

HIV IN QUEENS, 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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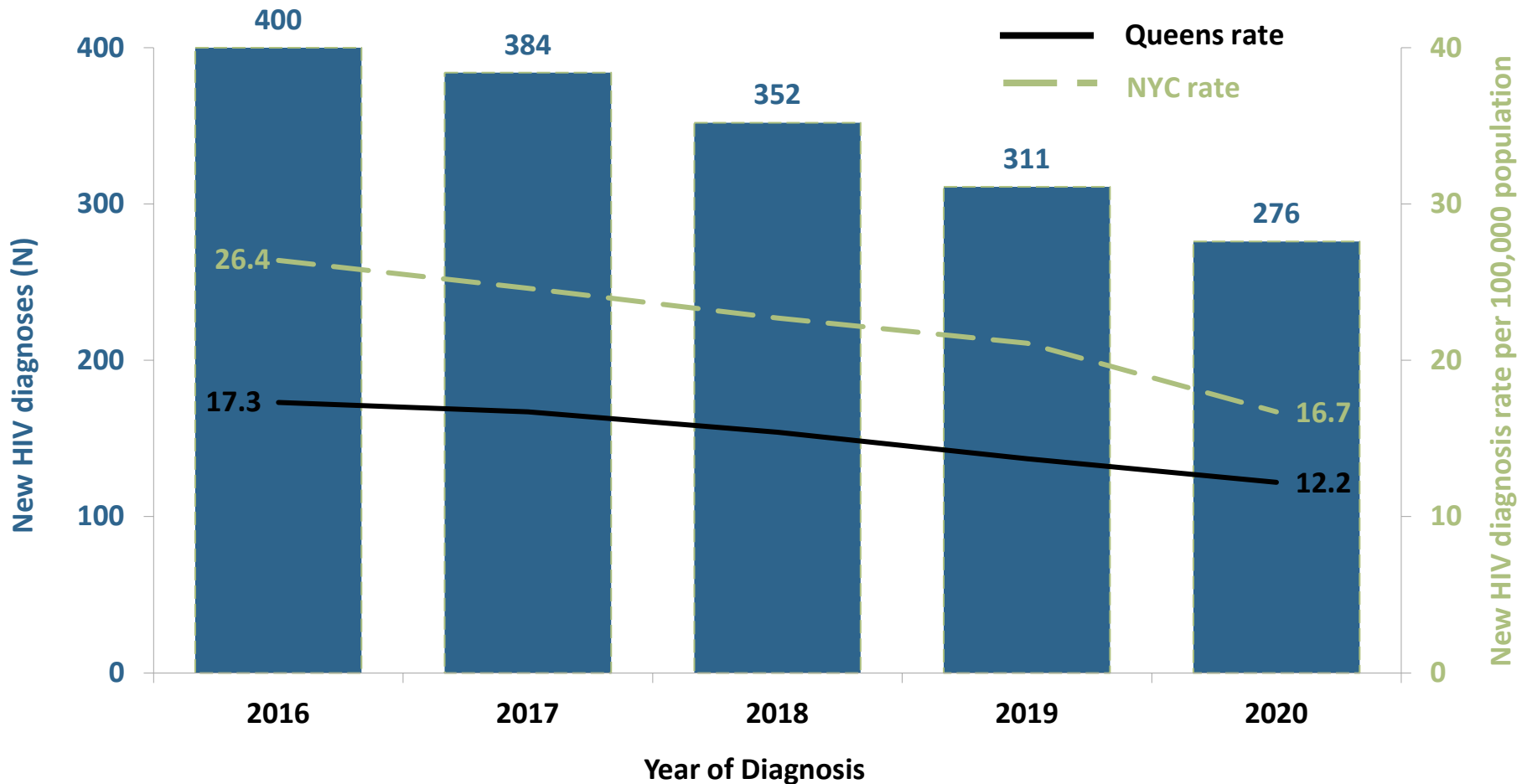
HIV IN QUEENS, 2020

BASIC STATISTICS

- **27% of all New Yorkers live in Queens**
- **276 new HIV diagnoses**
 - 20% of all new HIV diagnoses in NYC
 - Includes 56 HIV diagnoses concurrent with an AIDS diagnosis (20%)
- **126 new AIDS diagnoses**
- **223 deaths among people with HIV**
 - 7.6 deaths per 1,000 people with HIV¹

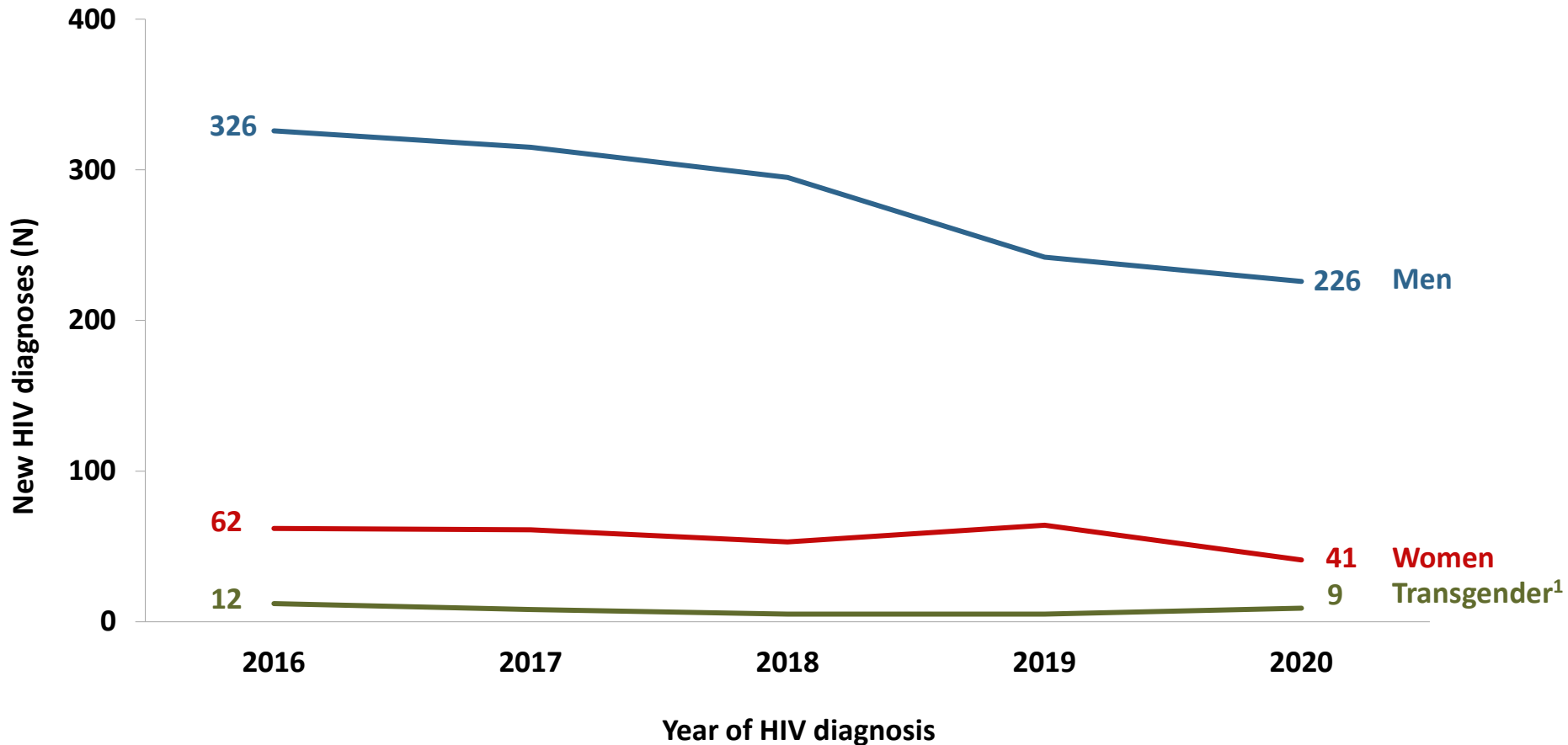
¹Death rate is age-adjusted to the NYC Census 2010 population. Death data for 2020 are incomplete. As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

NEW HIV DIAGNOSES IN QUEENS, 2016-2020



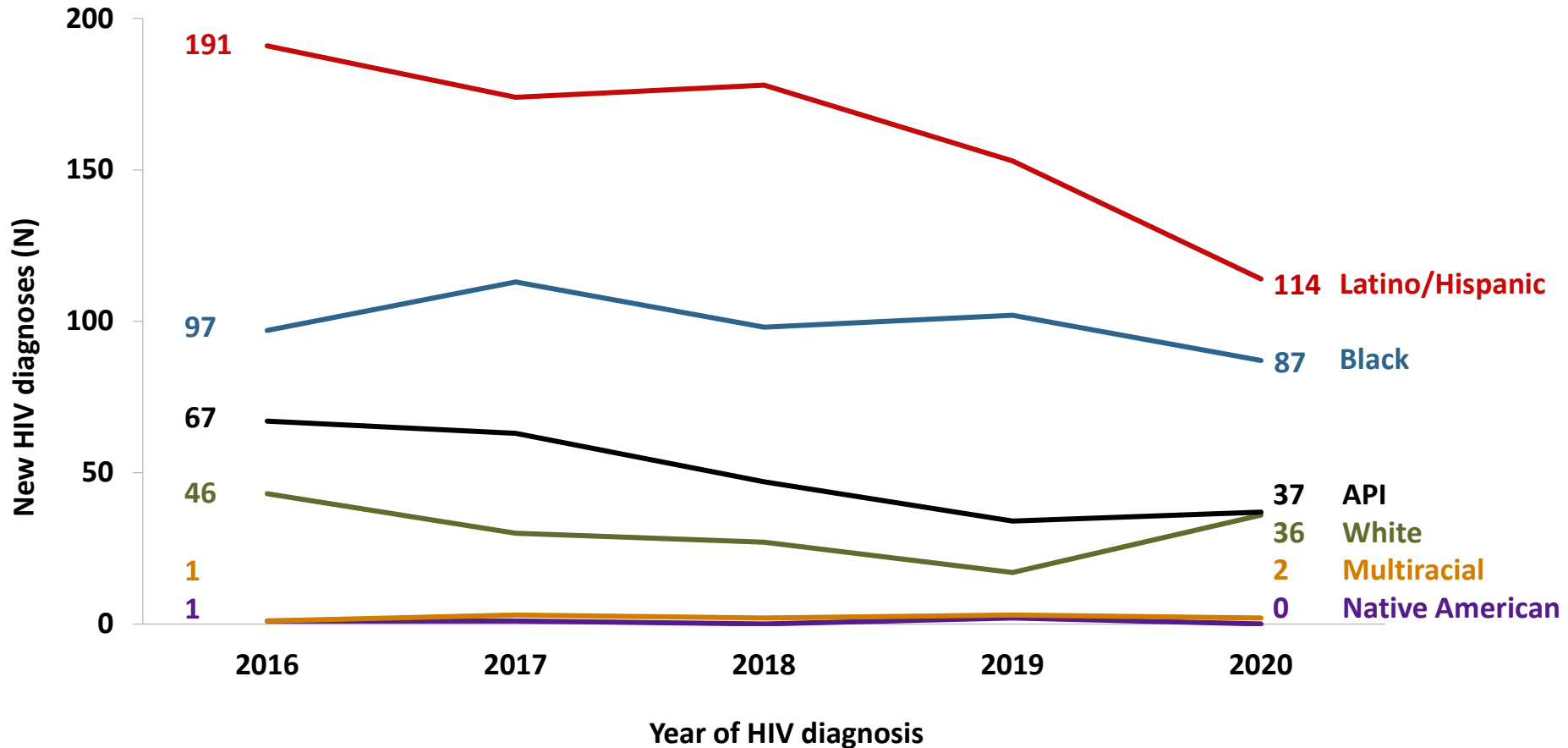
The number and rate of new HIV diagnoses decreased in Queens between 2016 and 2020. The HIV diagnosis rate was lower in Queens than in NYC overall.

