

# Perinatal HIV in New York City, 2013



HIV Epidemiology and Field Services Program  
New York City Department of Health and Mental Hygiene

Prepared: February 2015

<http://www.nyc.gov/html/doh/html/data/epi-surveillance.shtml>

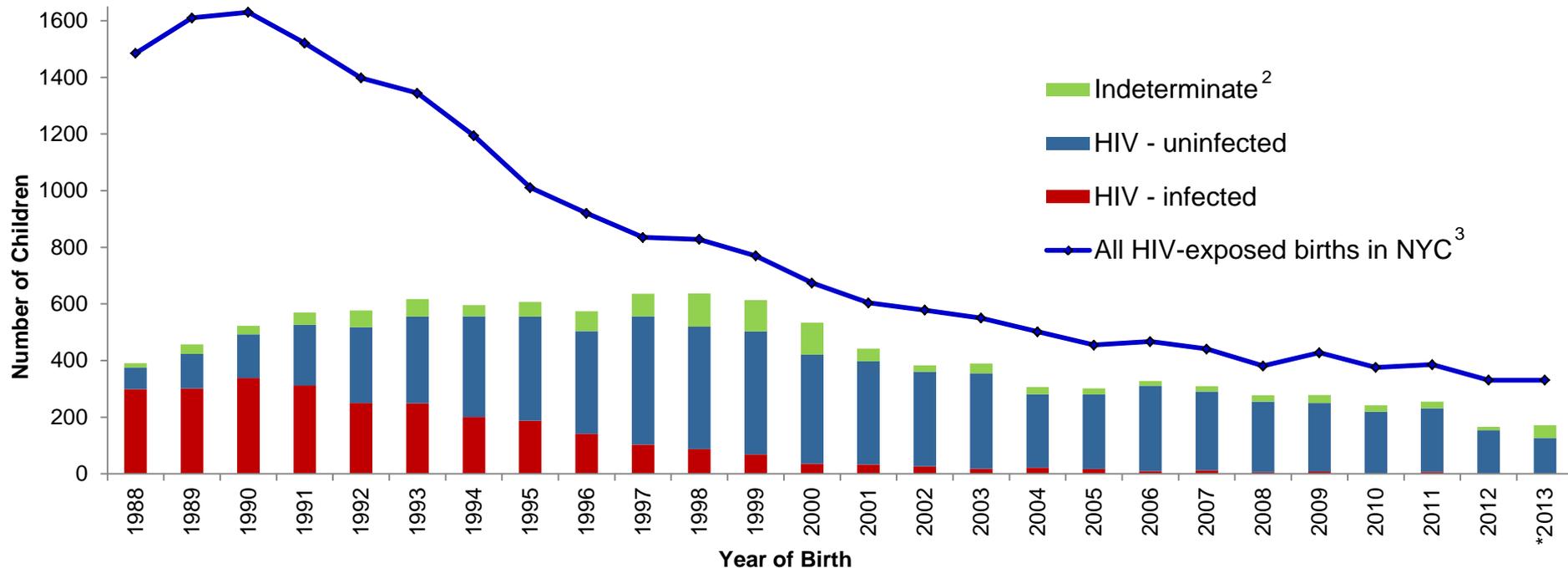
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# All HIV-exposed Births in NYC and Current HIV Status of Children Born to HIV-infected Women at Select NYC Medical Facilities<sup>1</sup>, by Year of Birth in NYC, 1988-2013



**From 2004-2011, the number of children born to HIV-infected mothers remained relatively steady since 2004, ranging from 250-305 births per year. In 2012 and 2013, the number of births decreased, ranging from 165-175. Since 2002, nearly 90% of infants born to HIV-infected mothers each year have remained HIV-uninfected.**

