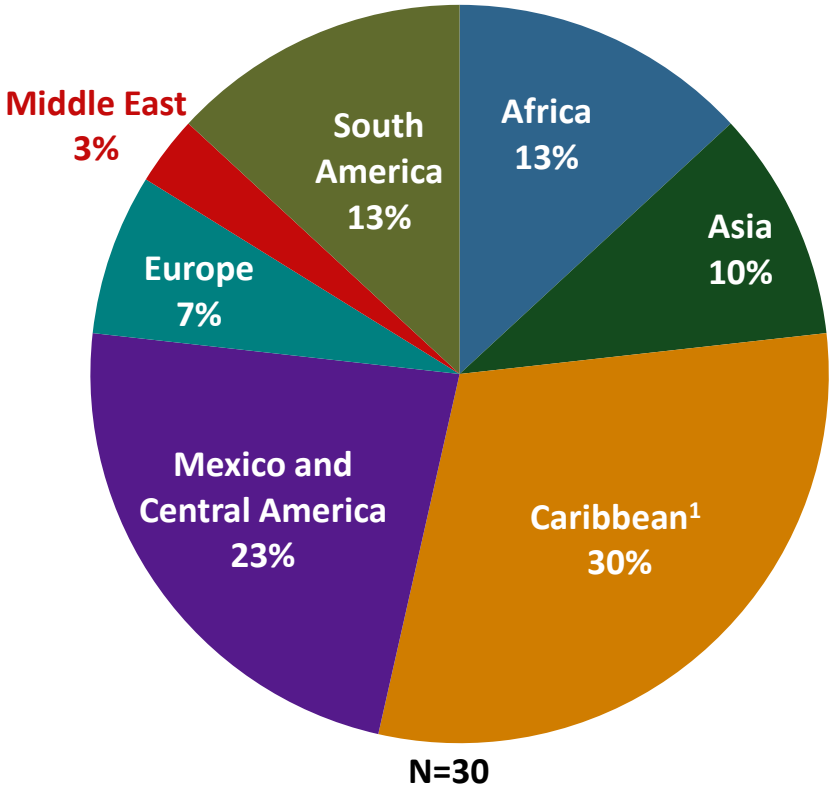


Between 2016 and 2020, the number of new HIV diagnoses was highest in neighborhoods with high poverty in Manhattan.

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 5 persons with unknown ZIP code at diagnosis in Manhattan in 2020. As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

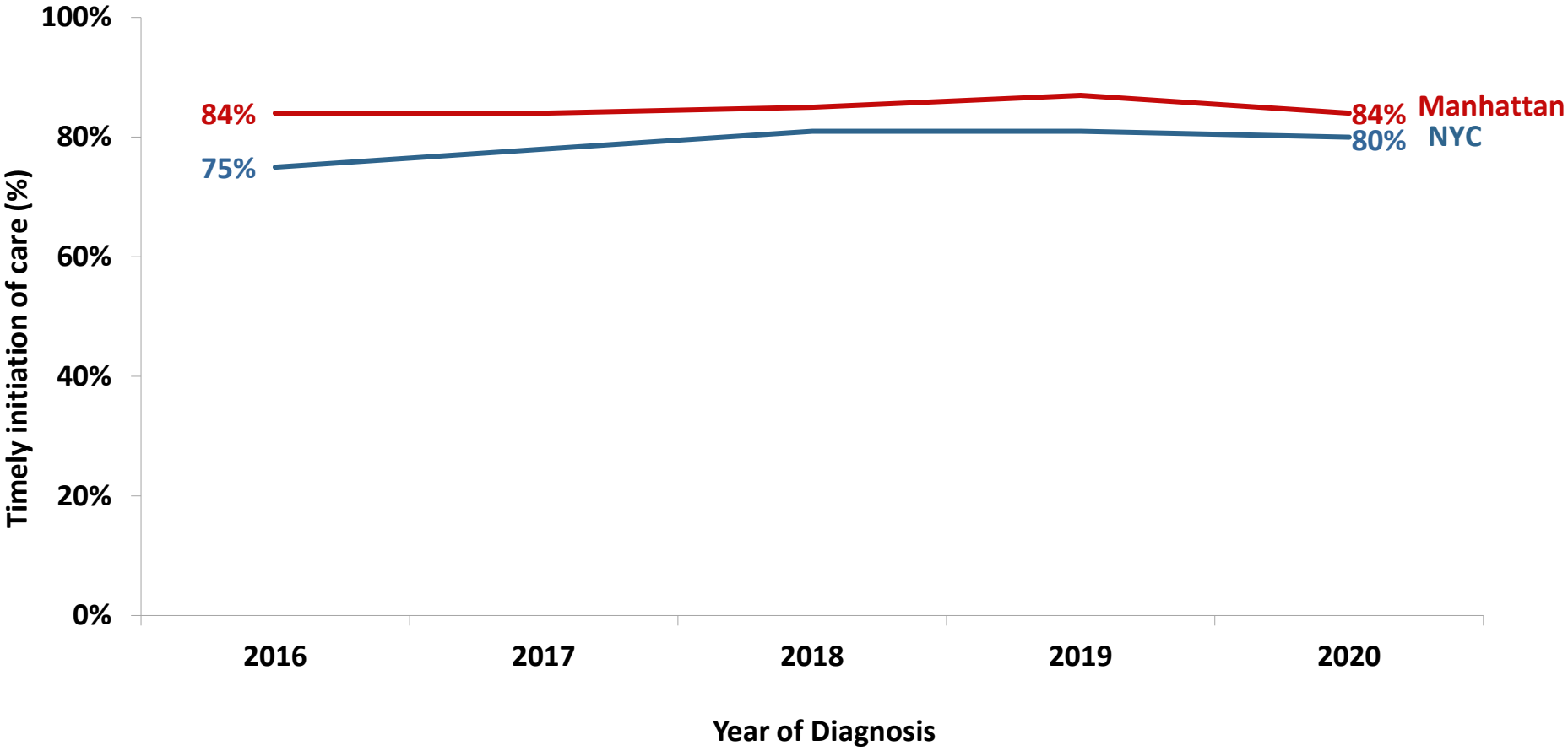
PERCENTAGE OF NEW HIV DIAGNOSES AMONG PEOPLE BORN OUTSIDE OF THE US BY REGION OF BIRTH, MANHATTAN, 2020



People born outside the US accounted for 29% of residents of Manhattan[2], and 11% of new HIV diagnoses in Manhattan in 2020. People born in the Caribbean[1] and Mexico and Central America accounted for 53% of these new HIV diagnoses.

[1]Excludes Puerto Rico and the US Virgin Islands.
[2]US 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.

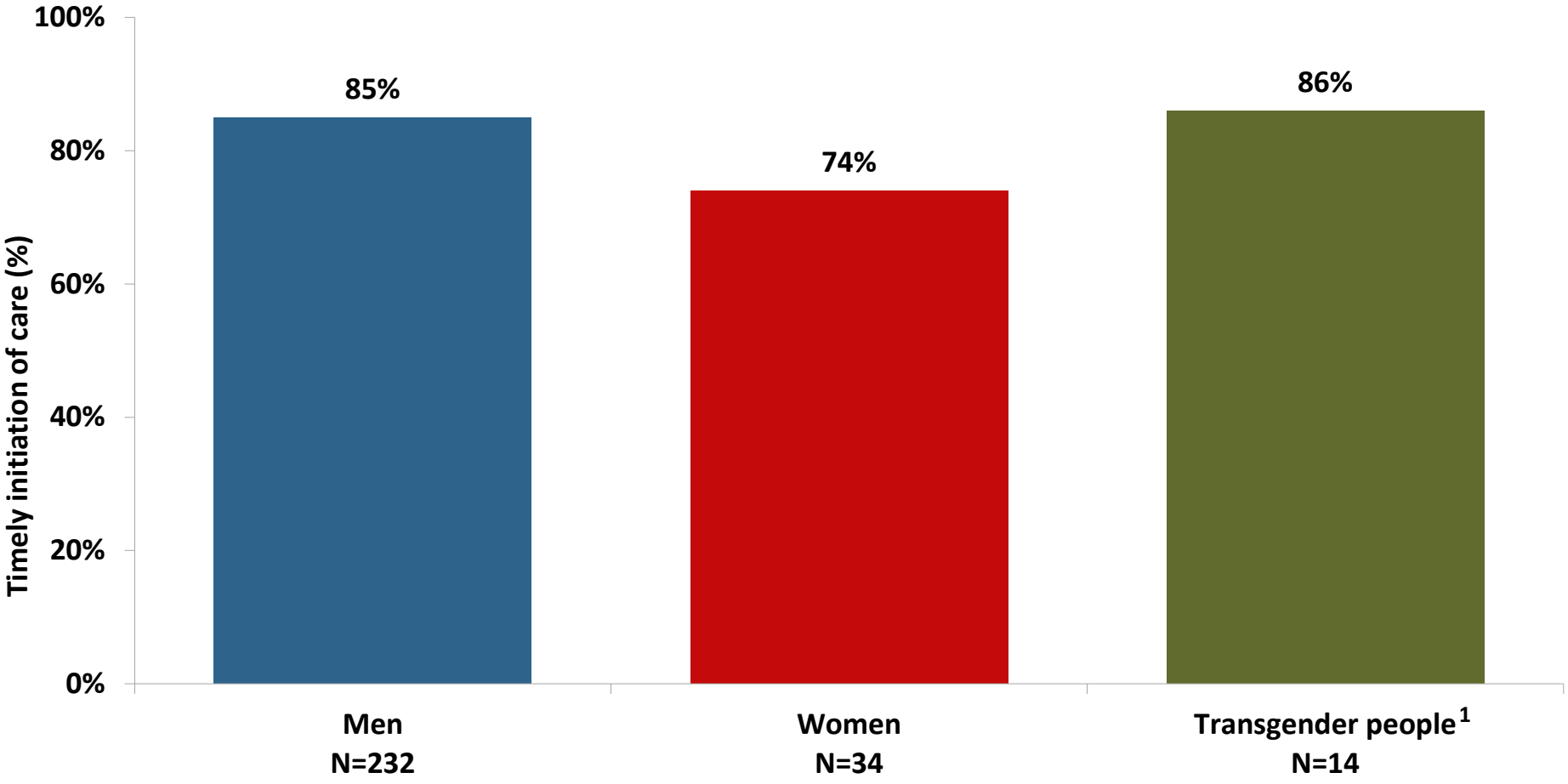
TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV IN NYC AND MANHATTAN, 2016-2020



Between 2016 and 2020, timely initiation of care among people newly diagnosed with HIV remained the same in Manhattan but increased in NYC overall.