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



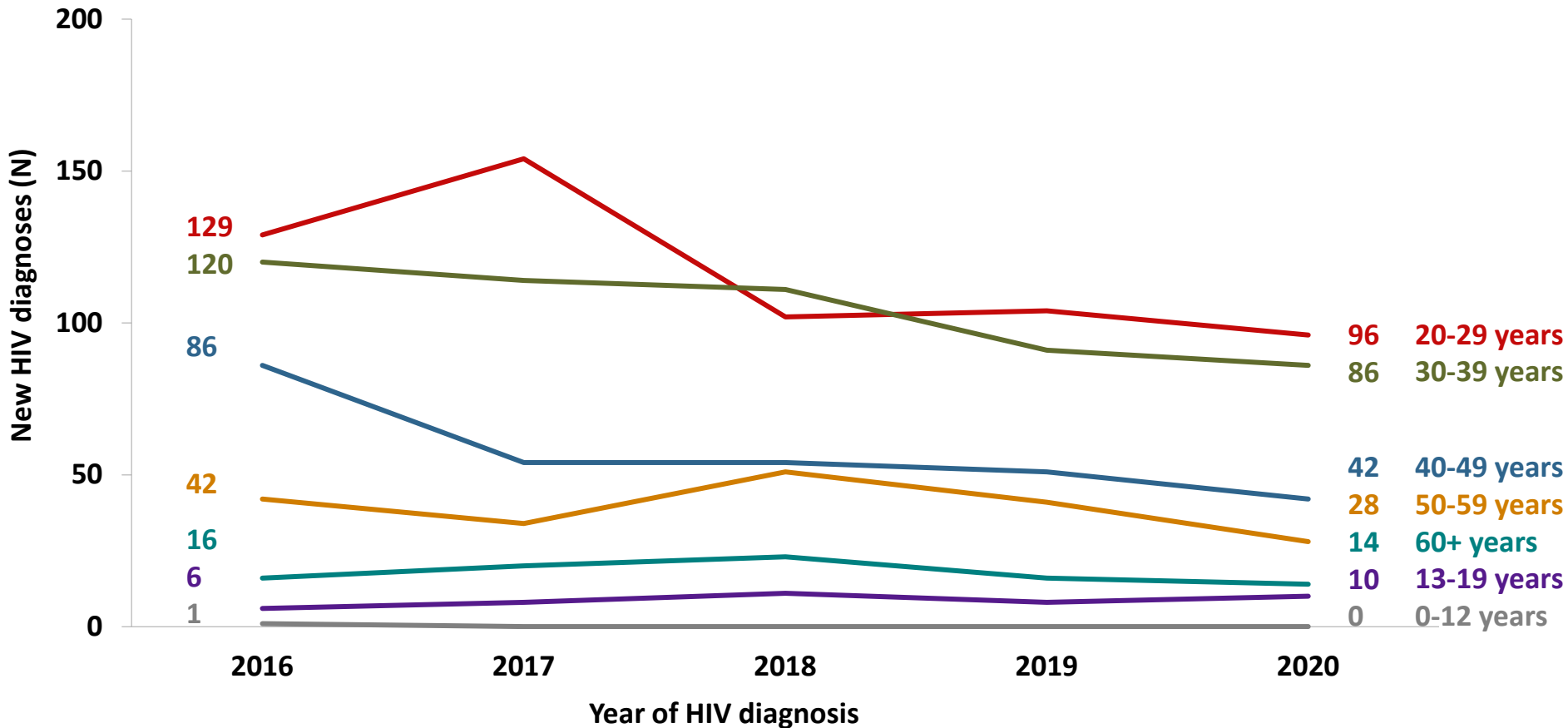
Between 2016 and 2020, the number of new HIV diagnoses among men, women, and transgender people decreased in Queens.

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



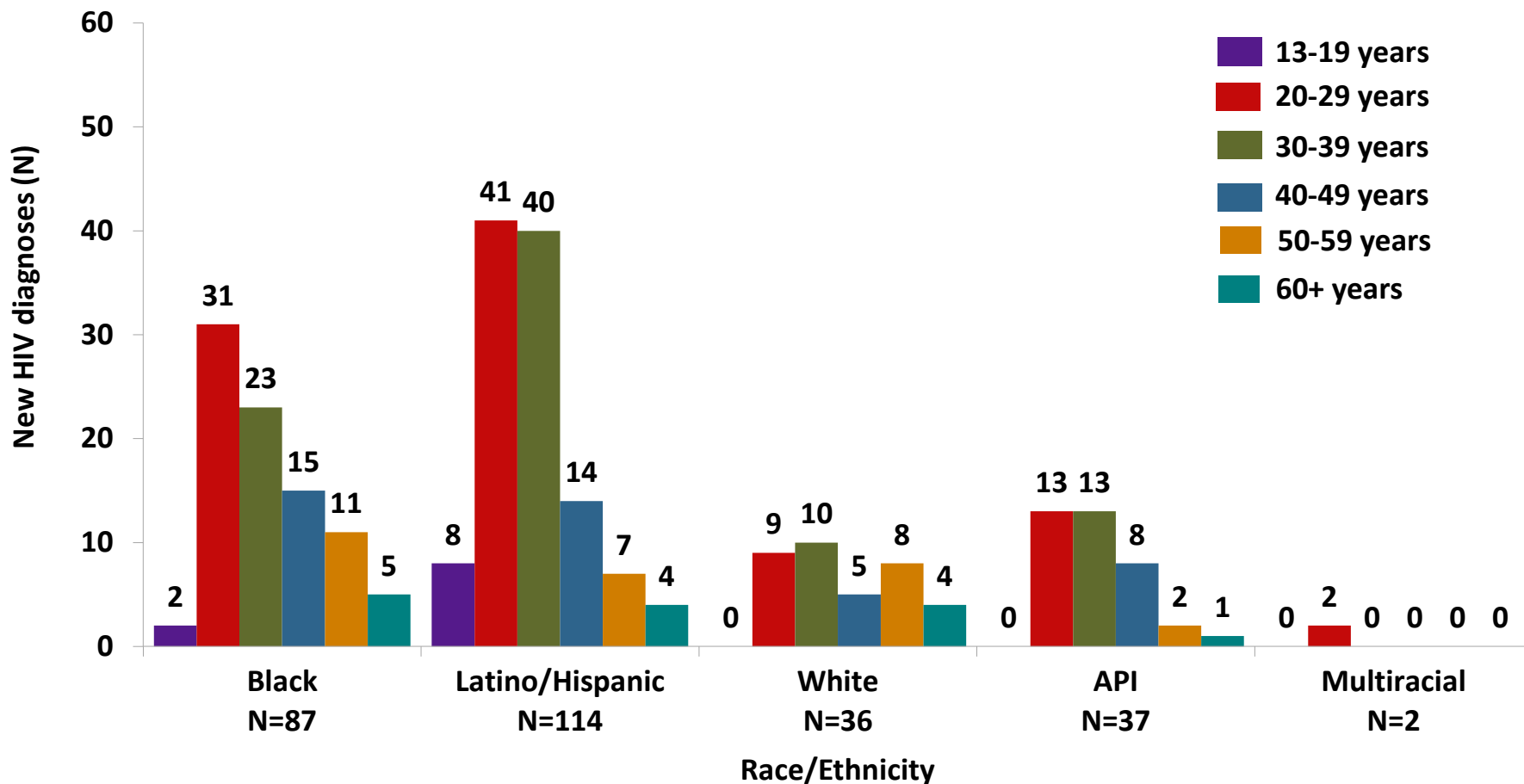
Between 2016 and 2020, HIV diagnoses decreased among almost all race/ethnicity groups. Latino/Hispanic people accounted for the largest number of new diagnoses in Queens.

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



Between 2016 and 2020, people ages 20 to 39 had the highest numbers of new HIV diagnoses in Queens. New diagnoses decreased among most age groups except among people ages 13 to 19.

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



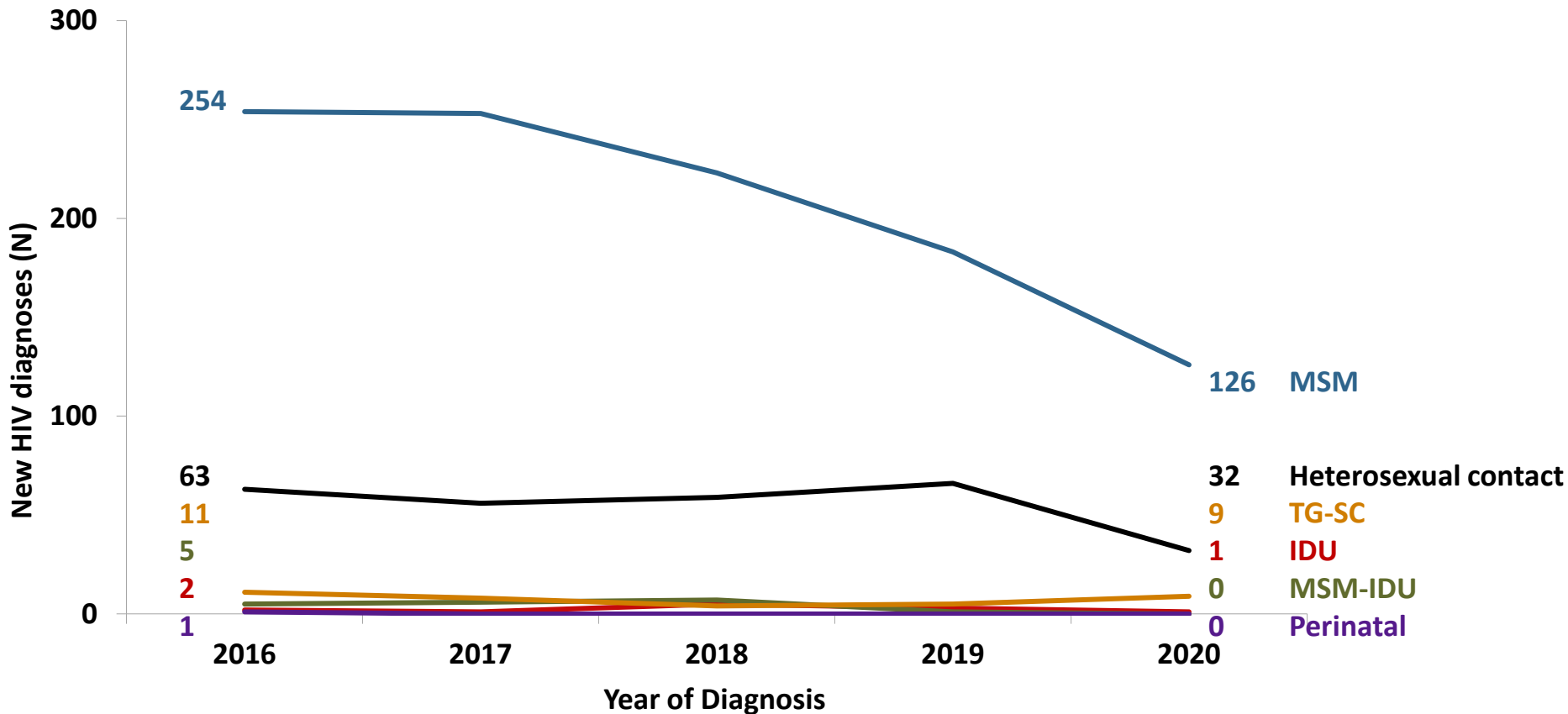
Latino/Hispanic people ages 20 to 39 accounted for the largest proportion of new HIV diagnoses in Queens in 2020.

API=Asian/Pacific Islander.