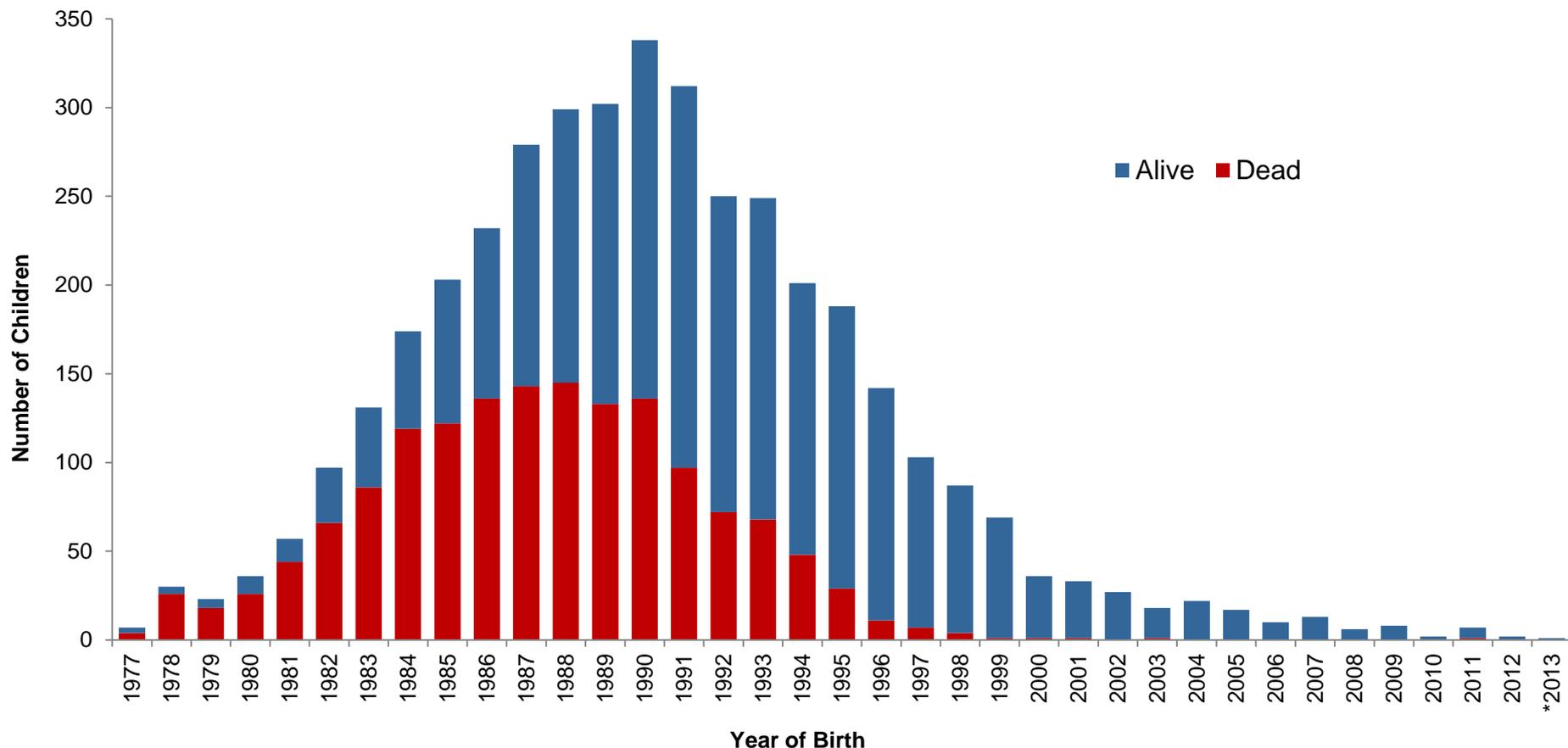
\*Data reported as of July 2014. Data for 2013 are incomplete due to reporting lag.

<sup>1</sup>Includes data collected at high-volume NYC medical facilities that care for the majority of HIV-exposed and infected children.

<sup>2</sup>Children born to HIV-infected mothers are followed for 2 years to determine HIV status. HIV status is indeterminate if mother and/or child are lost to follow-up.