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

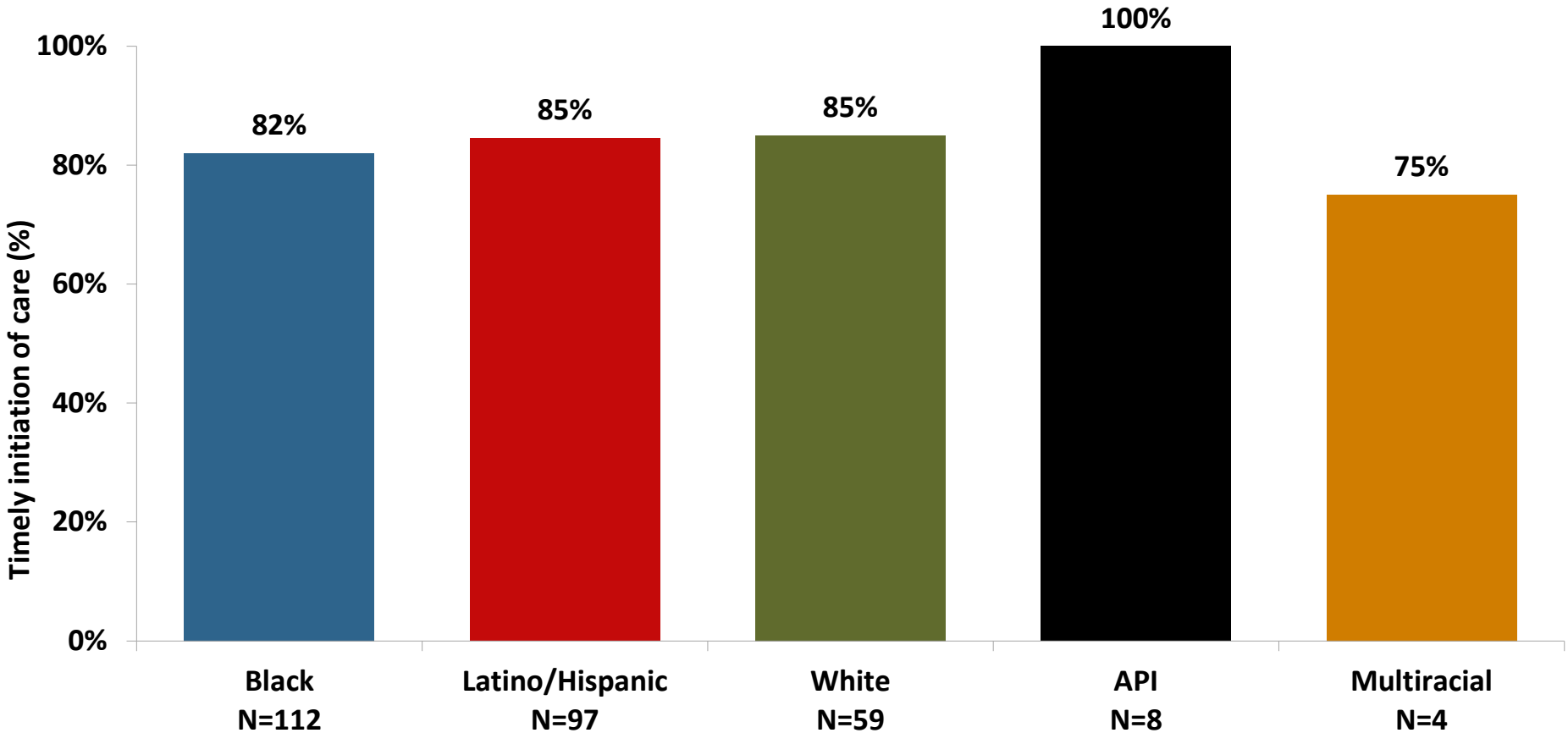
TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY GENDER IN MANHATTAN, 2020



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

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.
[1]In 2020 in Manhattan, there were N=14 diagnoses among transgender women.
As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

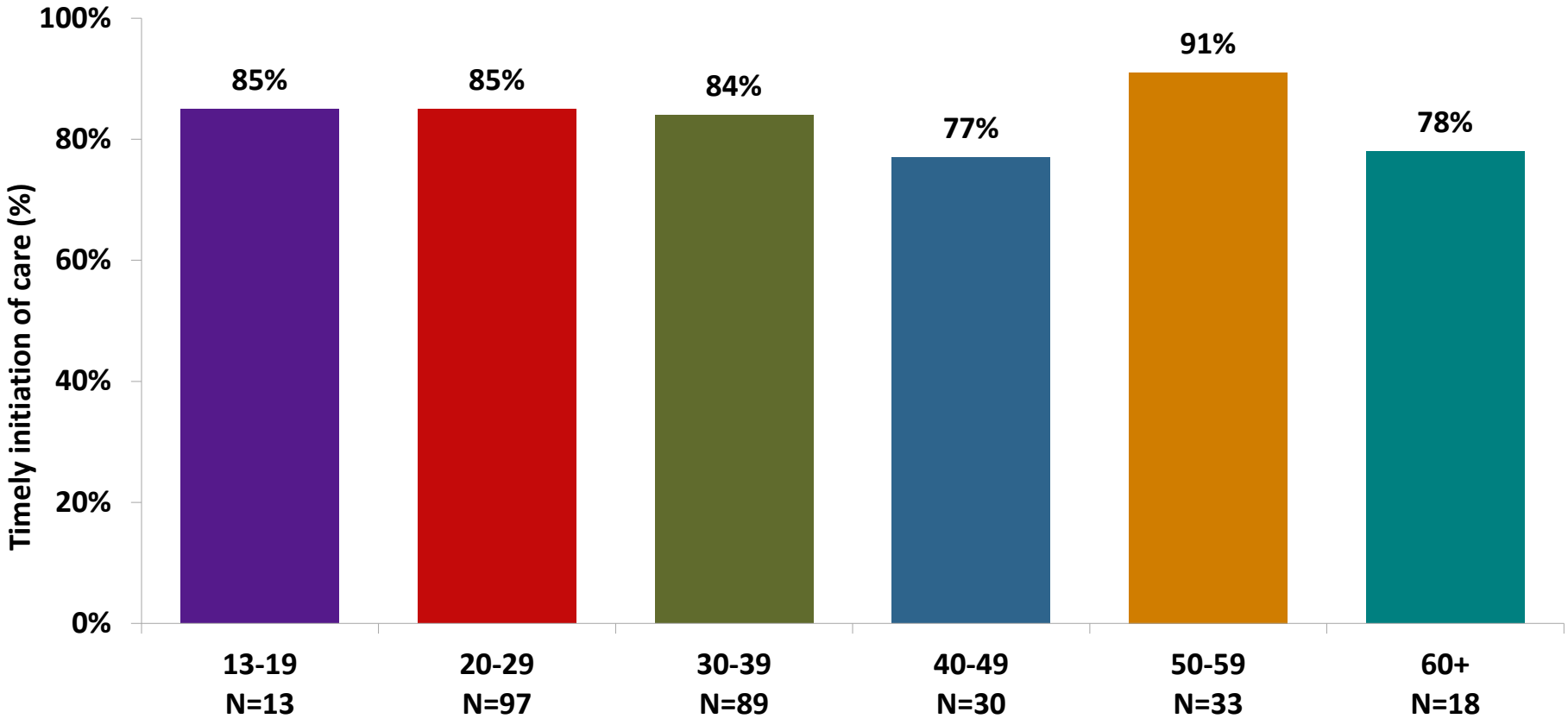
TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY RACE/ETHNICITY IN MANHATTAN, 2020



Among people newly diagnosed with HIV in Manhattan in 2020, a smaller proportion of multiracial and Black 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.
API=Asian/Pacific Islander.
Data for Native Americans not shown. There were no new diagnoses among Native Americans in Manhattan in 2020.
As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

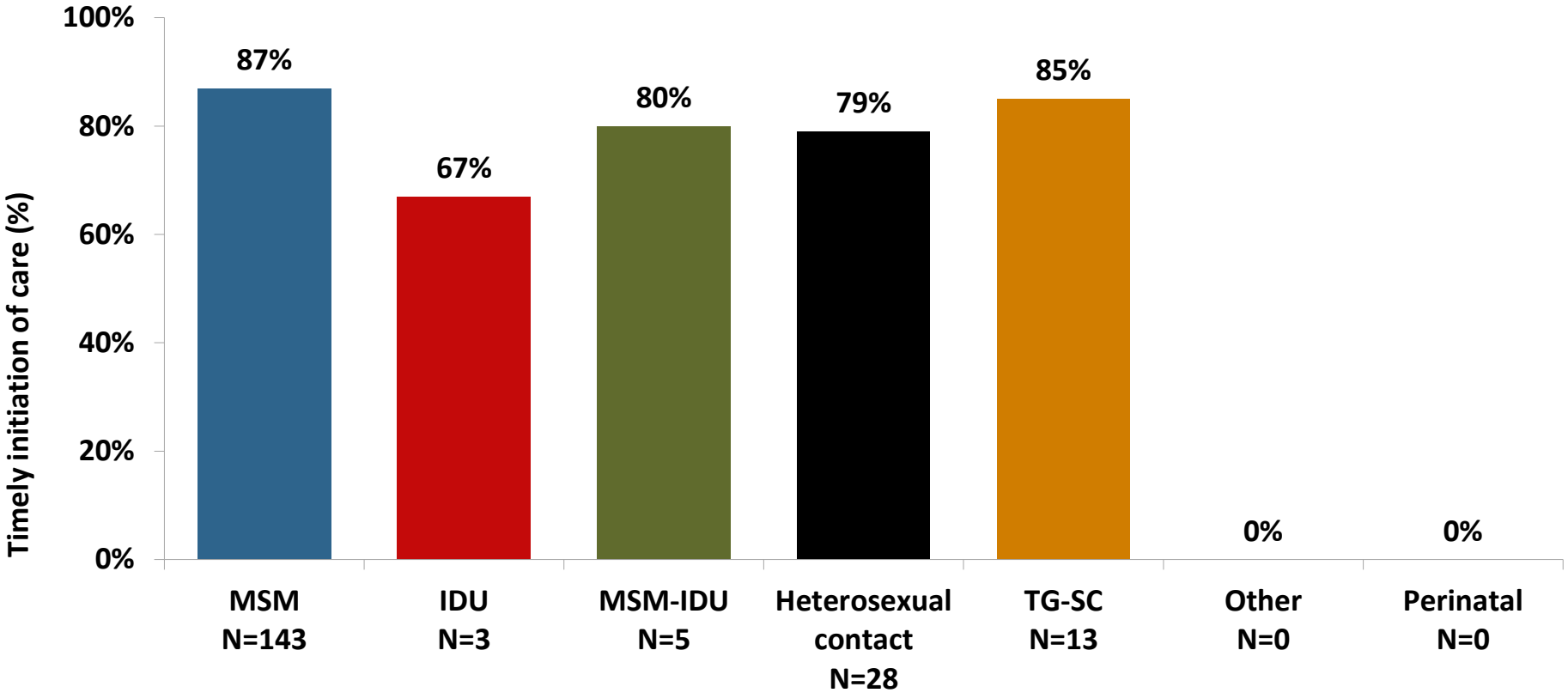
TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY AGE IN MANHATTAN, 2020