Data for Native American people, and the age group 0 to 12 are not shown because there were no new diagnoses in these groups in Queens 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 QUEENS, 2016-2020



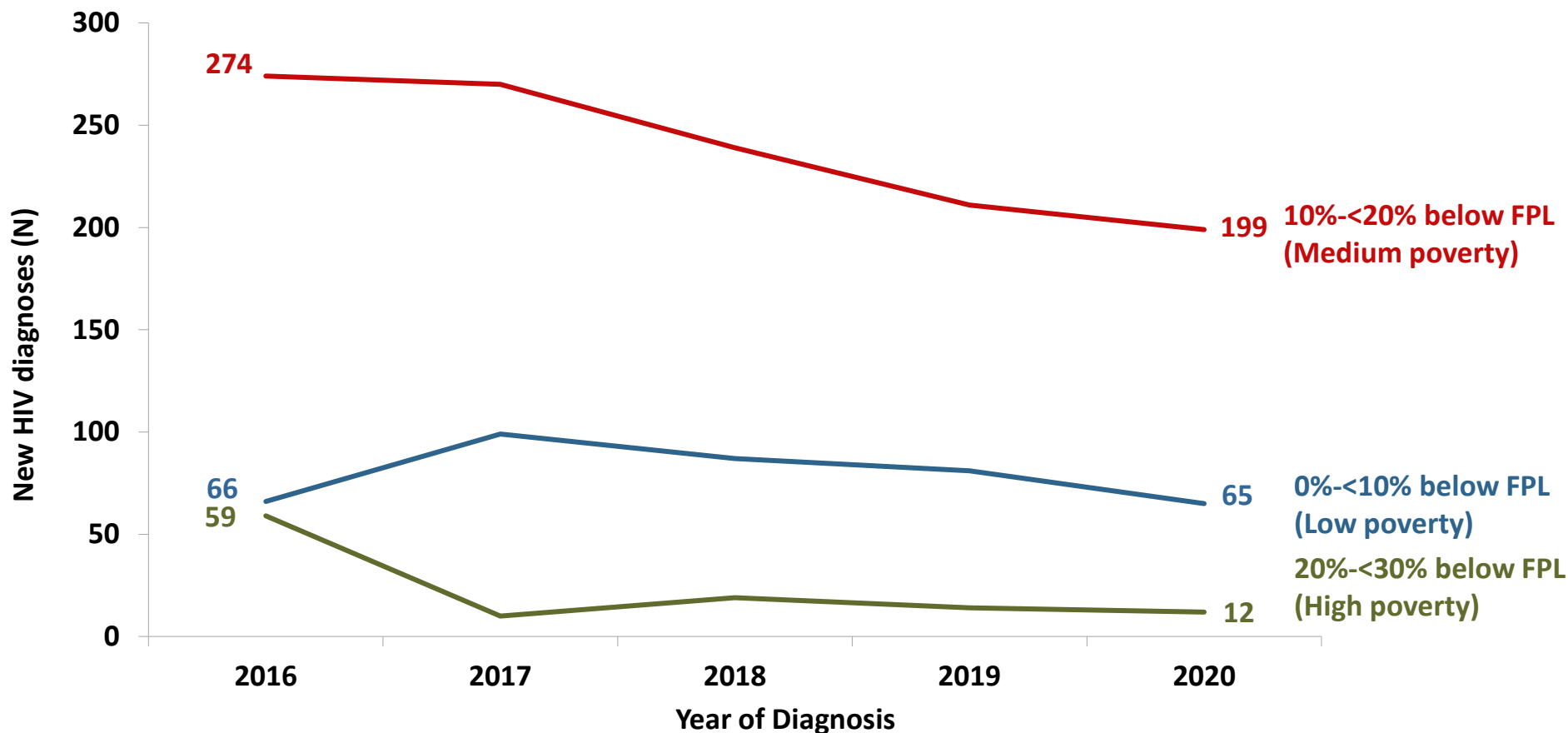
Between 2016 and 2020, the number of new HIV diagnoses decreased among all transmission categories in Queens.

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

Data for people with Unknown transmission category are not shown. There were 108 people with Unknown transmission category who were newly diagnosed with HIV in Queens 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 QUEENS, 2016-2020



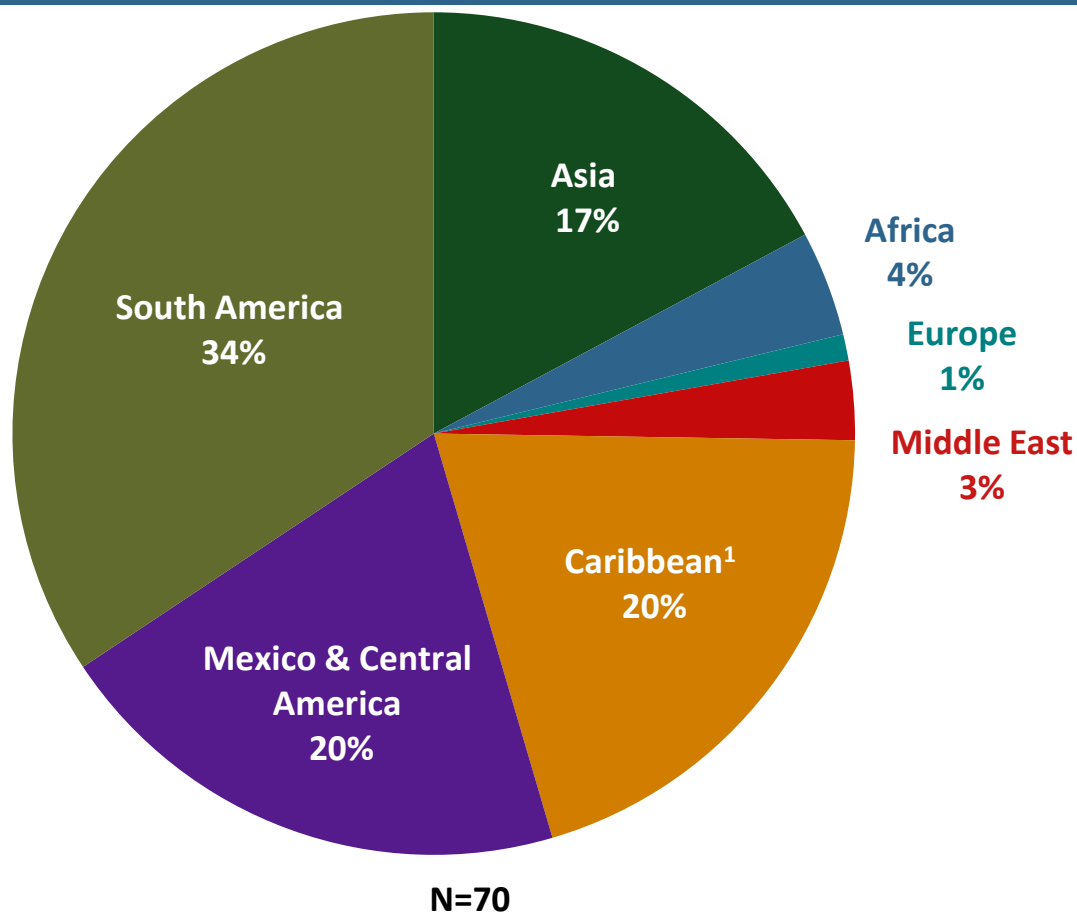
Between 2016 and 2020, the number of new HIV diagnoses was highest in medium-poverty neighborhoods in Queens.

FPL=Federal Poverty Level. Queens does not have any ZIP codes that are $\geq 30\%$ below FPL (very high poverty).

Data for Unknown poverty category are not shown. There were no people with unknown ZIP code at diagnosis in Queens 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, QUEENS, 2020



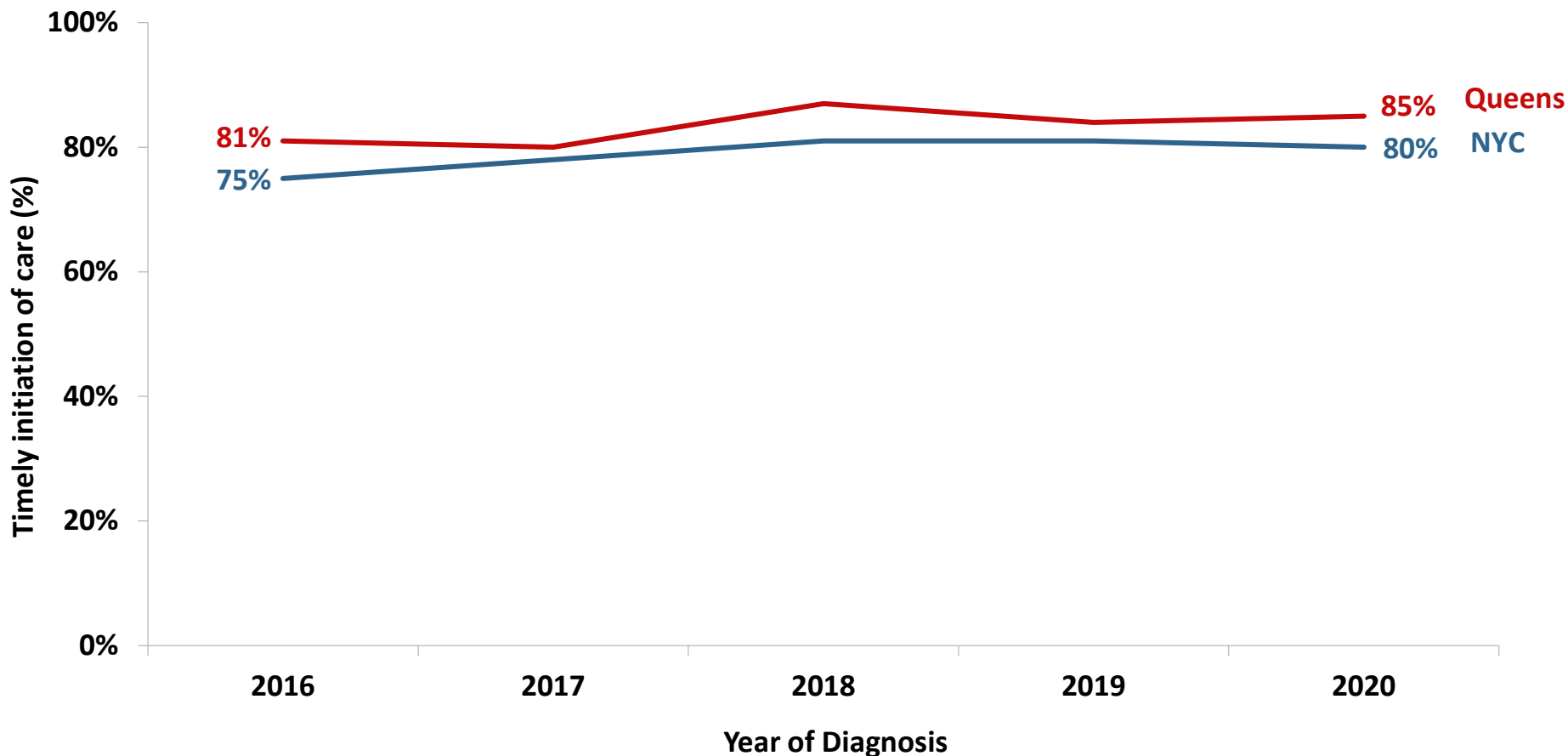
People born outside the US accounted for 47% of residents of Queens², and 25% of new HIV diagnoses in Queens in 2020. People born in South America, the Caribbean¹, and Mexico and Central America accounted for 74% of these new HIV diagnoses.

¹Excludes Puerto Rico and the US Virgin Islands.

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

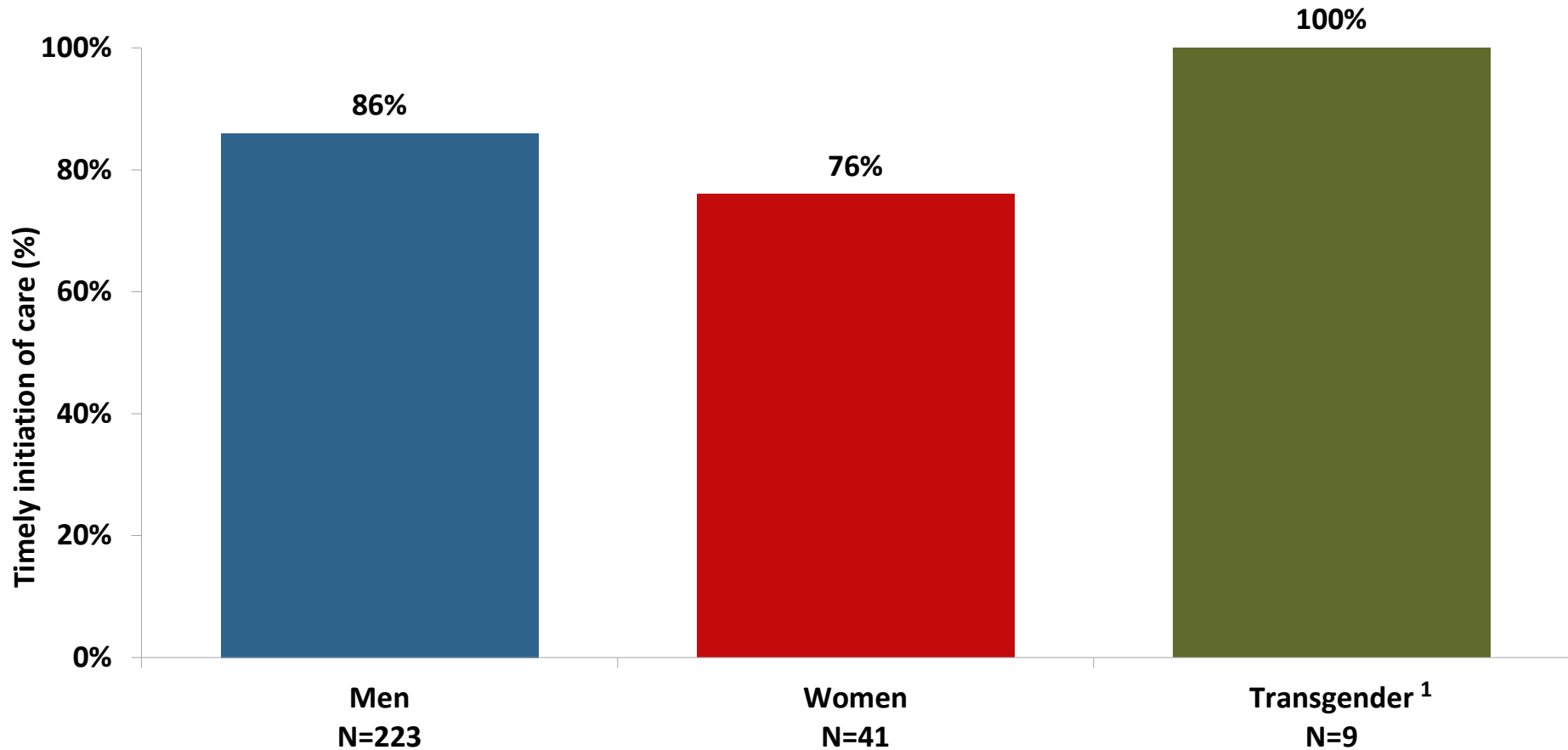
As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