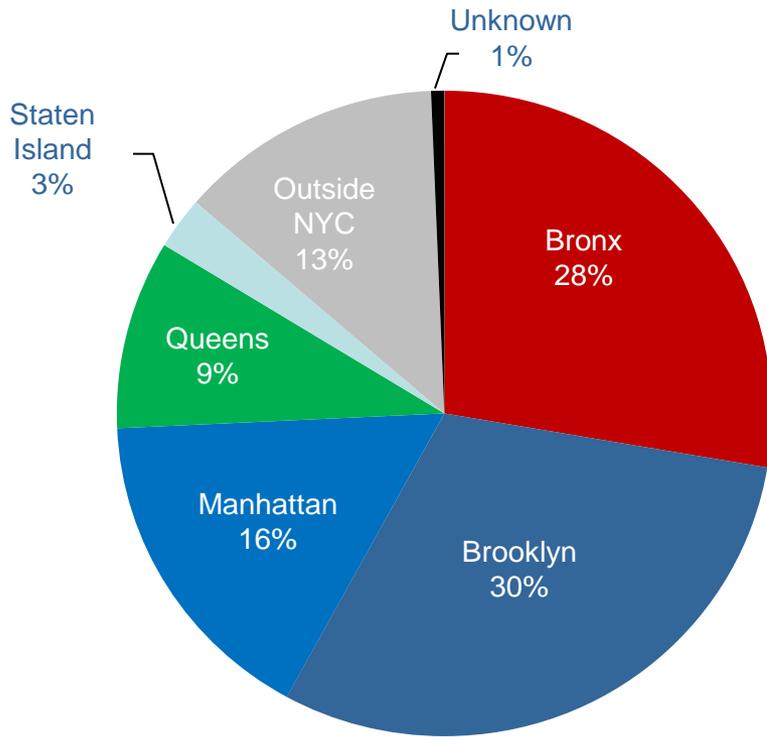
<sup>3</sup>Data from the New York State Comprehensive Newborn Screening Program.

# Perinatally HIV-infected Children (N=4,011), by Year of Birth and Vital Status in NYC, 1977-2013

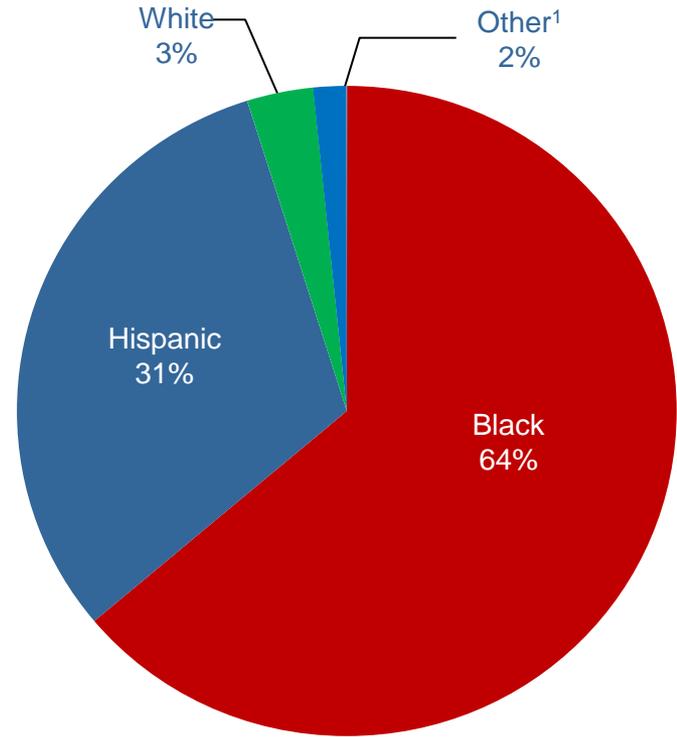


**The number of HIV-infected infants born each year decreased dramatically from the peak in 1990 (N=338). This coincides with the use of several perinatal prevention measures. During 2008-2012, there were 25 perinatally-infected infants born in NYC.**