Among people newly diagnosed with HIV in Manhattan in 20120, people ages 40 to 49 years had the lowest proportion 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.
Data for children ages 0 to 12 not shown. There were no new diagnoses among children in Manhattan in 2020.
As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

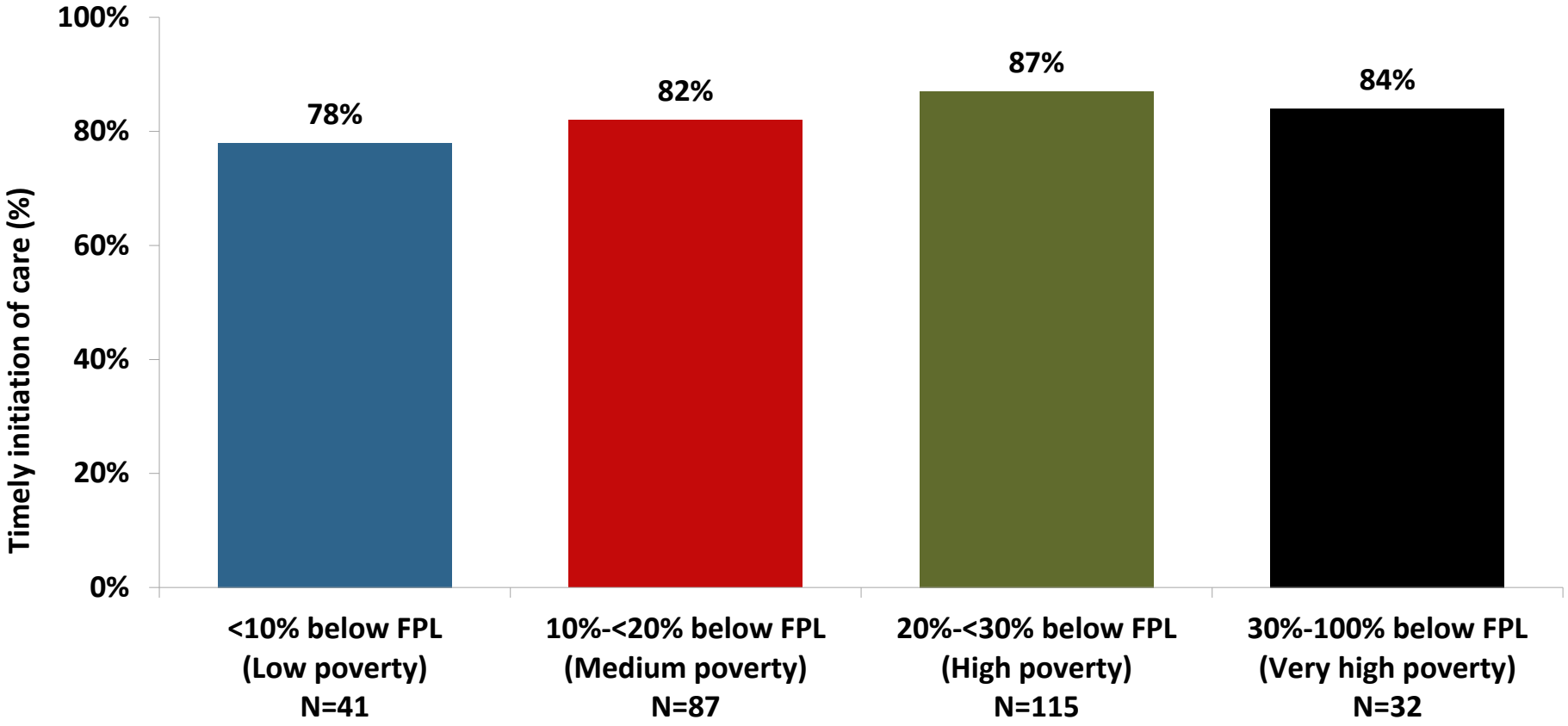
TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY TRANSMISSION CATEGORY IN MANHATTAN, 2020



Among people newly diagnosed with HIV in Manhattan in 2020, people with a history of injection drug use and people with heterosexual 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 in the Unknown transmission category (N=90) are not displayed. In Manhattan in 2020, there were 88 new diagnoses among people in the Unknown transmission category.
As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

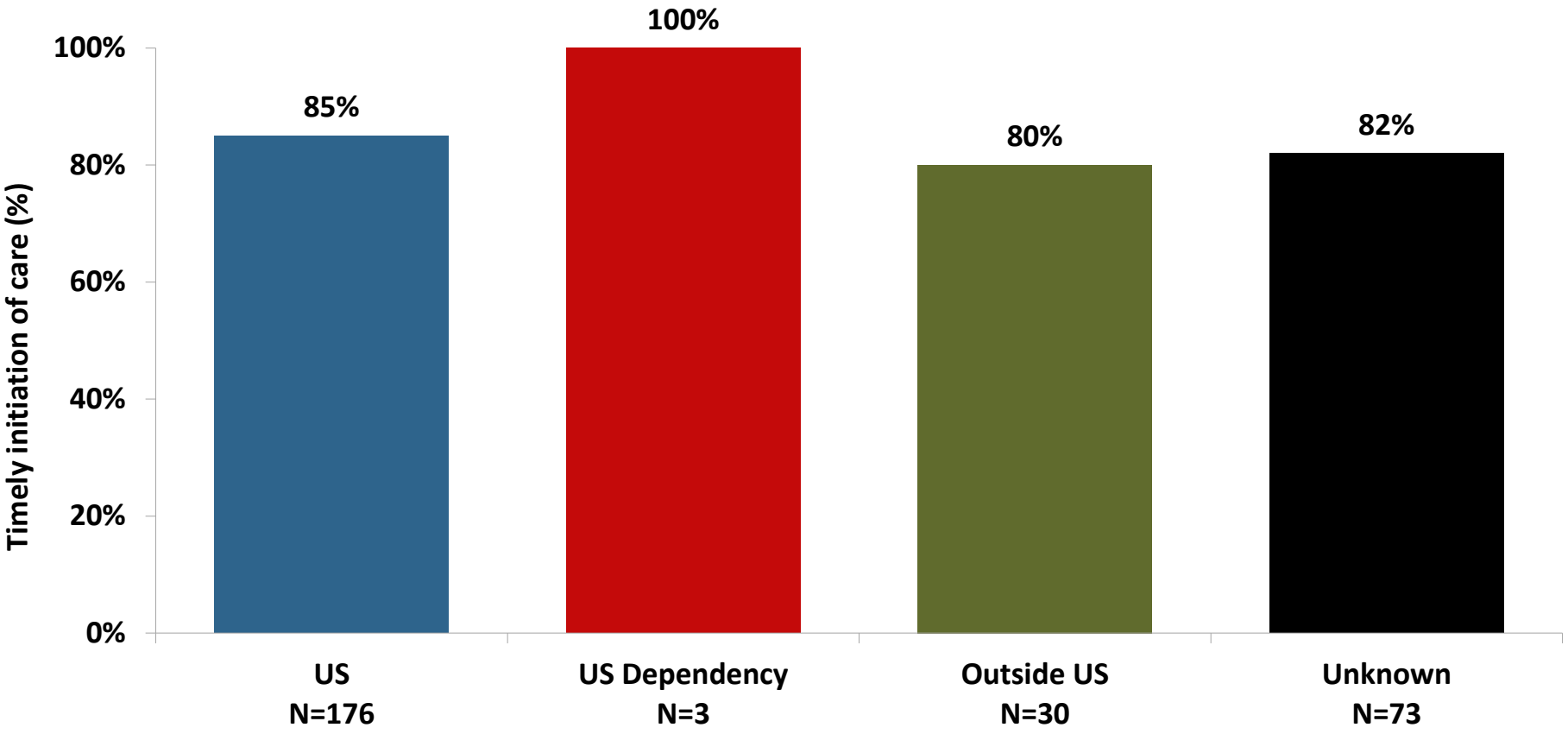
TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY AREA-BASED POVERTY IN MANHATTAN, 2020



Among people newly diagnosed with HIV in Manhattan in 2020, those living in low-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, VL, 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 5 people with unknown ZIP code at diagnosis in Manhattan in 2020.
As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