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



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

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



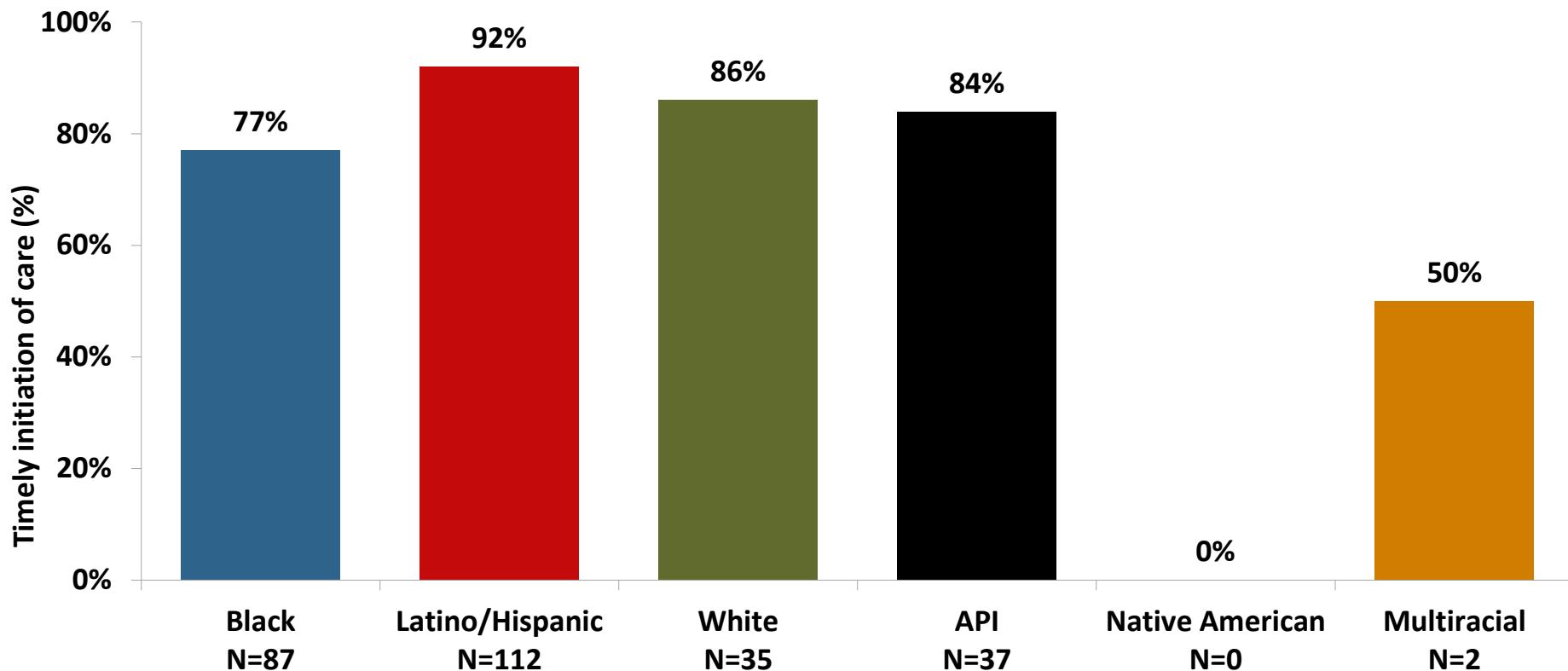
Among people newly diagnosed with HIV in Queens in 2020, a smaller proportion of women were linked to care within 30 days of diagnosis compared to men and transgender people.

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.

¹In 2020 in Queens, there were N=9 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 QUEENS, 2020



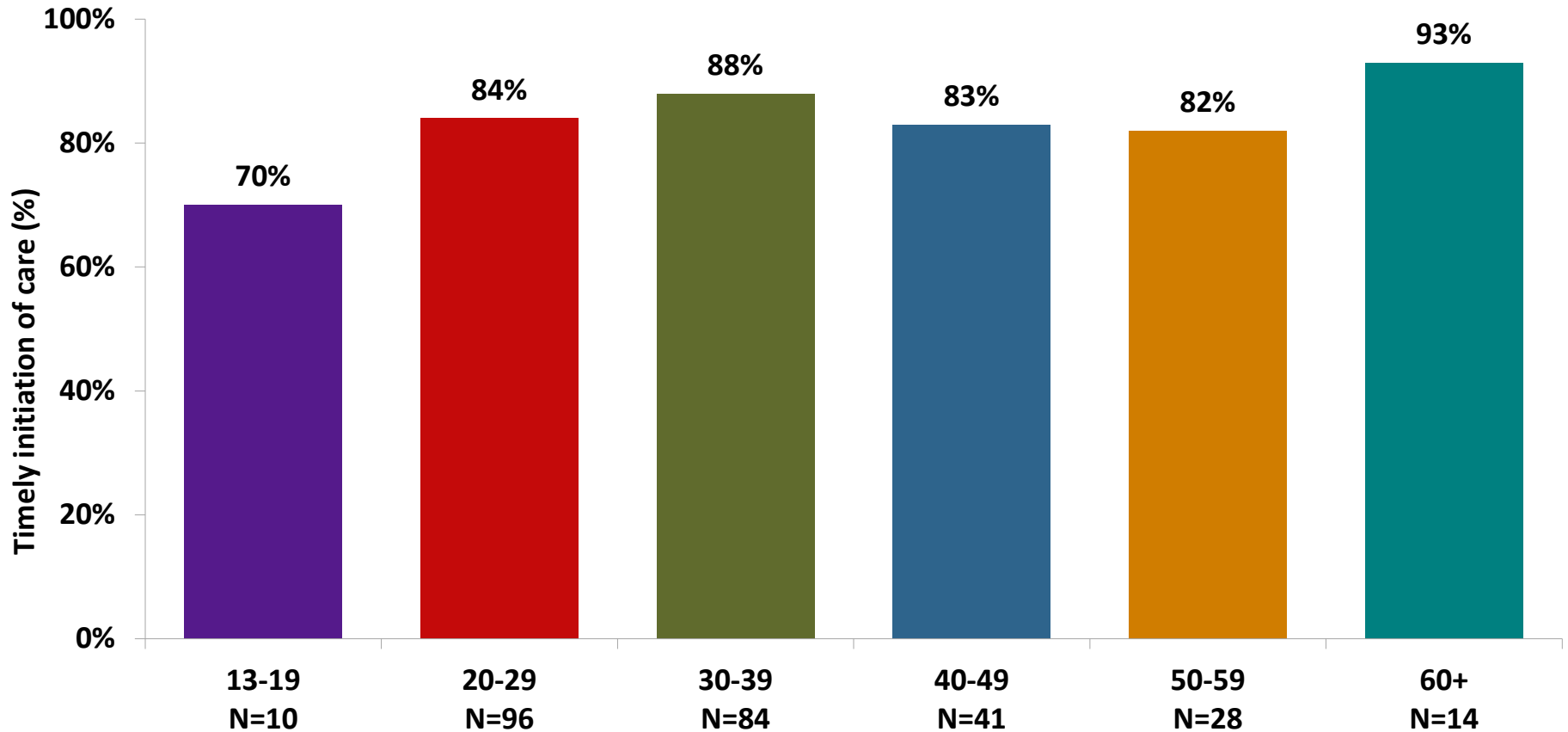
Among people newly diagnosed with HIV in Queens in 2020, a smaller proportion of Multiracial, Black, and Asian/Pacific Islander people were linked to care within 30 days of diagnosis.

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.

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

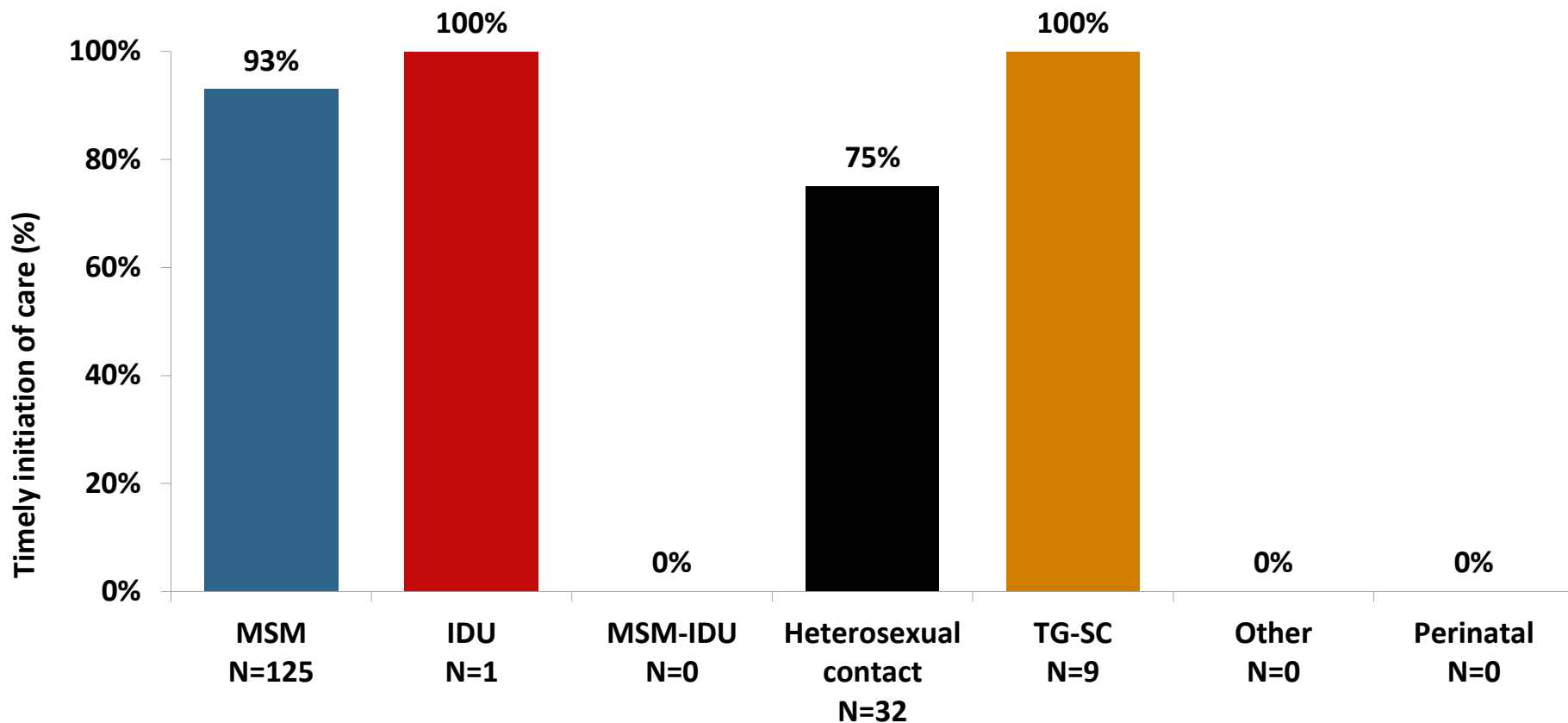
TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY AGE IN QUEENS, 2020



Among people newly diagnosed with HIV in Queens in 2020, people ages 13 to 19 and 40 to 59 had the smallest 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. Data for children ages 0 to 12 not shown. There were no new diagnoses among children in Queens 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 QUEENS, 2020



Among people newly diagnosed with HIV in Queens in 2020, a smaller proportion of people with heterosexual contact were linked to care within 30 days.