# Demographics of Perinatally HIV-infected Children (N=307) Diagnosed in NYC, 2001-2013\*



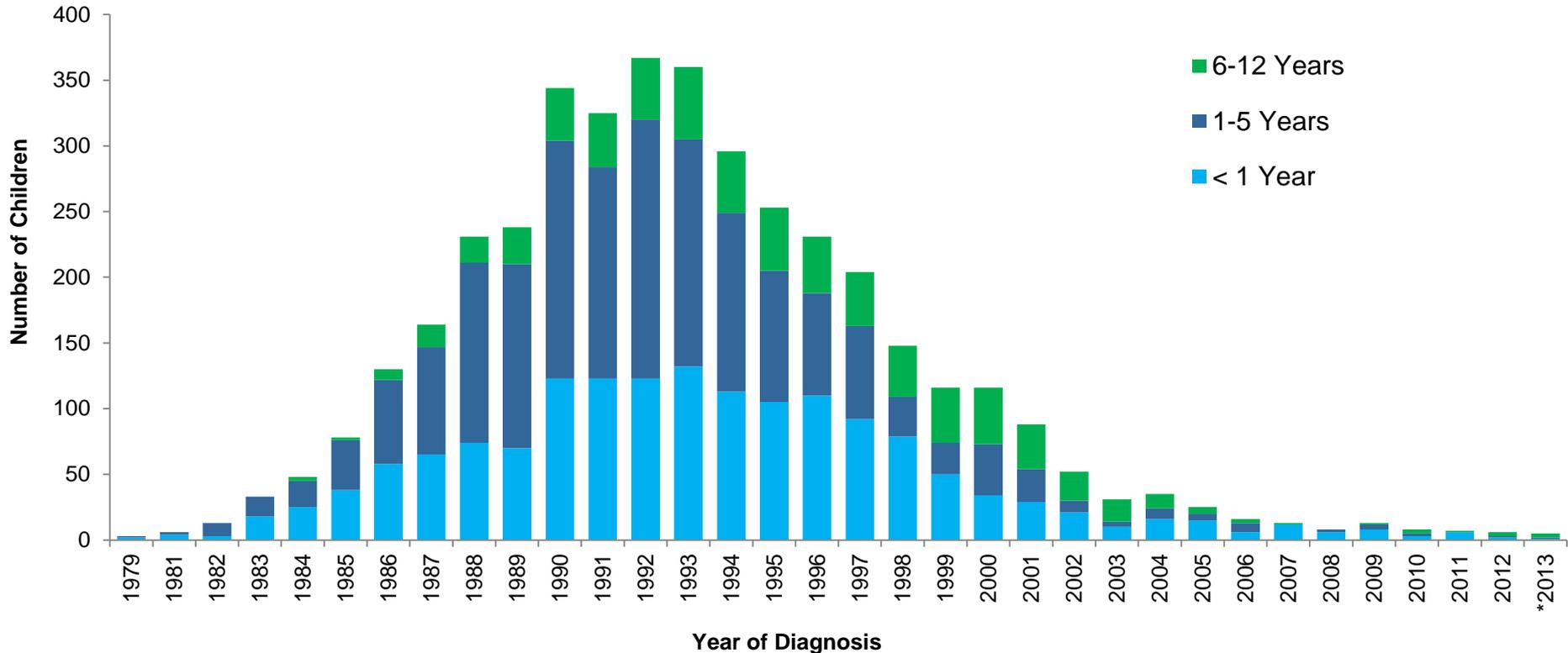
**Borough of Residence  
at Diagnosis**



**Race/Ethnicity**

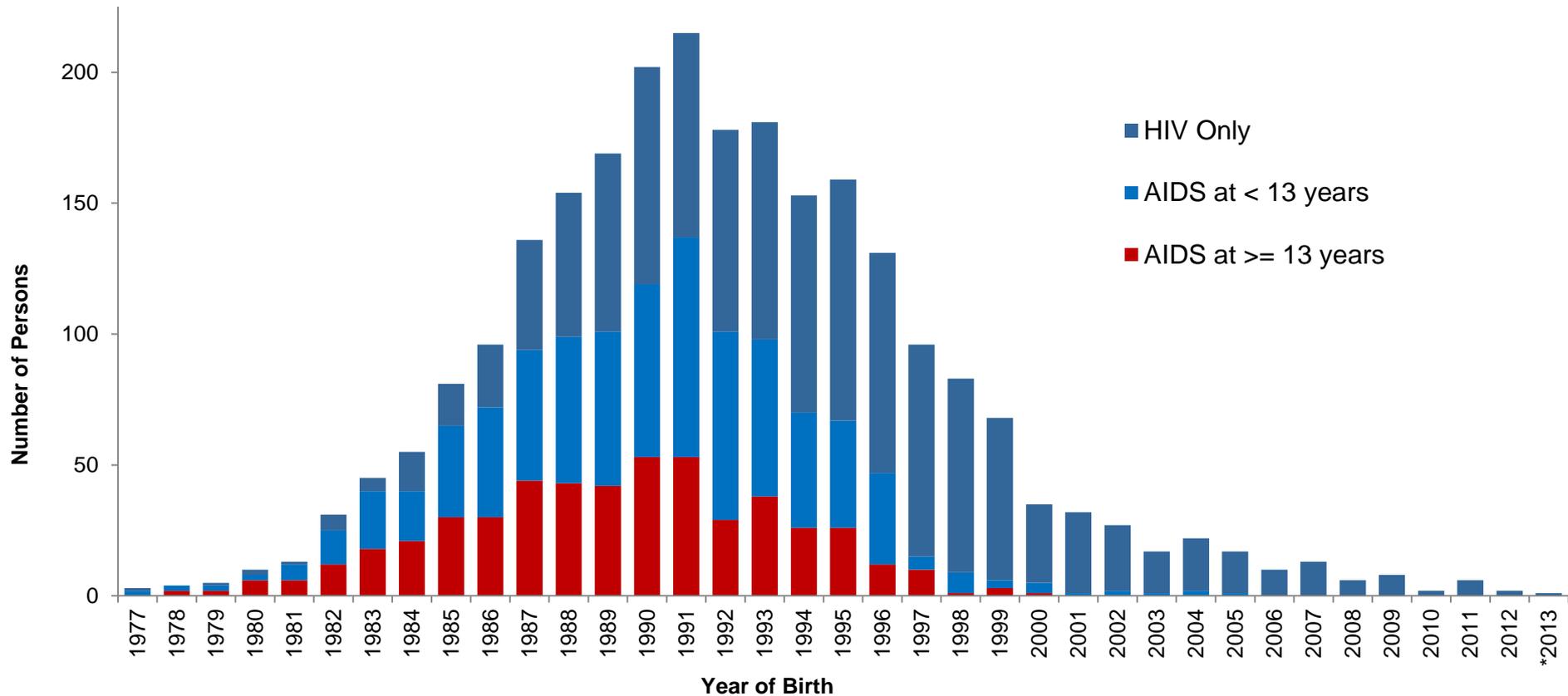
**The majority of perinatally HIV-infected children diagnosed during 2001-2013 resided in the Bronx and Brooklyn; the majority of children are black or Hispanic.