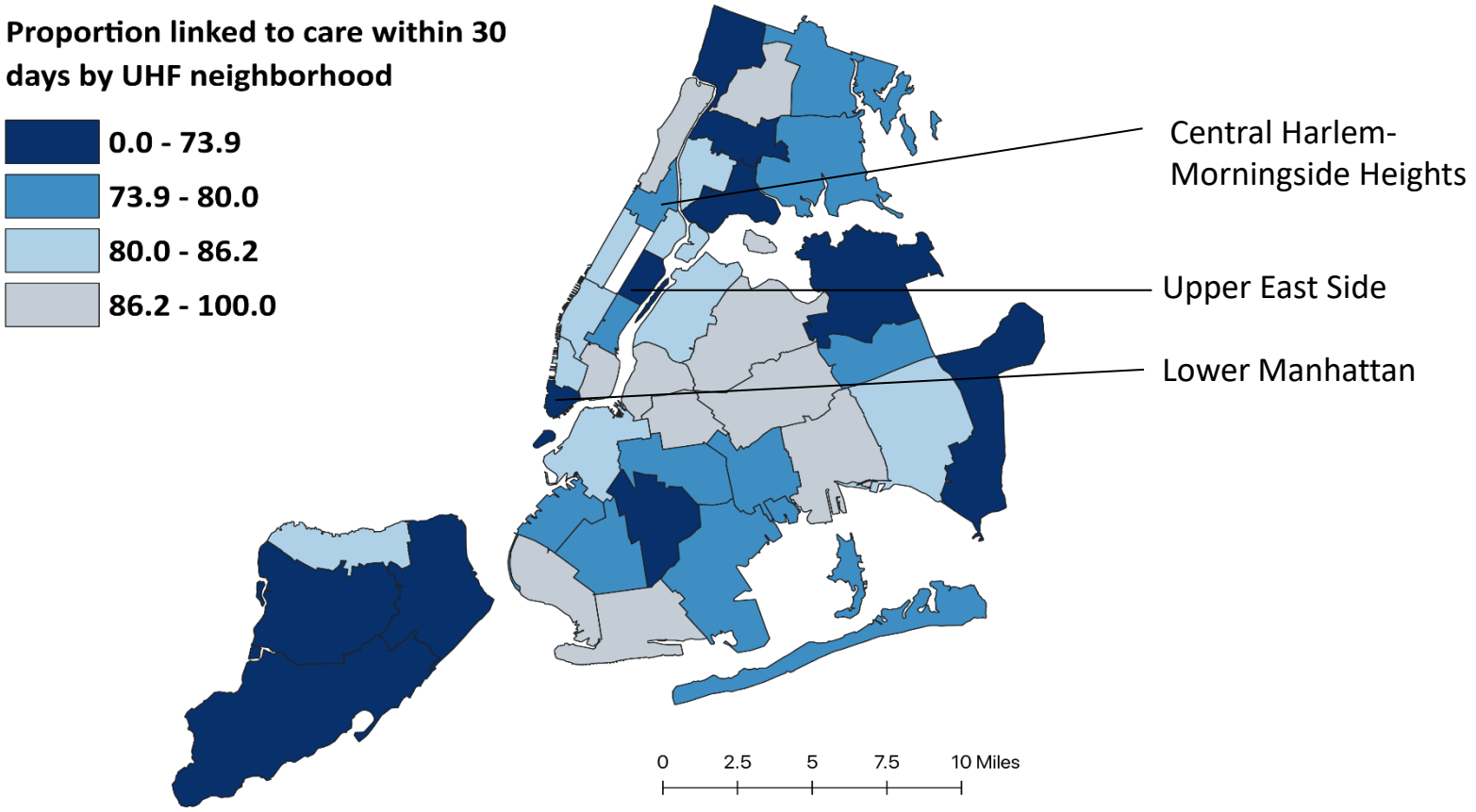
TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY AREA OF BIRTH IN MANHATTAN, 2020



Among people newly diagnosed with HIV in Manhattan in 2020, people born outside the US and people whose country of birth was unknown had smaller proportions 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.
As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

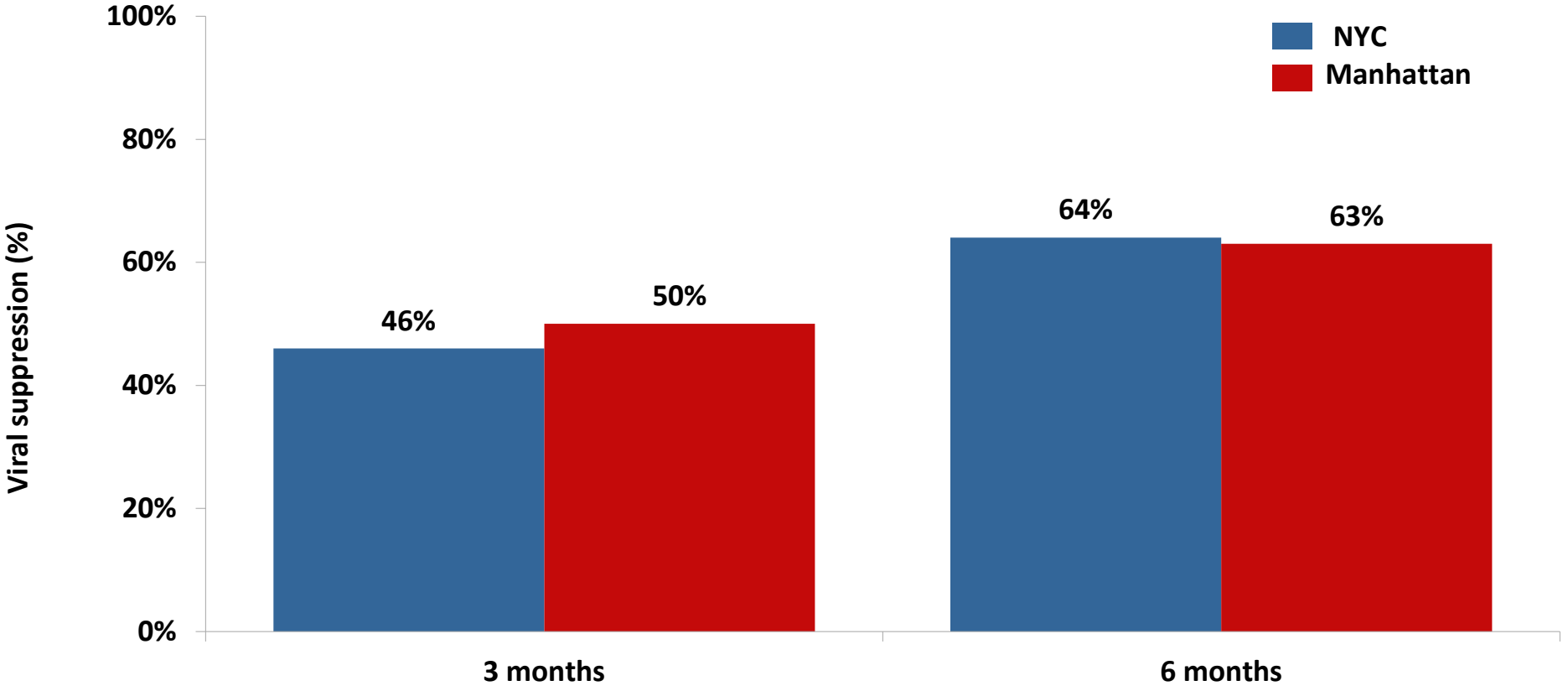
TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY UHF NEIGHBORHOOD IN NYC, 2020



Manhattan neighborhoods with the smallest proportions of people linked to care within 30 days of diagnosis in 2020 were Upper East Side (62.5%), Lower Manhattan (66.7%), and Central Harlem-Morningside Heights (79.6%)

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

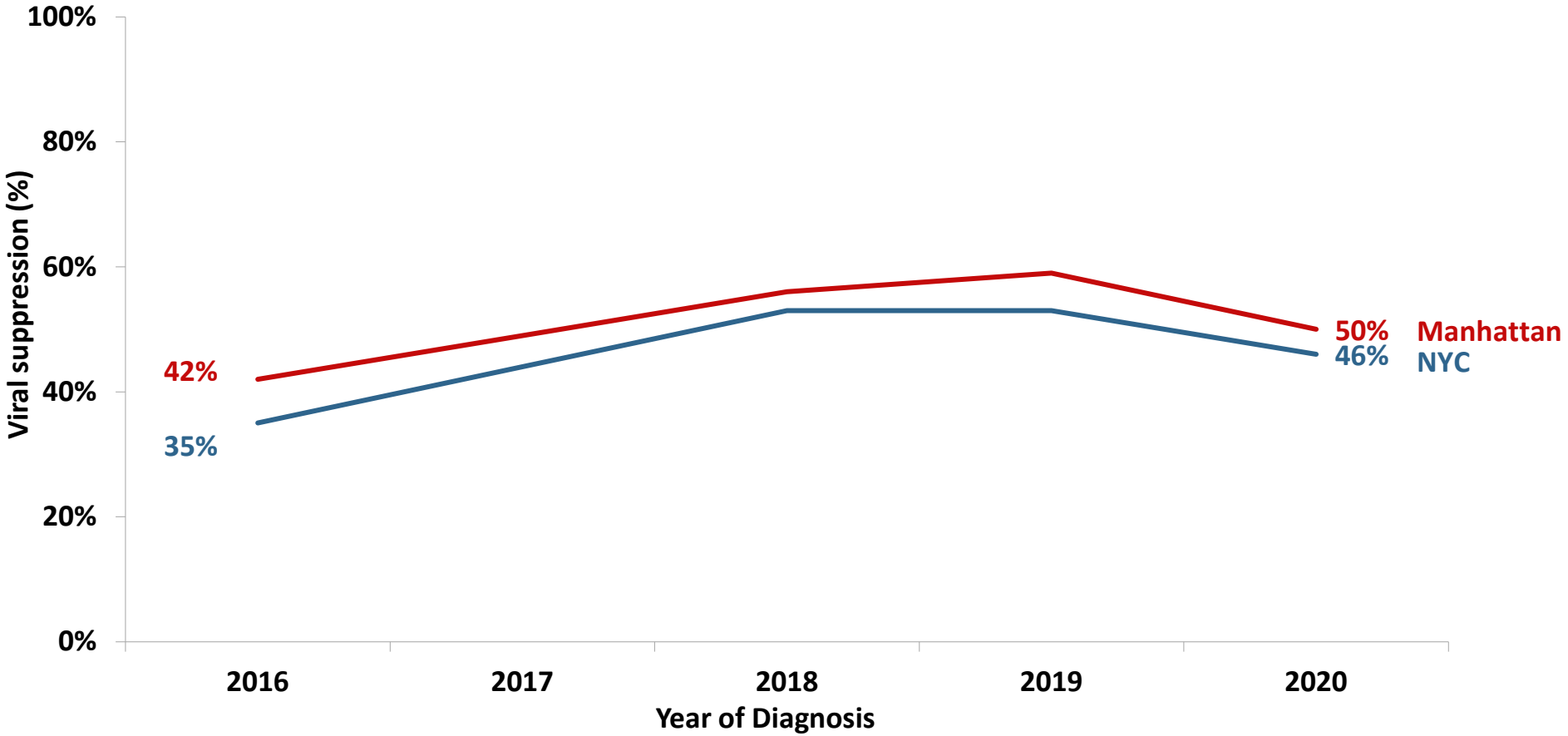
VIRAL SUPPRESSION WITHIN 3 AND 6 MONTHS OF NEW HIV DIAGNOSIS IN NYC AND MANHATTAN, 2020



Among people newly diagnosed with HIV in 2020, a larger proportion of Manhattan residents were virally suppressed within 3 months than New Yorkers overall. The proportions of Manhattan residents and New Yorkers overall who were virally suppressed within 6 months were similar.