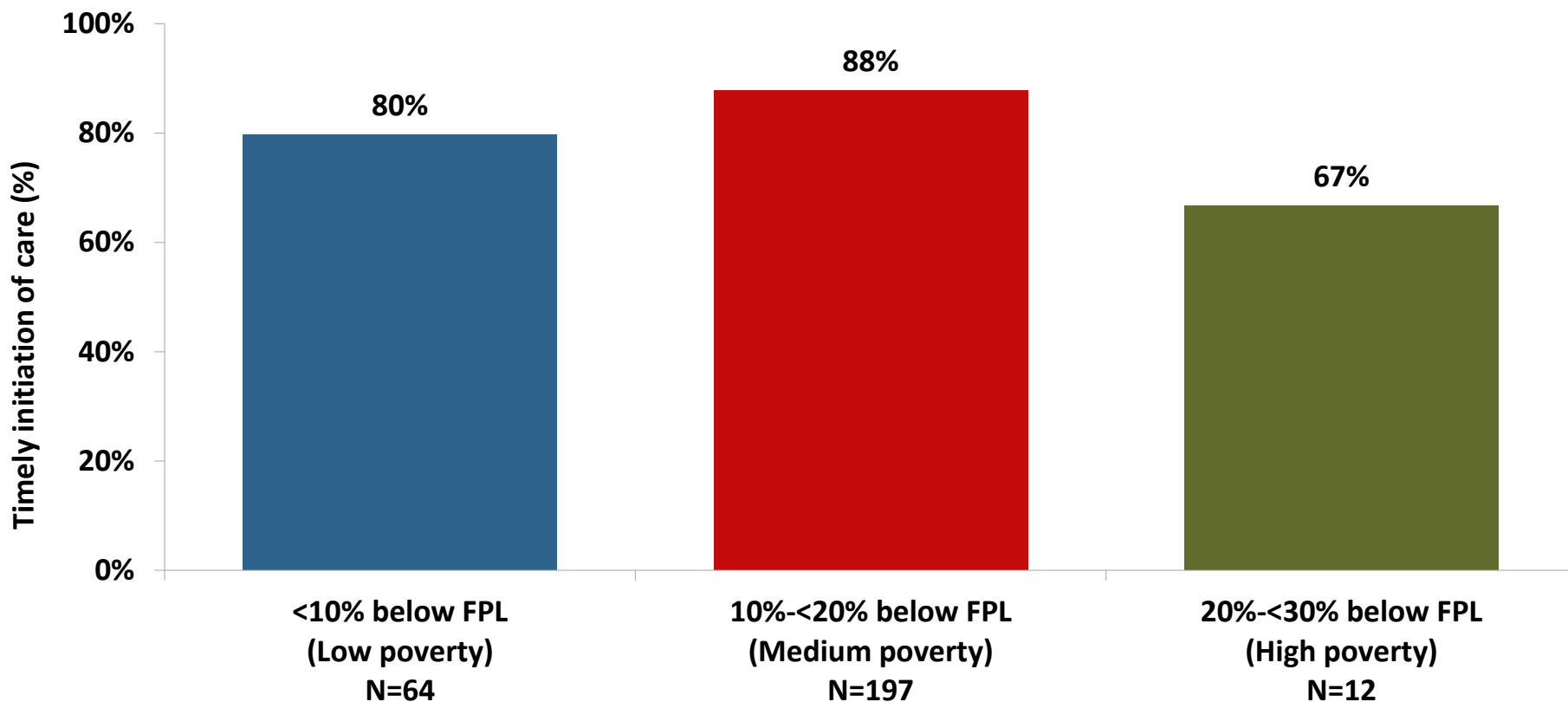
MSM=men who have sex with men; IDU=history of injection drug use; TG-SC=transgender people with sexual contact.

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.

Data for people with Unknown transmission category (N=106) are not displayed.

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 QUEENS, 2020



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

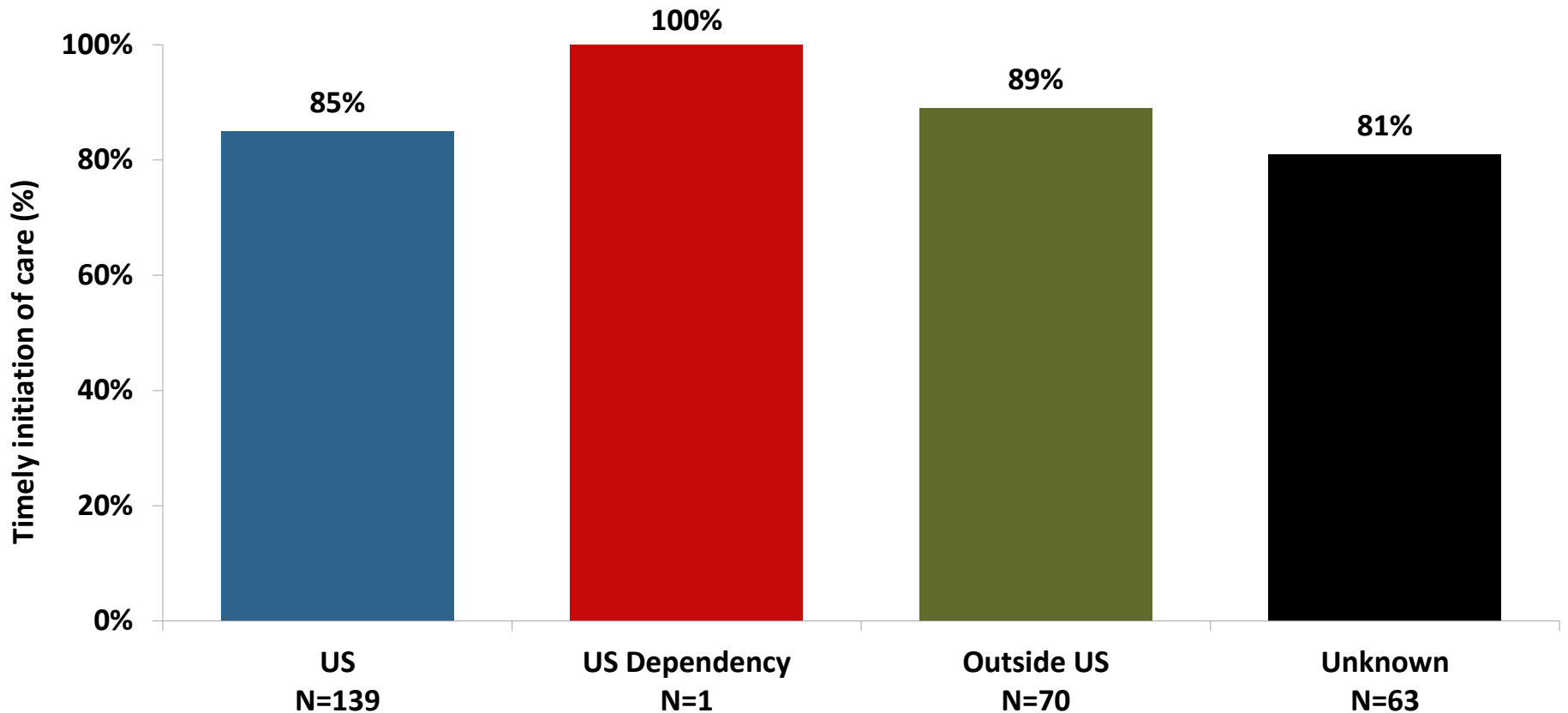
FPL=Federal Poverty Level. Queens does not have any ZIP codes that are $\geq 30\%$ below FPL (very high poverty).

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

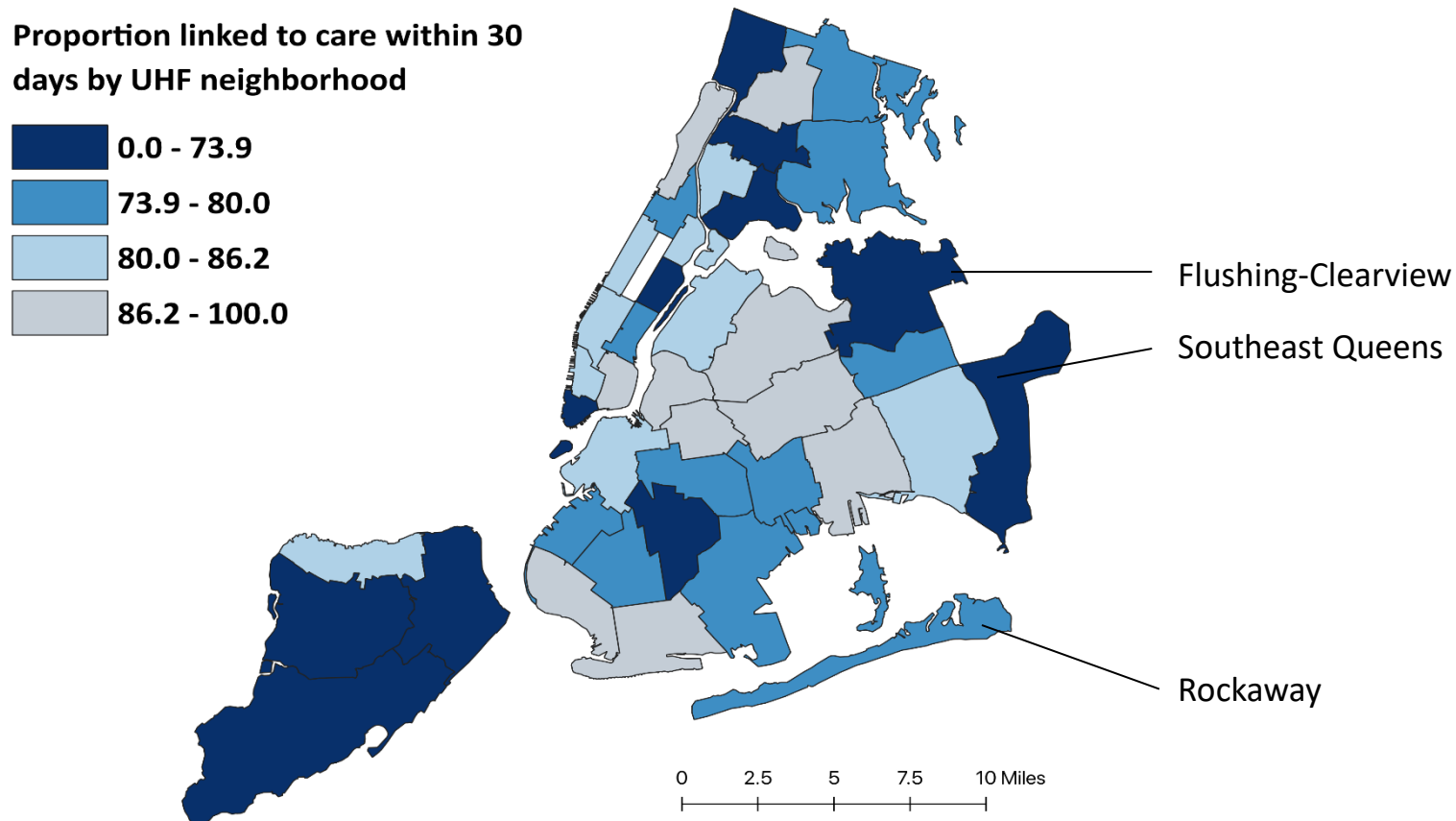
As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