**

# Age at HIV Diagnosis of Perinatally HIV-infected Children (N=4,011), by Year of Diagnosis in NYC, 1979-2013



**The number of diagnoses due to perinatal transmission peaked in 1992-93. Declines since then can be attributed to decreasing numbers of HIV-infected women delivering and increasing use of prenatal antiretroviral therapies to prevent transmission.**

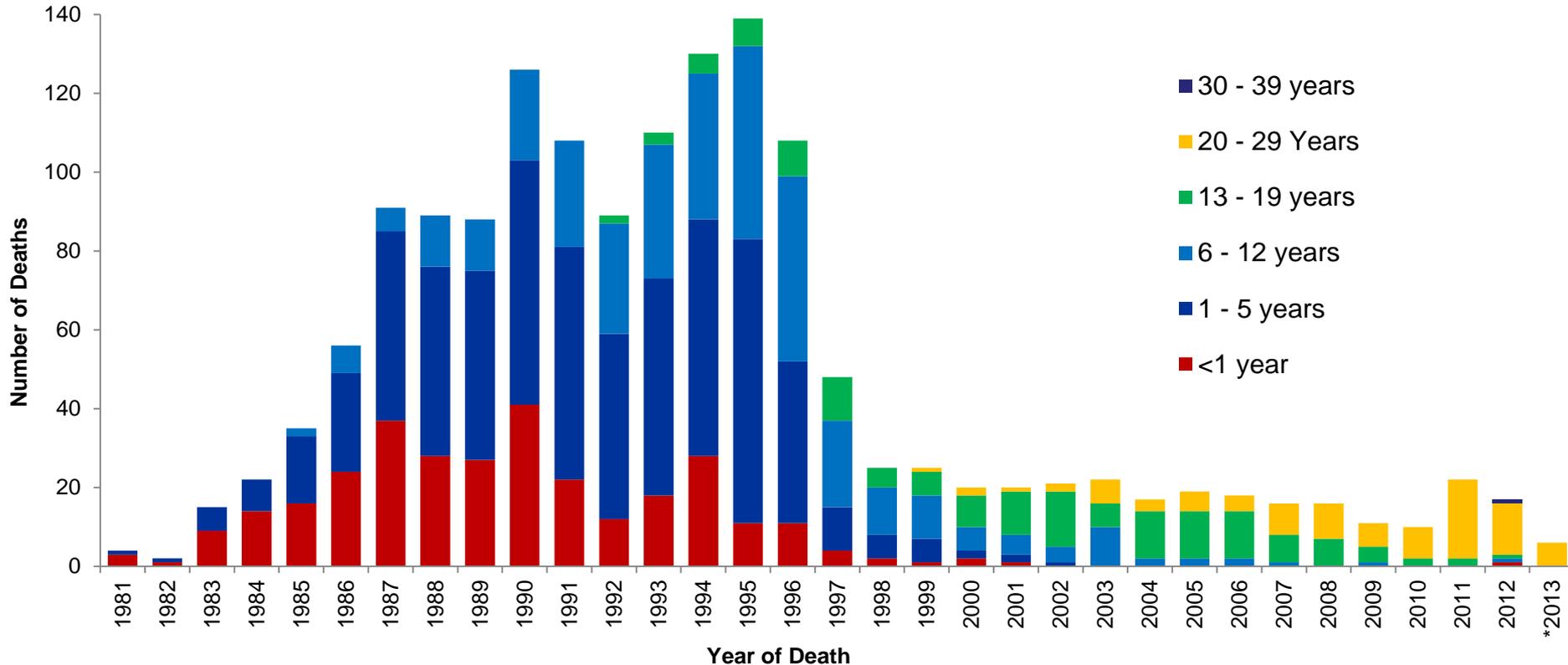
# Current Clinical Status of Perinatally-infected PLWHA (N=2,466), by Year of Birth in NYC, 1977-2013