Viral suppression is defined as first viral load after HIV diagnosis was <200 copies/mL. People diagnosed at death have been excluded.
As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

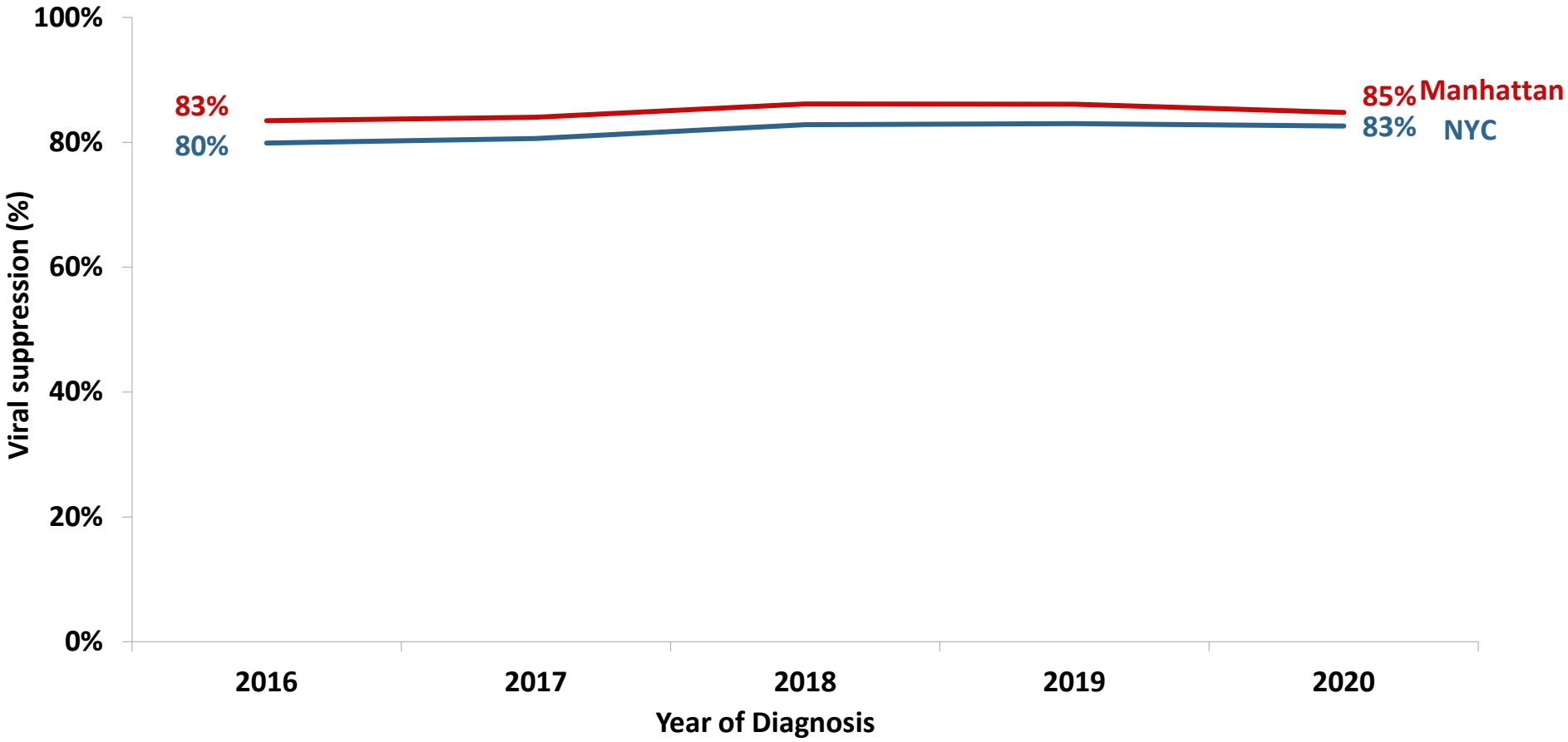
VIRAL SUPPRESSION WITHIN 3 MONTHS AMONG PEOPLE NEWLY DIAGNOSED WITH HIV IN NYC AND MANHATTAN, 2016-2020



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

Viral suppression is defined as most recent viral load in 2020 was <200 copies/mL. People diagnosed at death have been excluded.
As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

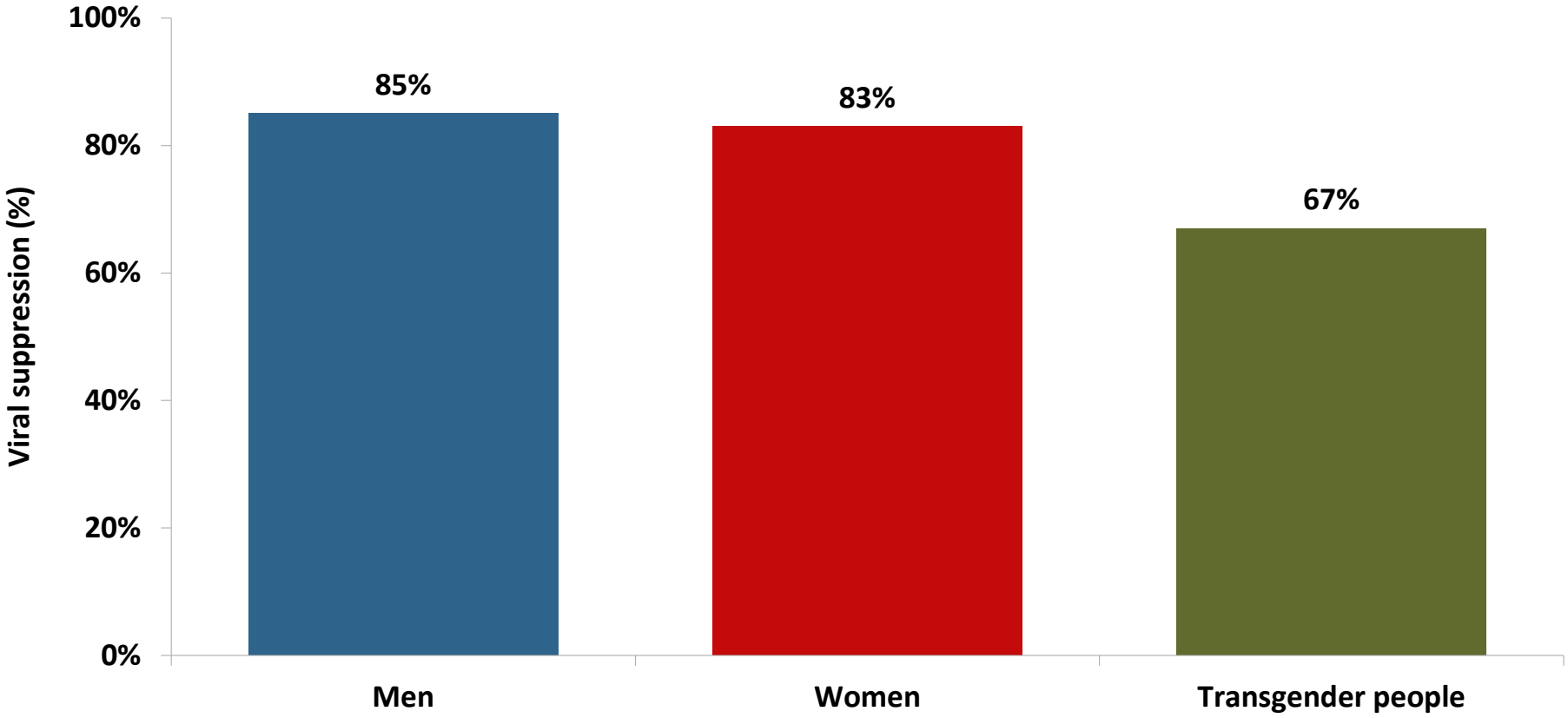
VIRAL SUPPRESSION AMONG DIAGNOSED PLWH IN NYC AND MANHATTAN, 2016-2020



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

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.

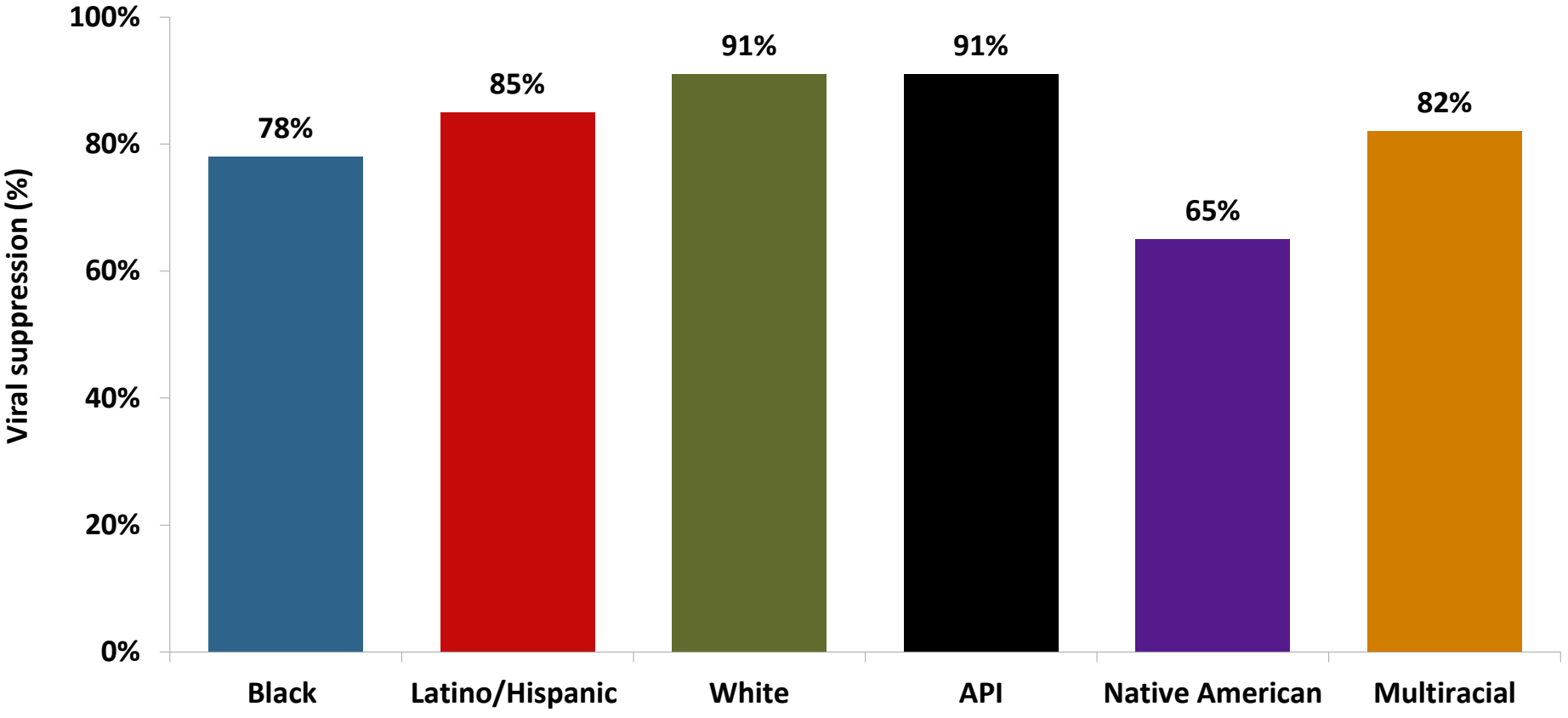
VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY GENDER IN MANHATTAN, 2020



Among diagnosed people living with HIV (PLWH) in Manhattan, smaller proportions of transgender people and women were virally suppressed in 2020 compared to men.