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



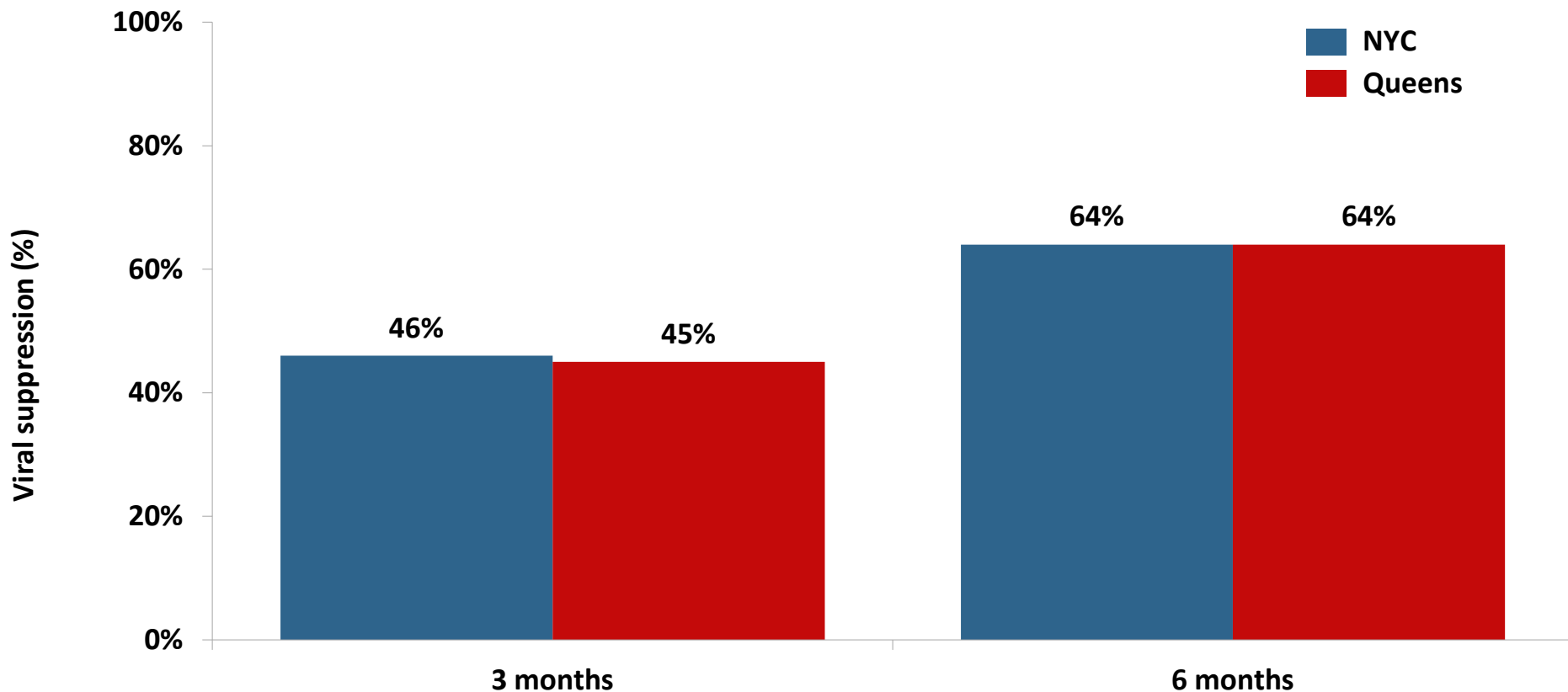
Among people newly diagnosed with HIV in Queens in 2020, a smaller proportion of people whose country of birth was unknown were linked to care within 30 days of diagnosis compared with people born in or outside the US.

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



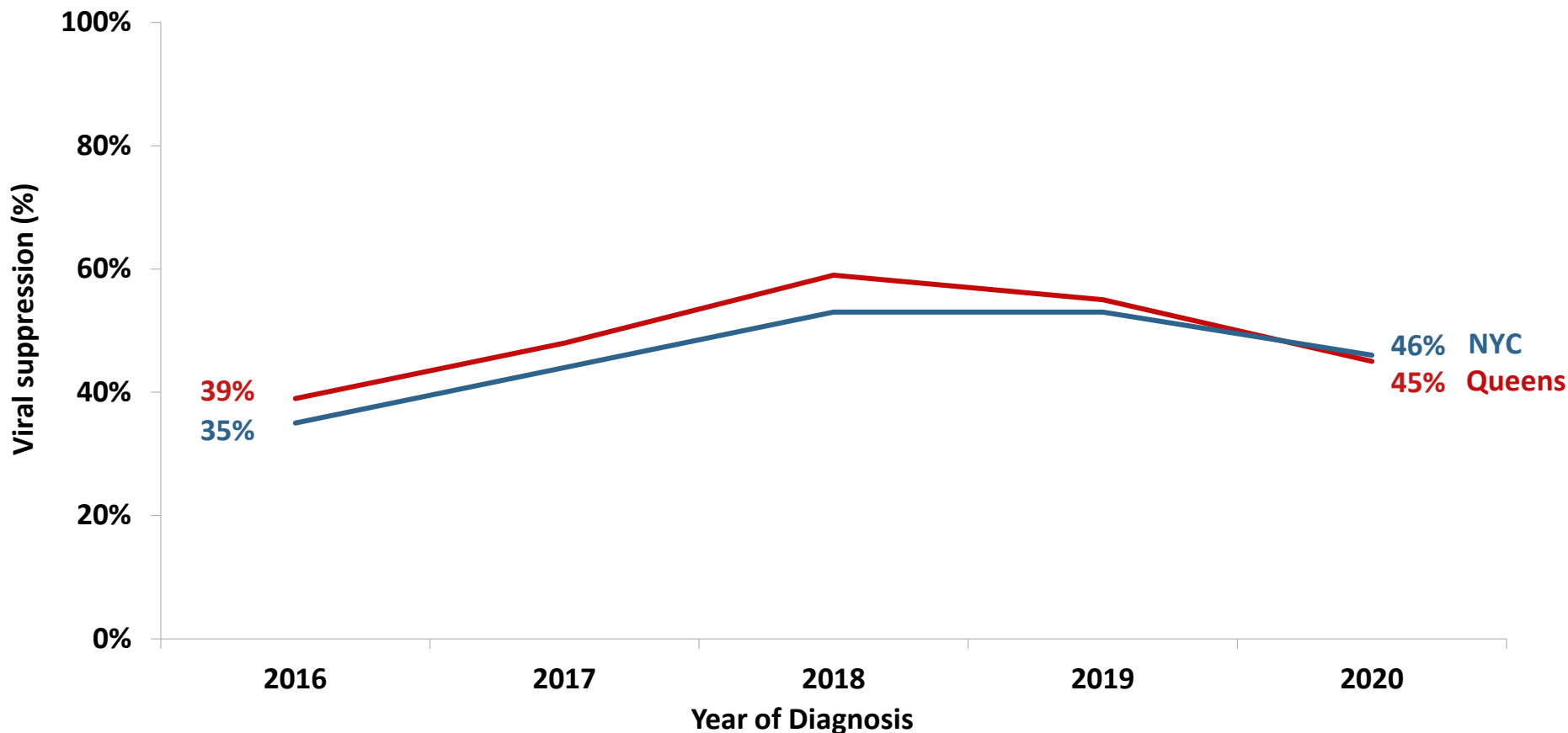
Queens neighborhoods with the smallest proportions of people timely linked to care in 2020 were Flushing-Clearview (70.6%), Southeast Queens (73.9%), and Rockaway (75%).

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



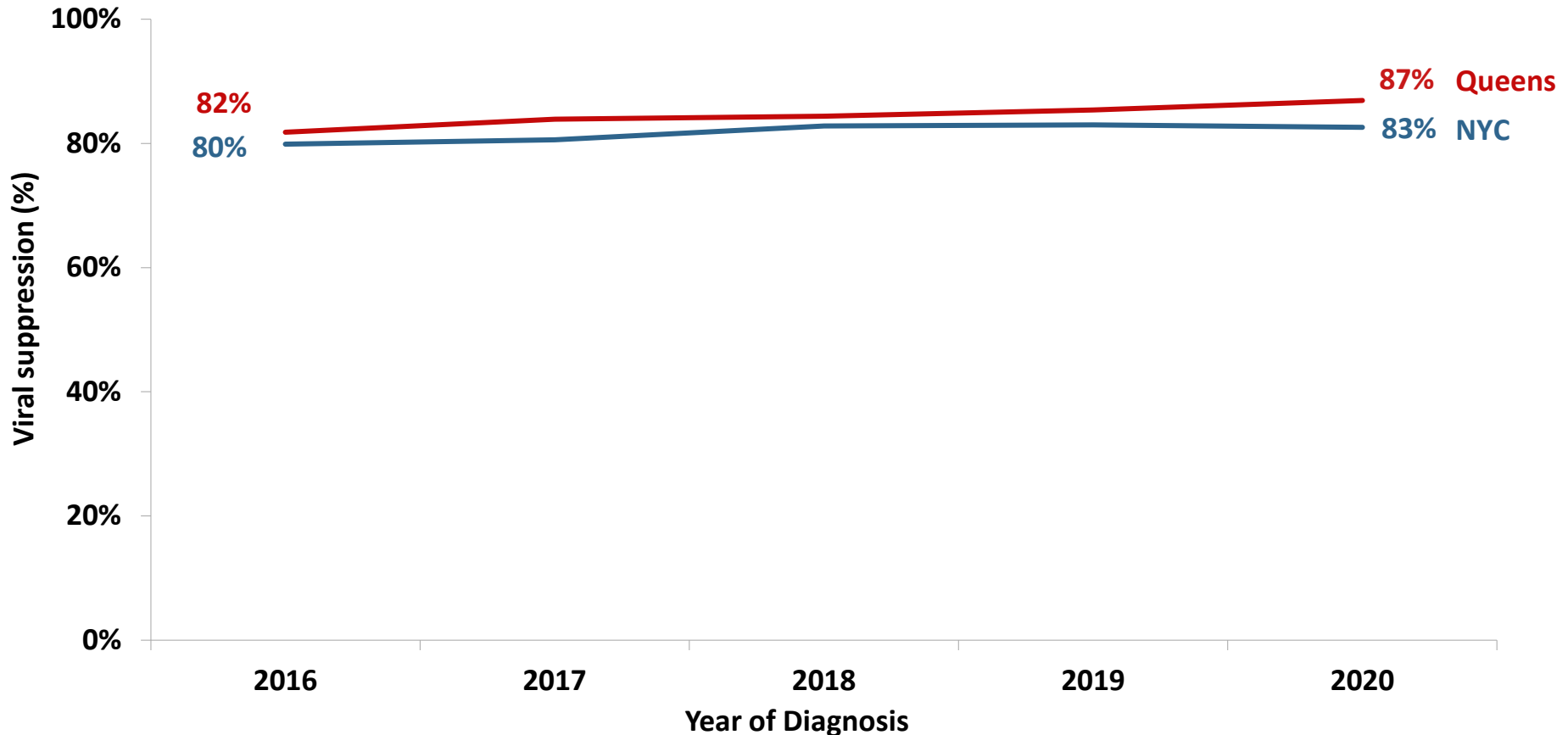
Among people newly diagnosed with HIV in 2020, a similar proportion of Queens residents and New Yorkers overall were virally suppressed within 3 and 6 months of diagnosis.

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



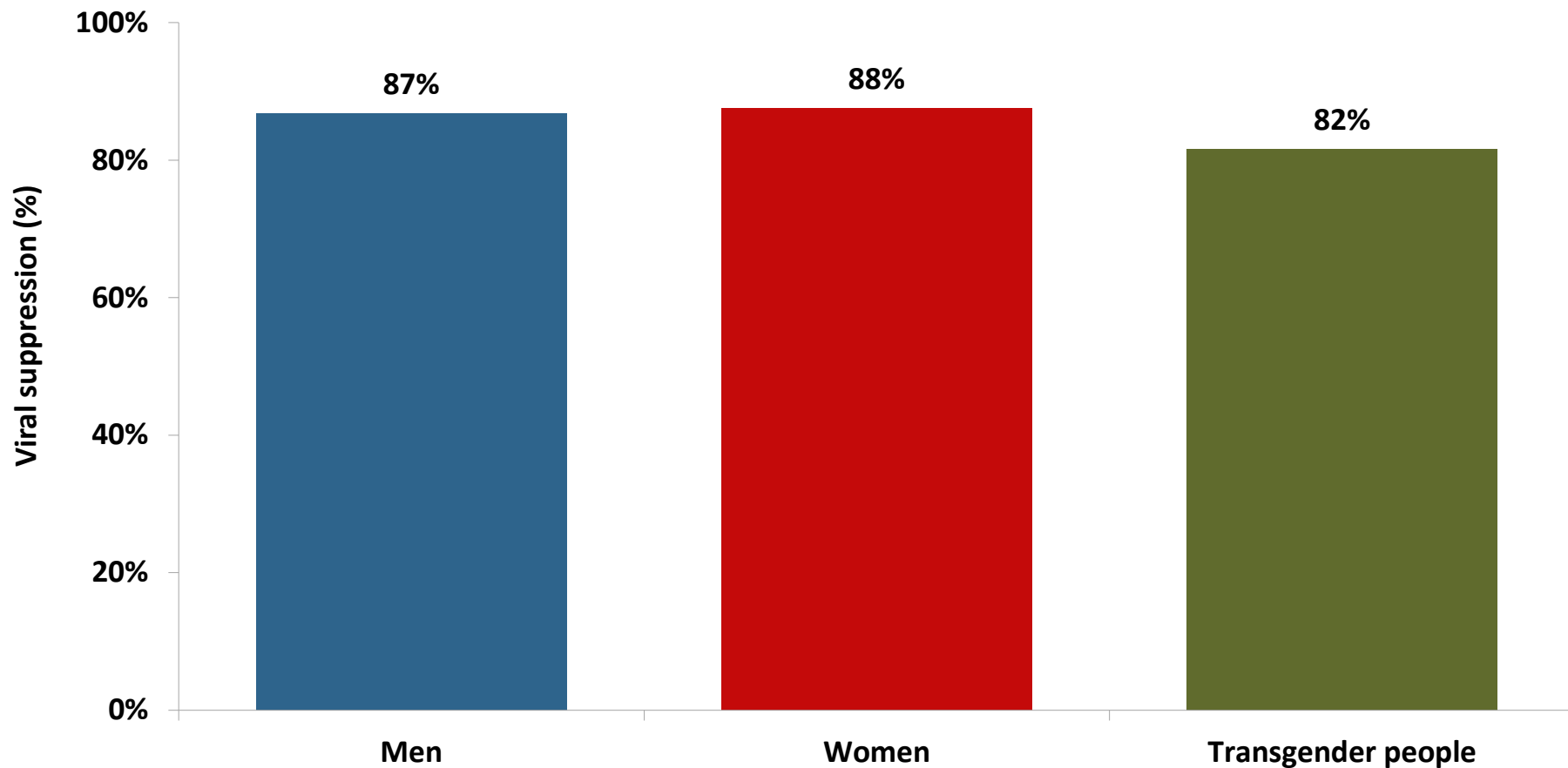
Between 2016 and 2020, viral suppression within 3 months among people newly diagnosed with HIV increased in Queens and in NYC overall.