**1991 is the most frequent year of birth among perinatally-infected PLWHA. Among PLWHA born in 1991, 38% had not developed AIDS as of 2012. The percentage of persons living with HIV-only has steadily increased in subsequent years. No AIDS diagnoses have been reported for children alive and born after 2005.**

\*Data reported as of July 2014. Data for 2013 are incomplete due to reporting lag.

# Age at Death among Perinatally-infected PWHA (N=1,545), by Year of Death in NYC, 1981-2013



The number of deaths peaked in 1995; at that time, the majority of deaths occurred in children under 6 years of age. Since 1995, most deaths occur in older age groups. Declines in pediatric deaths can be attributed to declining numbers of newly perinatally-infected children, widespread use of combination antiretroviral therapy and prophylaxis against opportunistic infections.

# Appendix (1): Technical notes

## Perinatal and Pediatric HIV Surveillance

HEFSP collects data on HIV-exposed and -infected infants and children diagnosed with HIV before 13 years of age. Data are used to monitor the prevention of mother-to-child HIV transmission, to measure perinatal HIV transmission rates, and describe morbidity and mortality among HIV-infected children. In addition to routine HIV and AIDS case surveillance, perinatal and pediatric surveillance data are informed by a range of other activities and data sources, including longitudinal case follow-up, the New York State Department of Health's Comprehensive Newborn Screening Program, and CDC-funded special projects related to pediatric HIV.

## Death data

Data on deaths occurring in NYC are from matches with the NYC Vital Statistics Registry, medical chart reviews, and provider reports via the Provider Report Form, including HIV-positive autopsies by the Office of the Chief Medical Examiner. Data on deaths occurring outside NYC are from matches with the Social Security Death Master File and National Death Index. Cause of death used for analyses in this report is persons' underlying cause of death. HIV-related ICD-10 codes include B20-B24. Death data for 2013 are incomplete. Death data for 2012 are incomplete for deaths occurring outside NYC; 2011 is the most recent year for complete death data. For technical notes on cause of death by the NYC DOHMH's Office of Vital Statistics see: <http://www.nyc.gov/html/doh/downloads/pdf/vs/vs-appendix-b-2012.pdf>.

# Appendix (2): Definitions

## Definitions:

- Perinatal transmission is a risk factor for infants who were infected during gestation, birth or postpartum through breastfeeding to an HIV-infected mother.
- Perinatally HIV-infected children include children born and newly diagnosed in NYC as well as children born outside of NYC but newly diagnosed and residing in NYC.
- Data presented by “Transmission risk” categories include only individuals with known or identified transmission risk, except when an “unknown” category is presented.
- “PLWHA” refers to persons living with HIV or AIDS during the reporting period and alive at the end of the reporting period.
- “NYC” refers to New York City.
- For more definitions and technical notes see:  
<http://www.nyc.gov/html/doh/html/data/hivtables.shtml#abbrev>.