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.

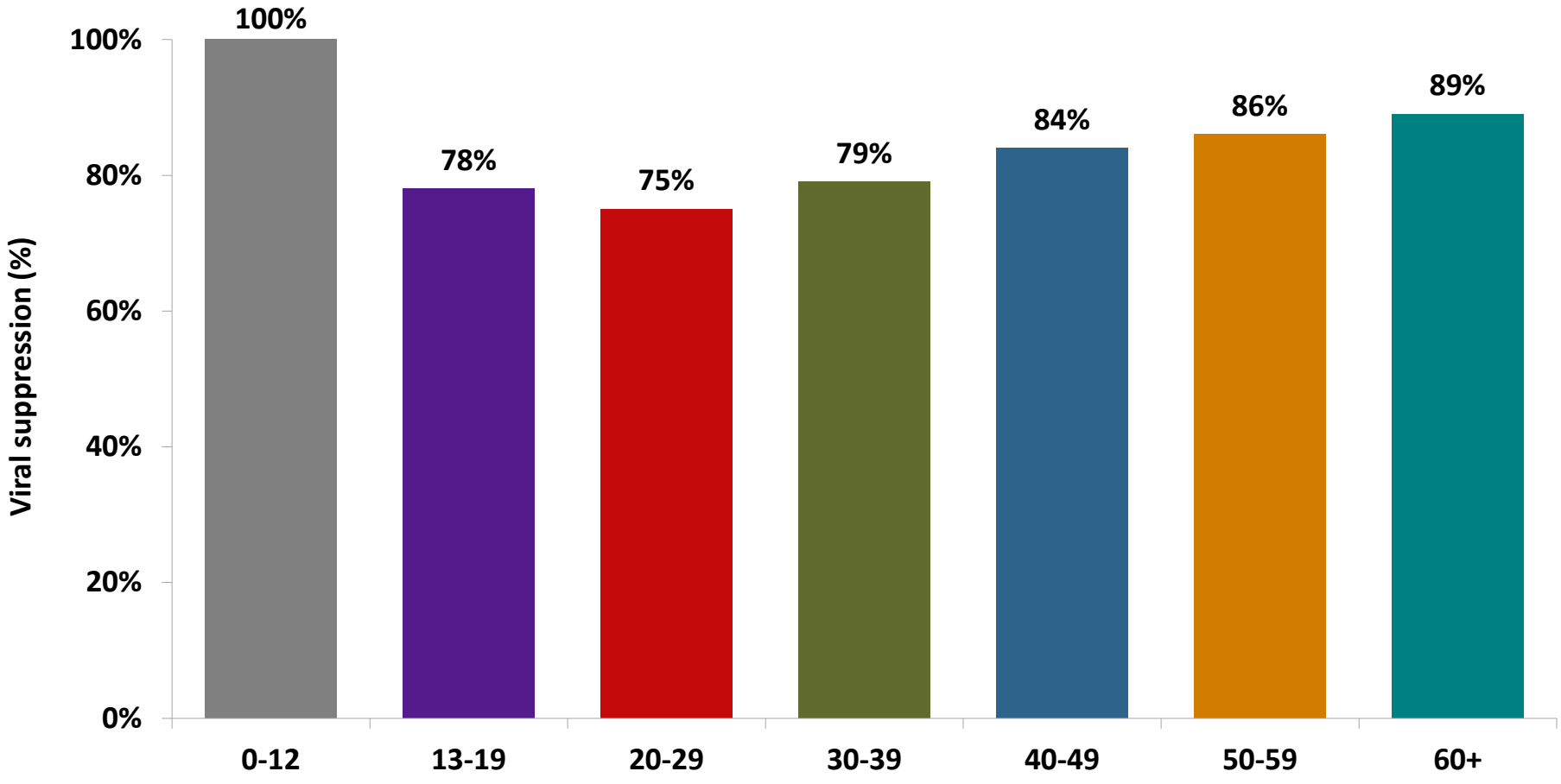
VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY RACE/ETHNICITY IN MANHATTAN, 2020



Among diagnosed people living with HIV (PLWH) in Manhattan, Asian/Pacific Islander people and White people had the largest proportions of viral suppression among 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 not shown. There were 69 PLWH in Manhattan in 2020 whose race/ethnicity was unknown.
As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

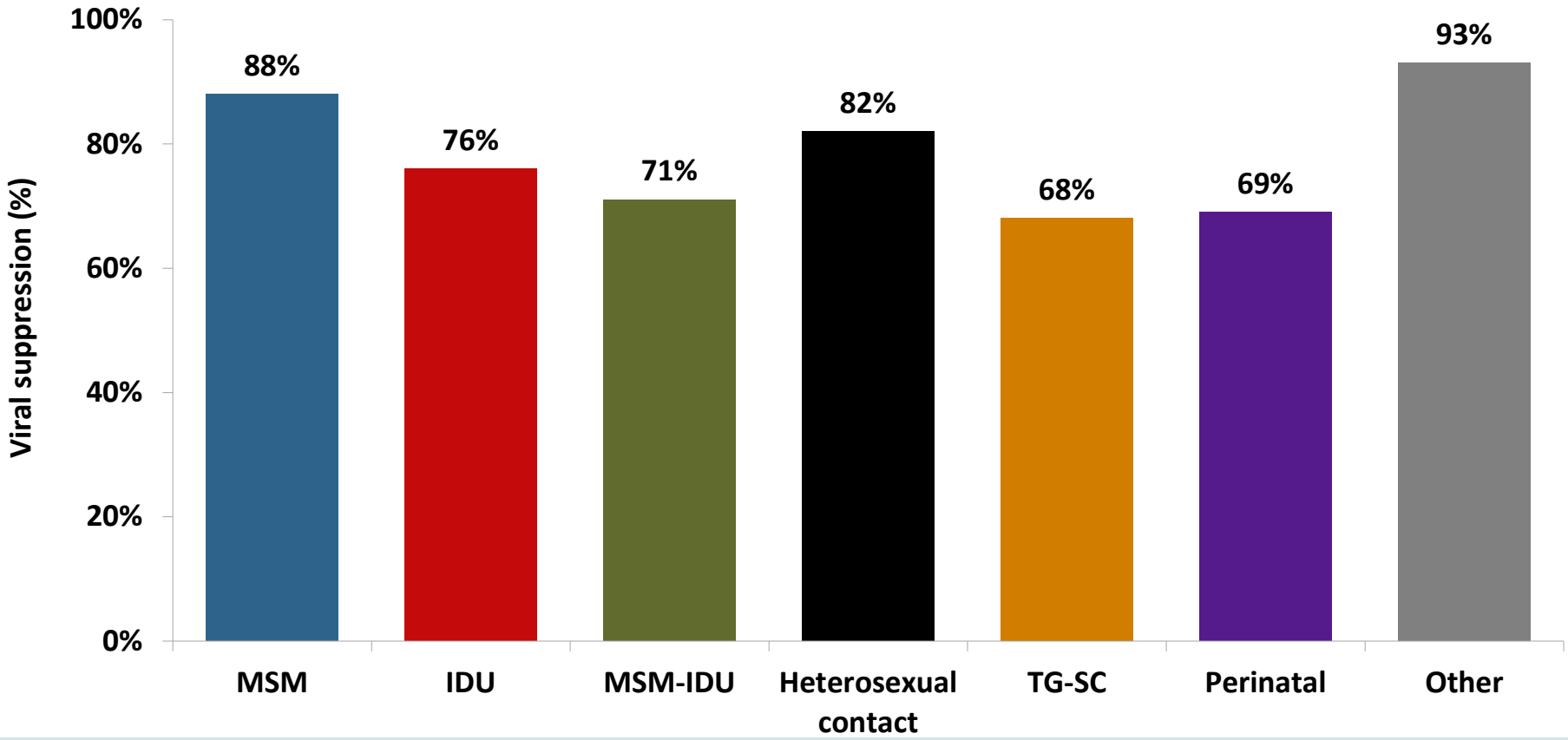
VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY AGE IN MANHATTAN, 2020



Among diagnosed people living with HIV (PLWH) in Manhattan, people ages 13 to 39 years had the smallest proportion of viral suppression and people ages 0 to 12 and 60 years and older had the largest.

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.