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



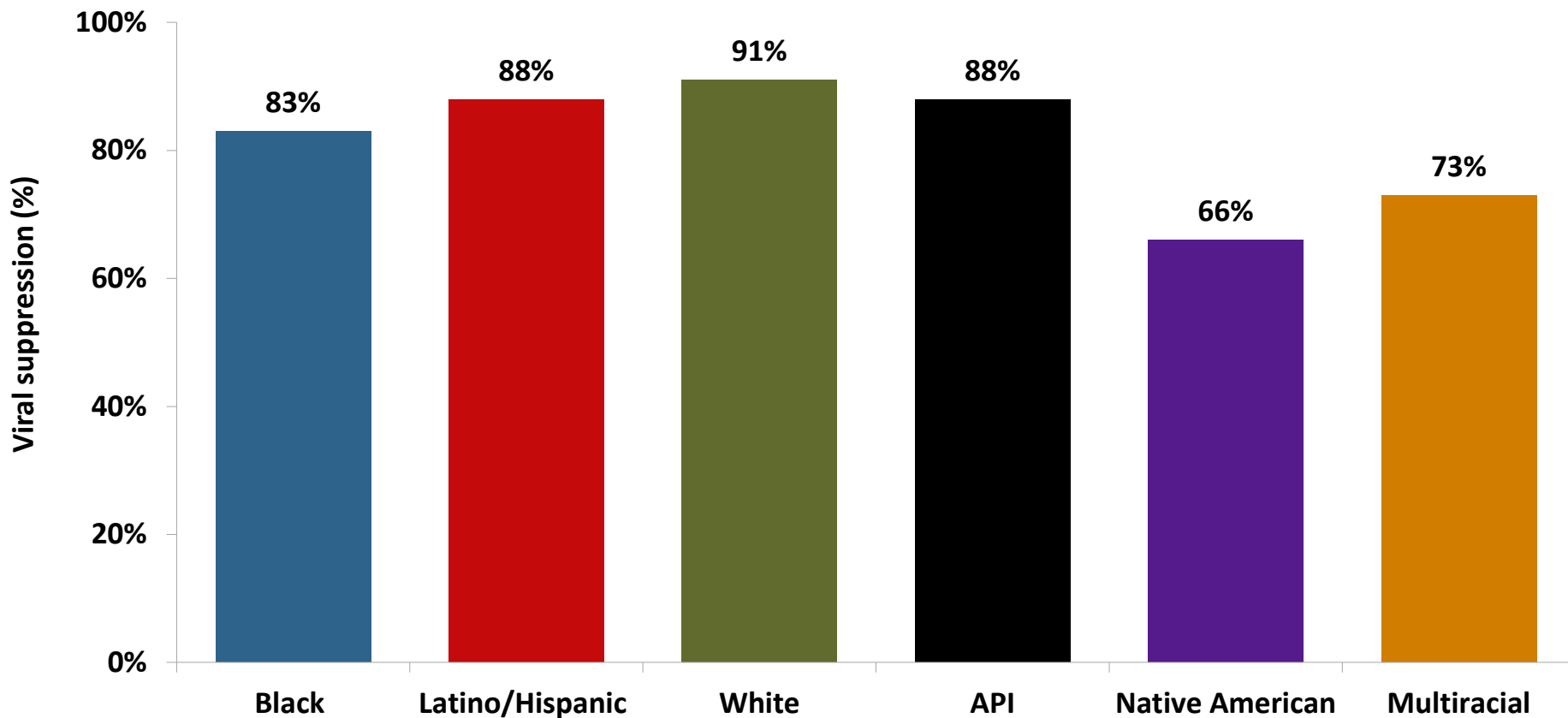
Between 2016 and 2020, viral suppression among all diagnosed people living with HIV (PLWH) increased in Queens and in NYC overall.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY GENDER IN QUEENS, 2020



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

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



Among diagnosed people living with HIV (PLWH) in Queens, Native American and multiracial people had the smallest proportions of viral suppression compared to people of other racial/ethnic groups.

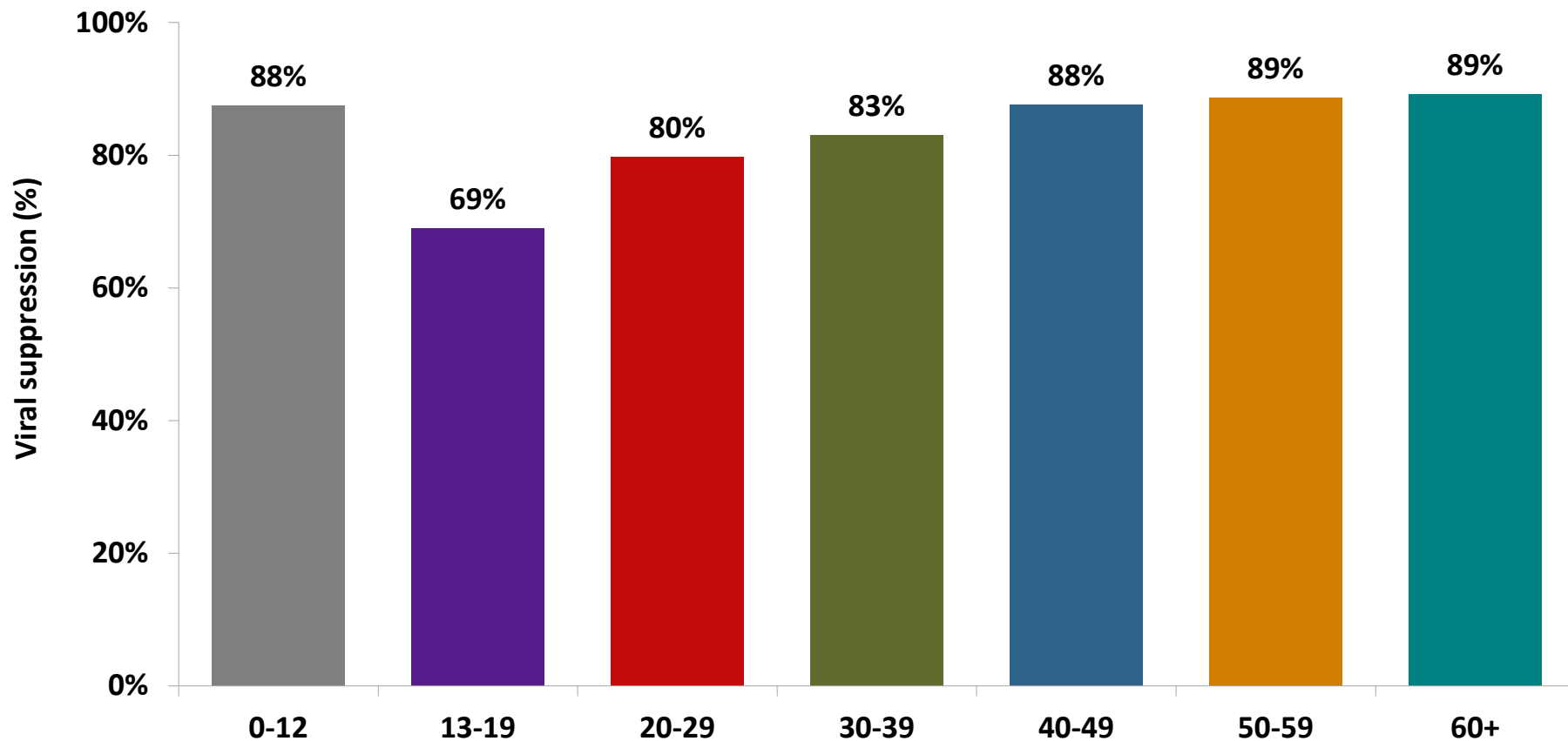
API=Asian/Pacific Islander.

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

Data for people with unknown race/ethnicity are not shown. There were no PLWH whose race/ethnicity was unknown in Queens in 2020.

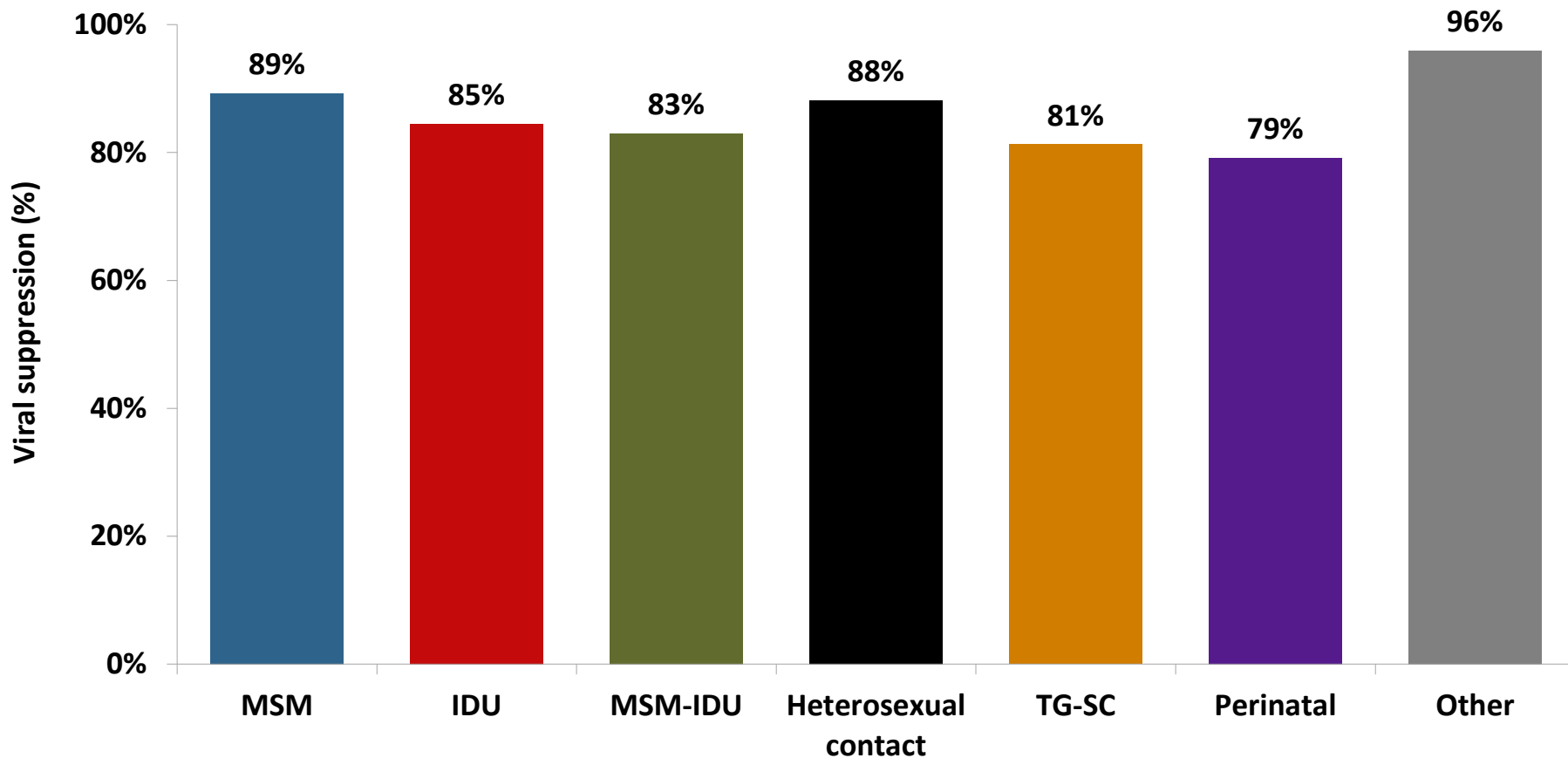
As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY AGE IN QUEENS, 2020



Among diagnosed people living with HIV (PLWH) in Queens, those ages 13 to 19 had the smallest proportion of viral suppression, and those ages 0 to 12 and 40 and older had the largest.