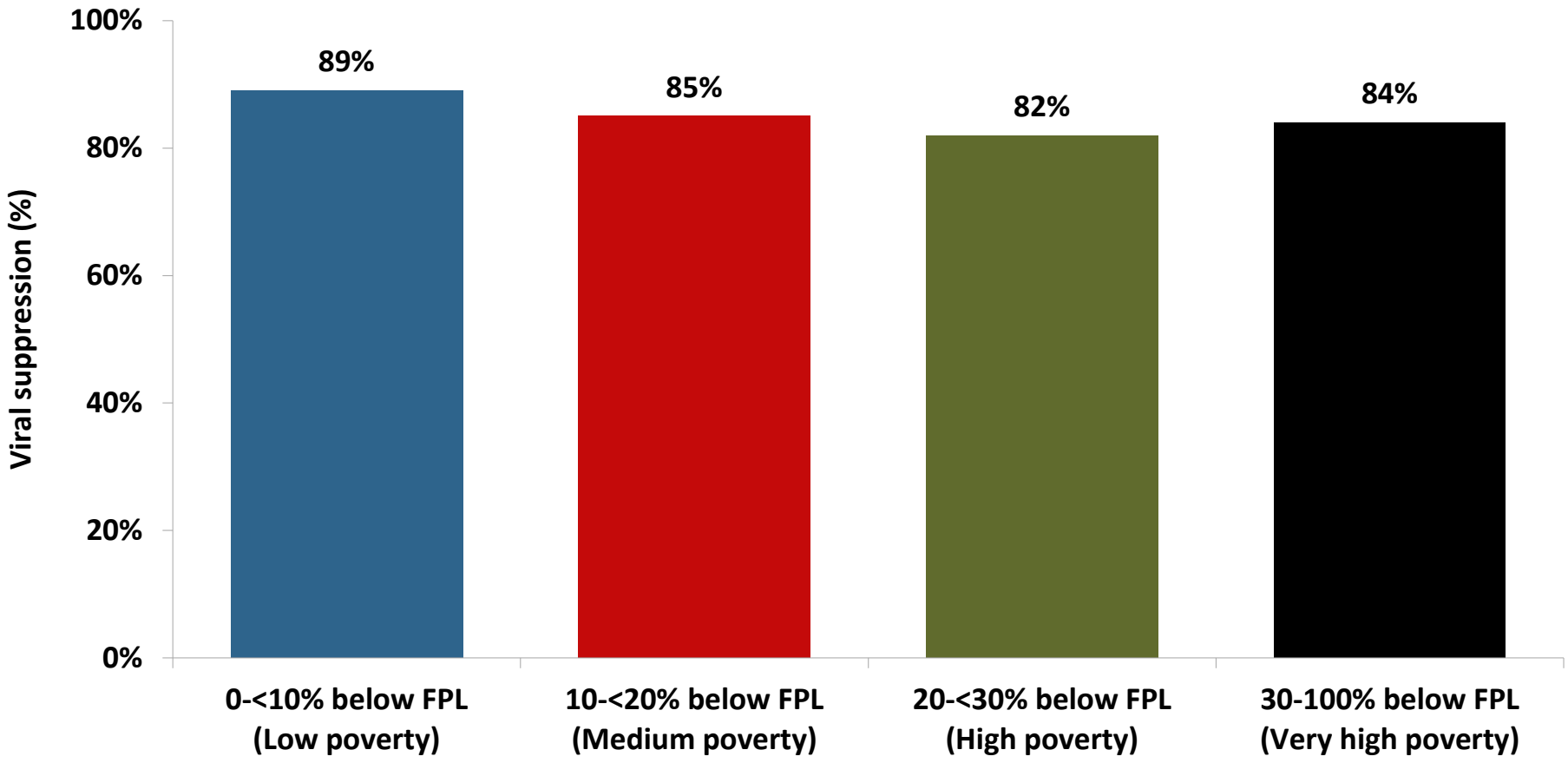
VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY TRANSMISSION CATEGORY IN MANHATTAN, 2020



Among diagnosed people living with HIV (PLWH) in Manhattan, people in the TG-SC and perinatal transmission categories had the smallest proportions of viral suppression.

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

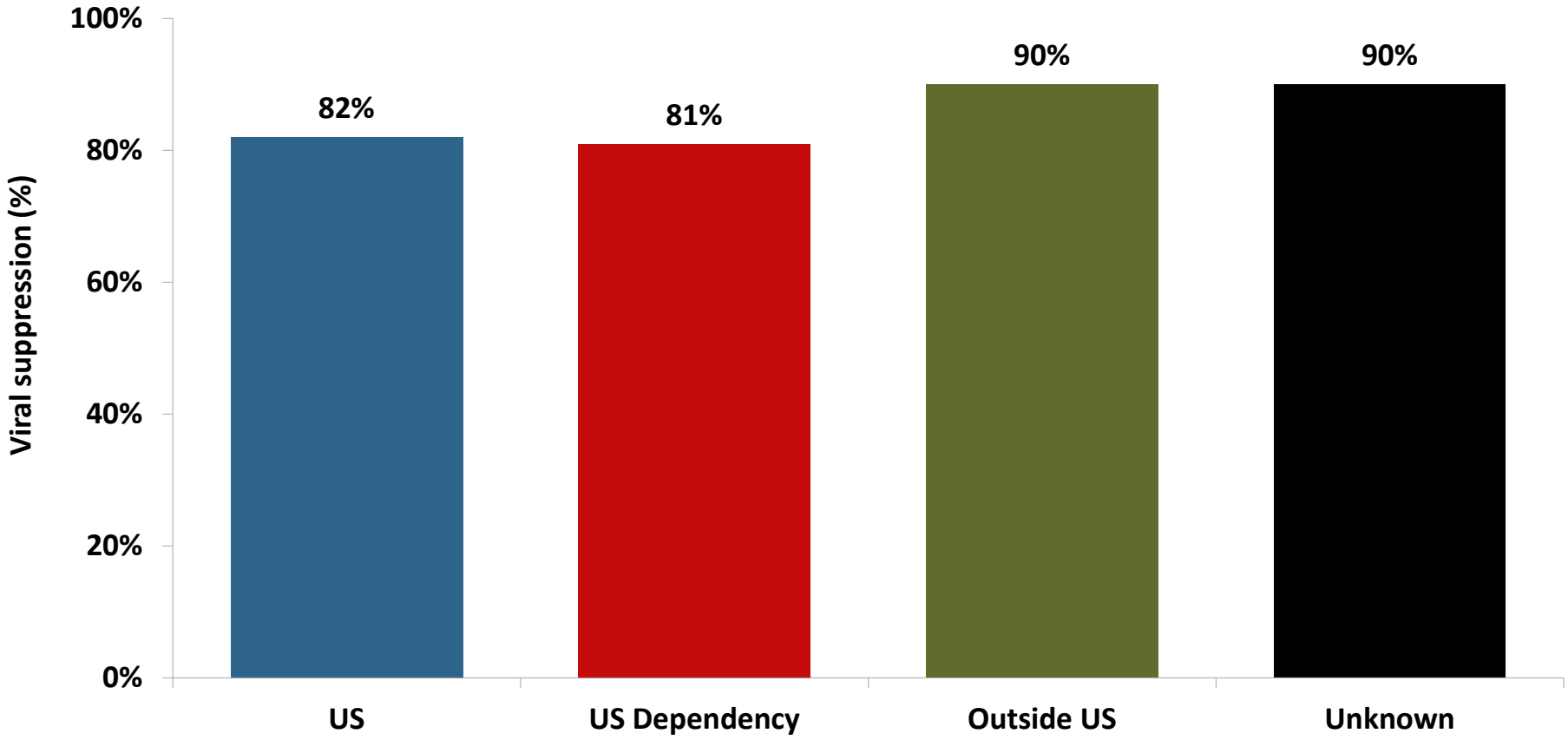
VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY AREA-BASED POVERTY LEVEL IN MANHATTAN, 2020



Among diagnosed people living with HIV (PLWH) in Manhattan, 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.
Data for 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.

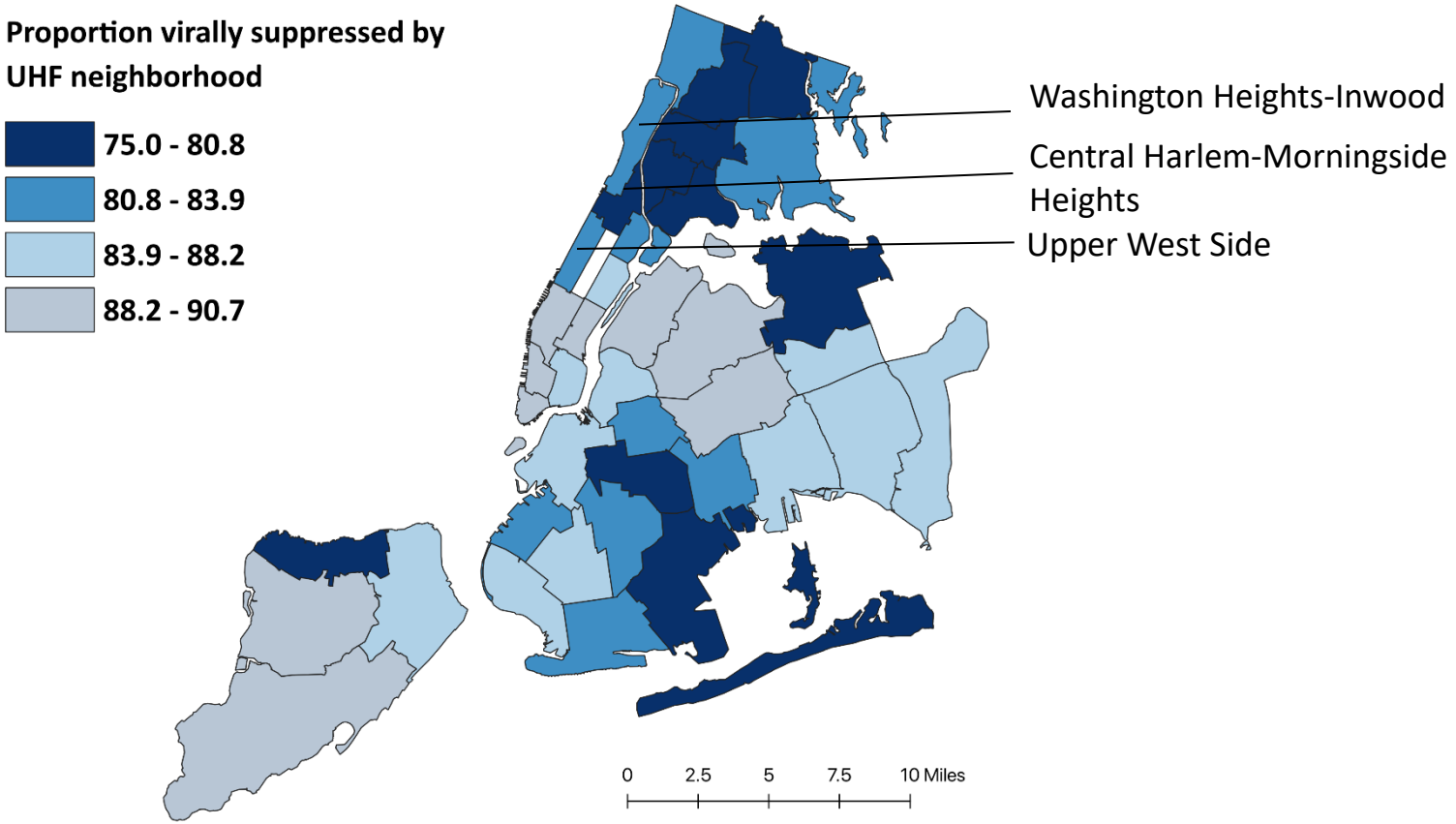
VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY COUNTRY OF BIRTH IN MANHATTAN, 2020



Among diagnosed people living with HIV (PLWH) in Manhattan, a smaller proportion of people born in the US or in a US dependency were virally suppressed compared to people born outside the US.

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.

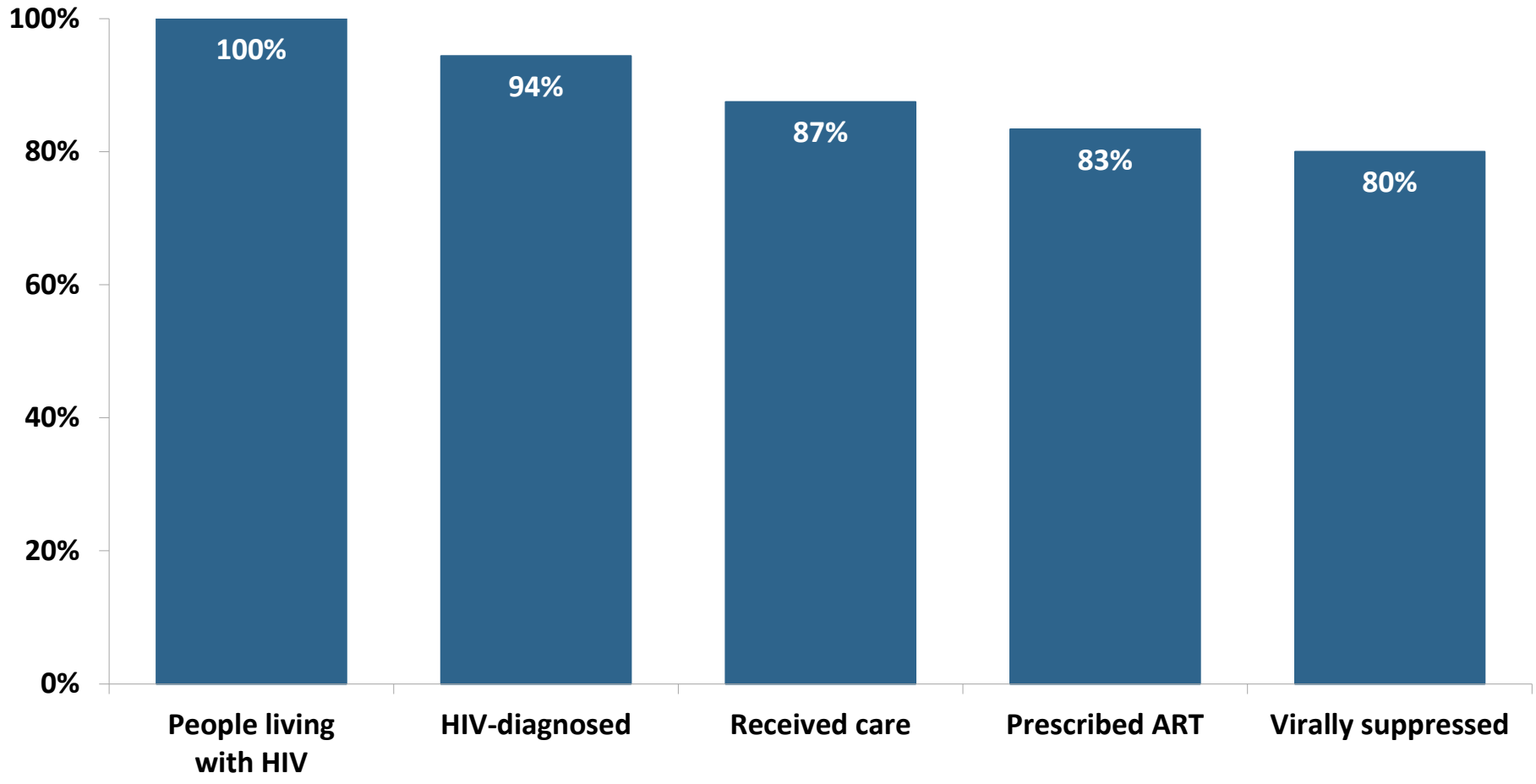
VIRAL SUPPRESSION BY UHF NEIGHBORHOOD IN NYC, 2020



Manhattan neighborhoods with the smallest proportion of virally suppressed people living with HIV (PLWH) in 2020 were Central Harlem-Morningside Heights (80.7%), Upper West Side (82.6%), and Washington Heights-Inwood (83.0%).

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.

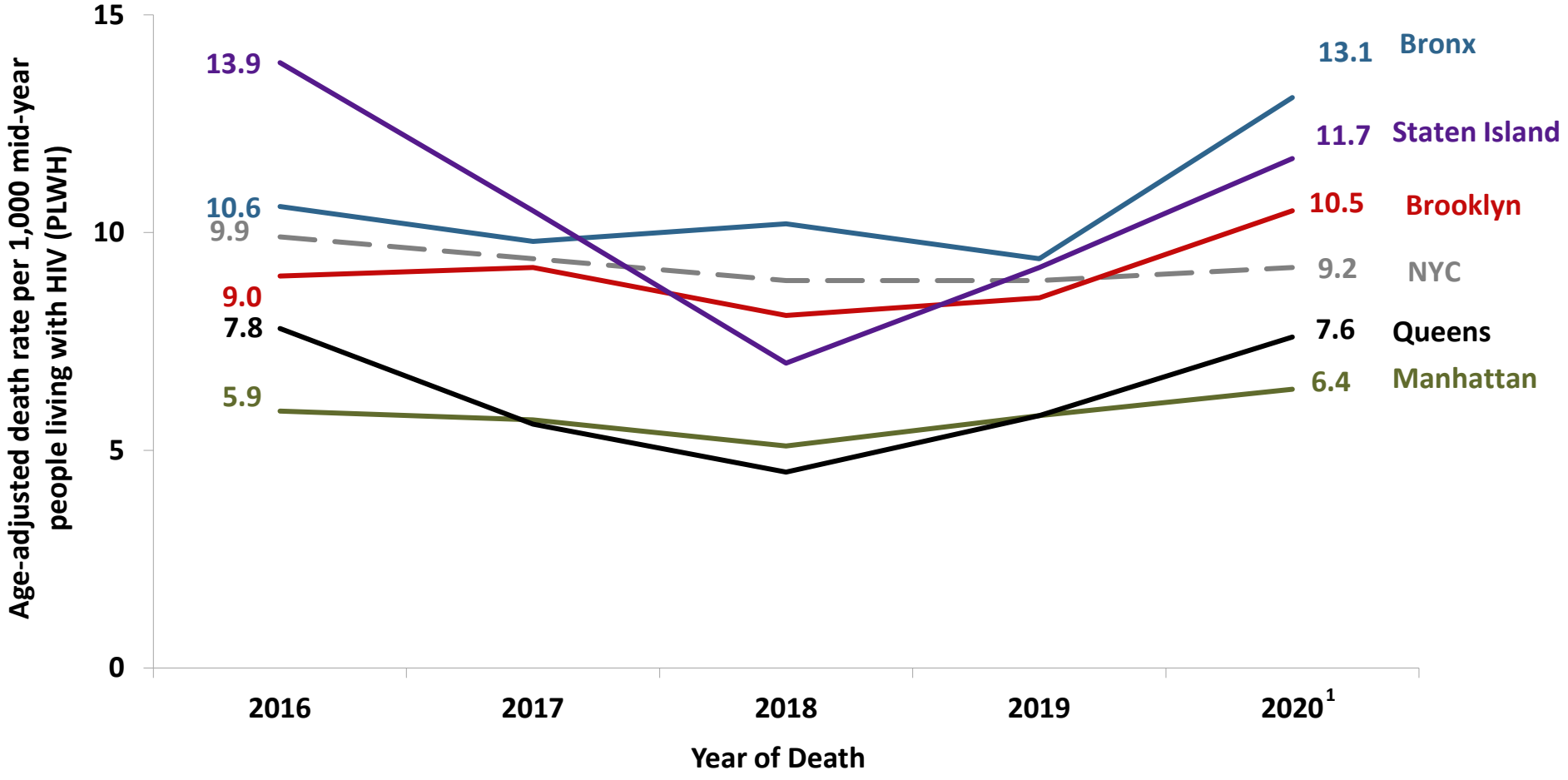
PROPORTION OF PLWH IN MANHATTAN ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2020



Of approximately 20,500 people living with HIV (PLWH) in Manhattan in 2020, 80% had a suppressed viral load.

For definitions of the stages of the continuum of care, see Technical Notes.
As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

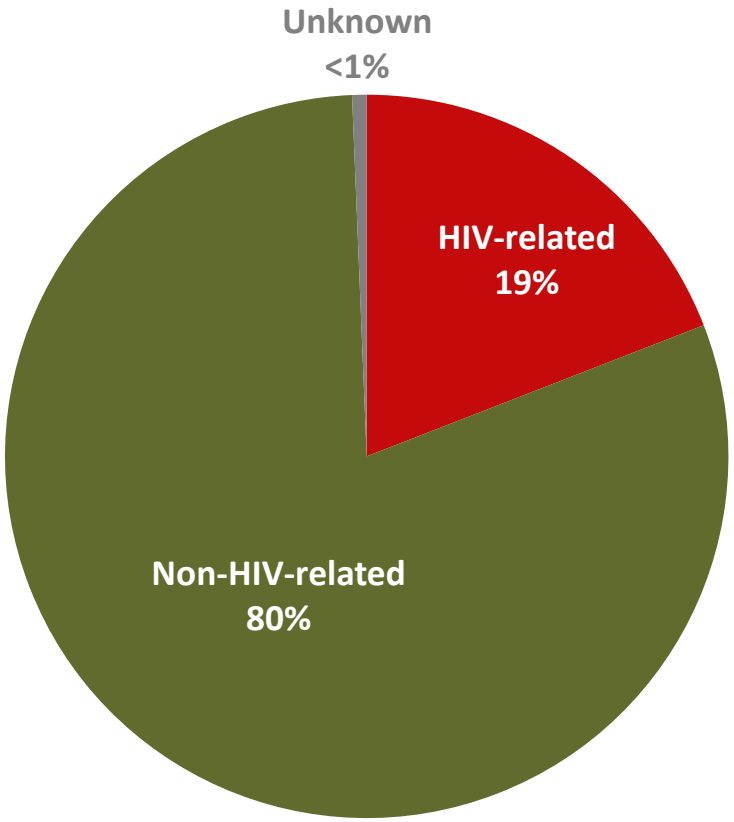
AGE-ADJUSTED DEATH RATES AMONG PEOPLE WITH HIV IN NYC OVERALL AND BY BOROUGH, 2016-2020



The age-adjusted death rate among people with HIV increased in Manhattan between 2016 and 2020. Manhattan had the lowest death rate in 2020.

Age-adjusted to the NYC Census 2010 population.
[1]The 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 PWH IN MANHATTAN, 2019[1]



In 2019, 80% of deaths among people with HIV in Manhattan were due to non-HIV-related causes. Among these, the top causes were non-HIV-related cancers (25%), cardiovascular diseases (20%), and accidents (7%).

[1]Cause of death data are not yet available for 2020.
[2]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.
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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 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 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 1:
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.