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



Among diagnosed people living with HIV (PLWH) in Queens, people in the perinatal transmission category had the smallest proportion of viral suppression.

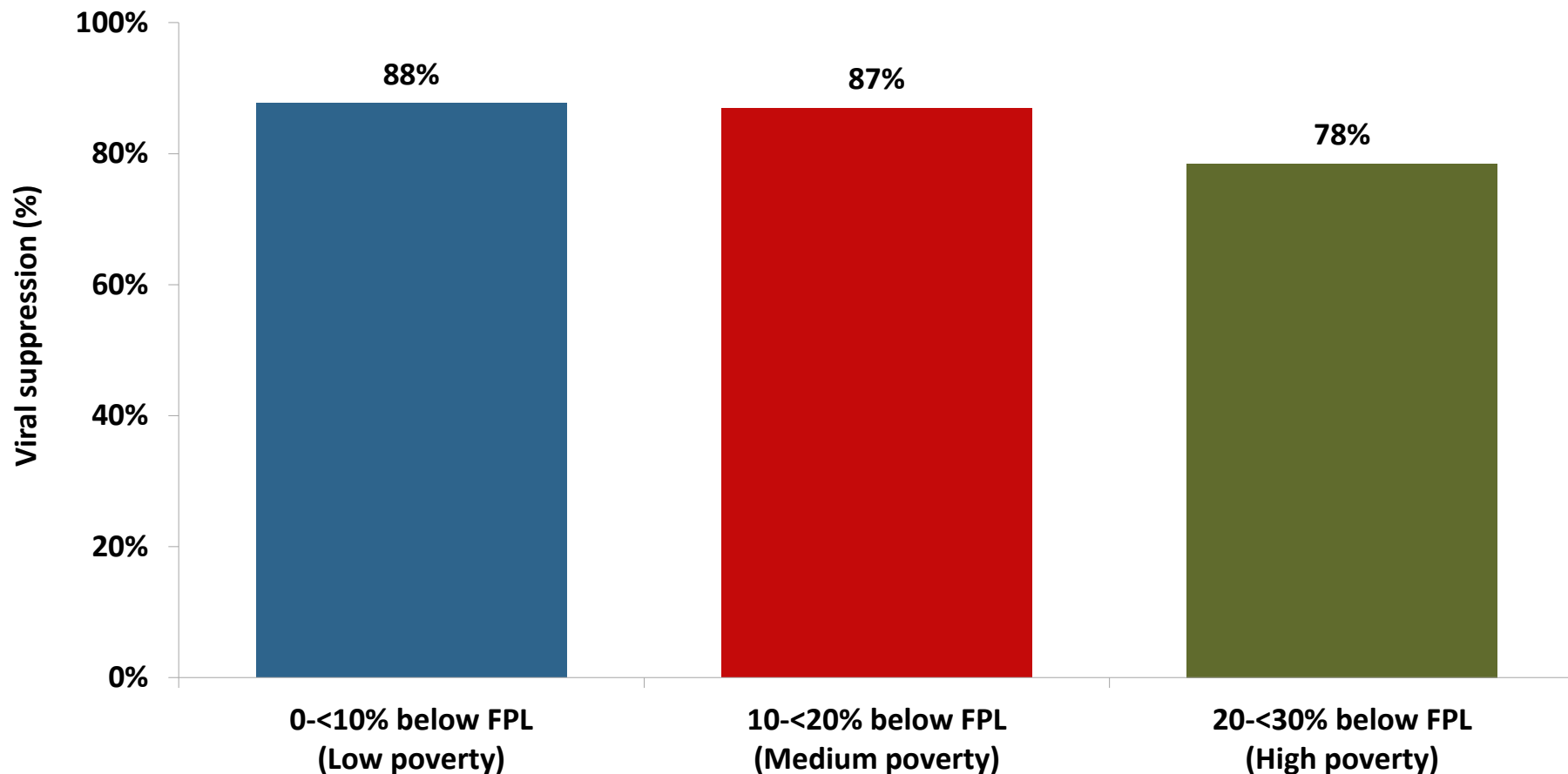
MSM=men who have sex with men; IDU=history of injection drug use; TG-SC=transgender people with sexual contact.

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

Data for people living with HIV with Unknown transmission category are 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 AREA-BASED POVERTY LEVEL IN QUEENS, 2020



Among diagnosed people living with HIV (PLWH) in Queens, a smaller proportion of people living in higher-poverty neighborhoods were virally suppressed.

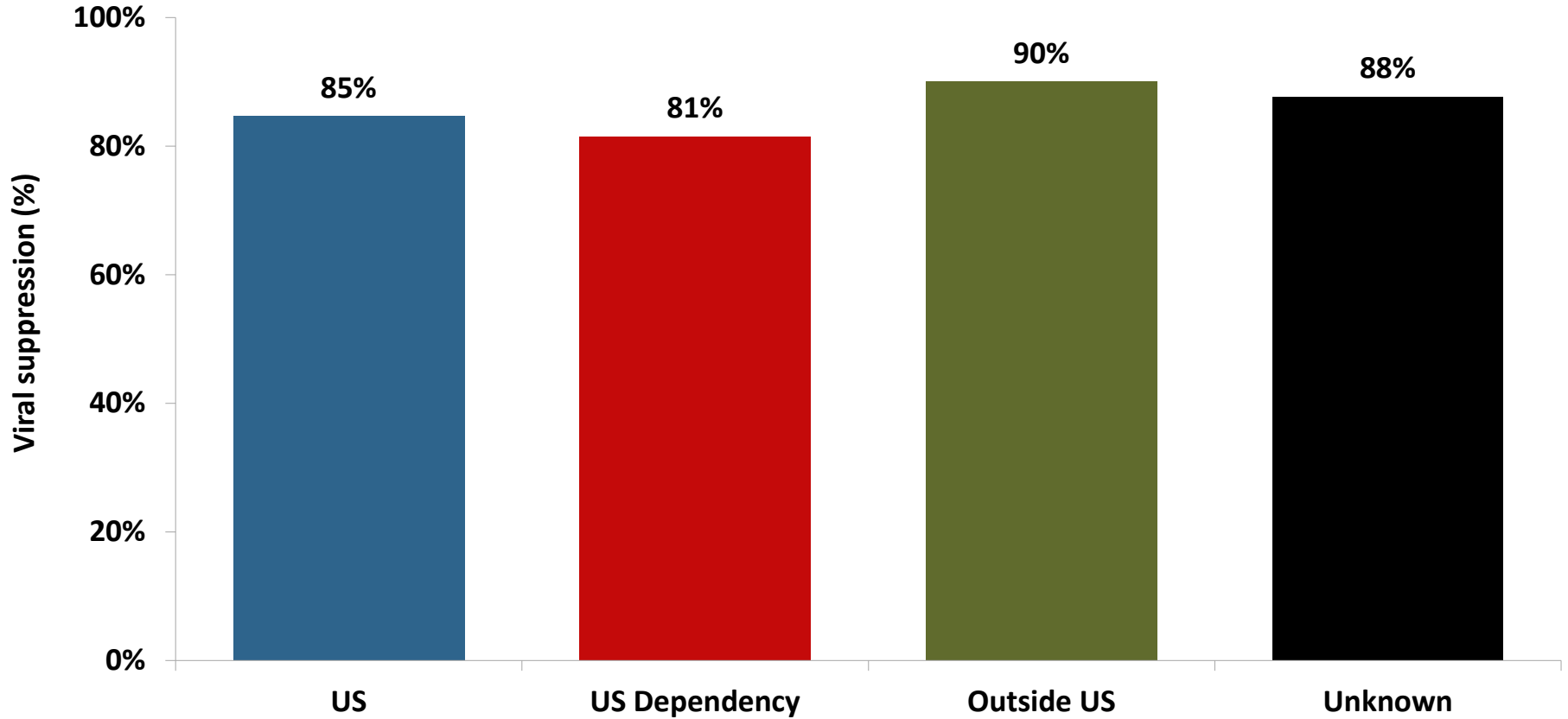
FPL=Federal Poverty Level. Queens does not have any ZIP codes that are $\geq 30\%$ below FPL (very high poverty).

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

Data for PLWH without area-based poverty information are not displayed.

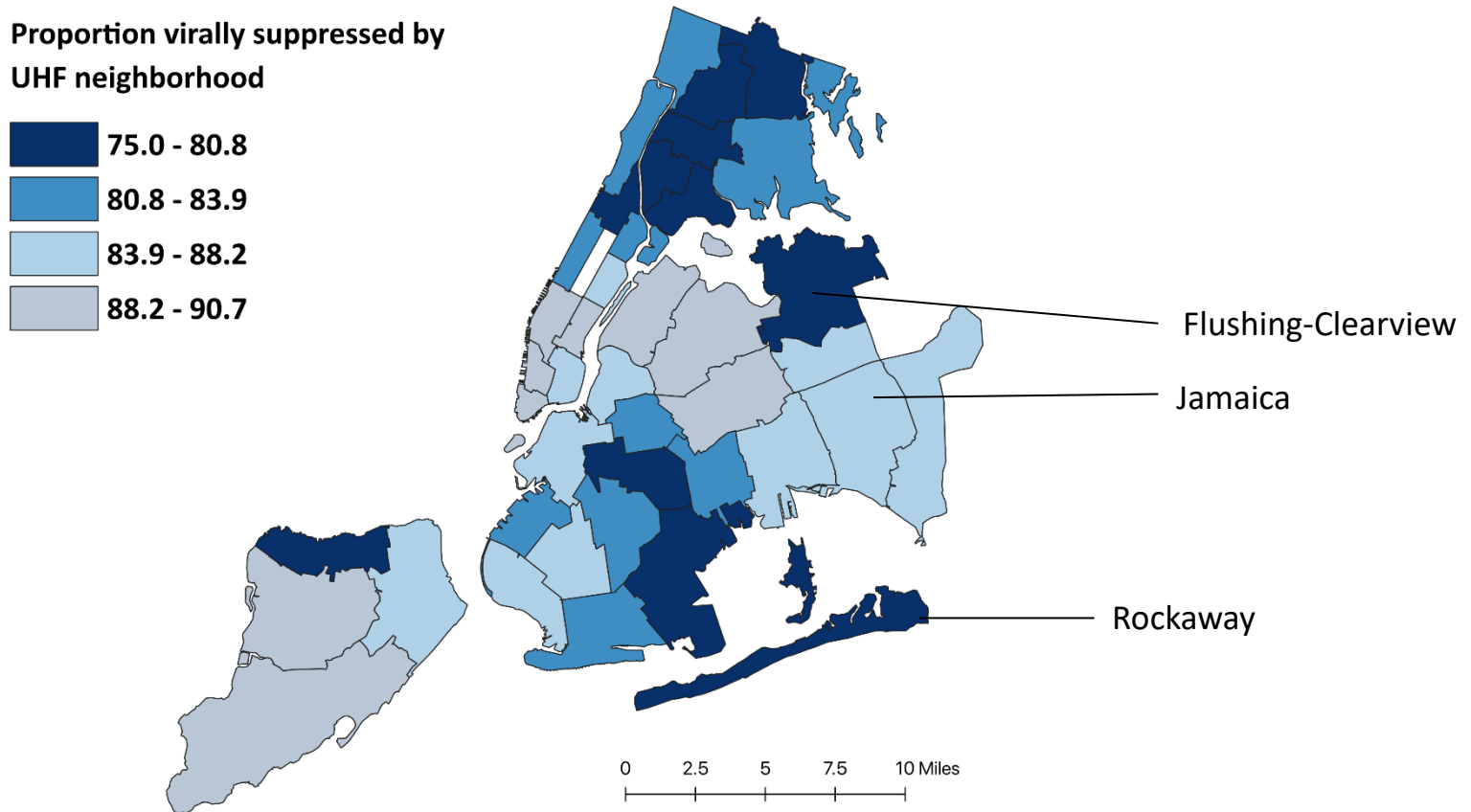
As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY AREA OF BIRTH IN QUEENS, 2020



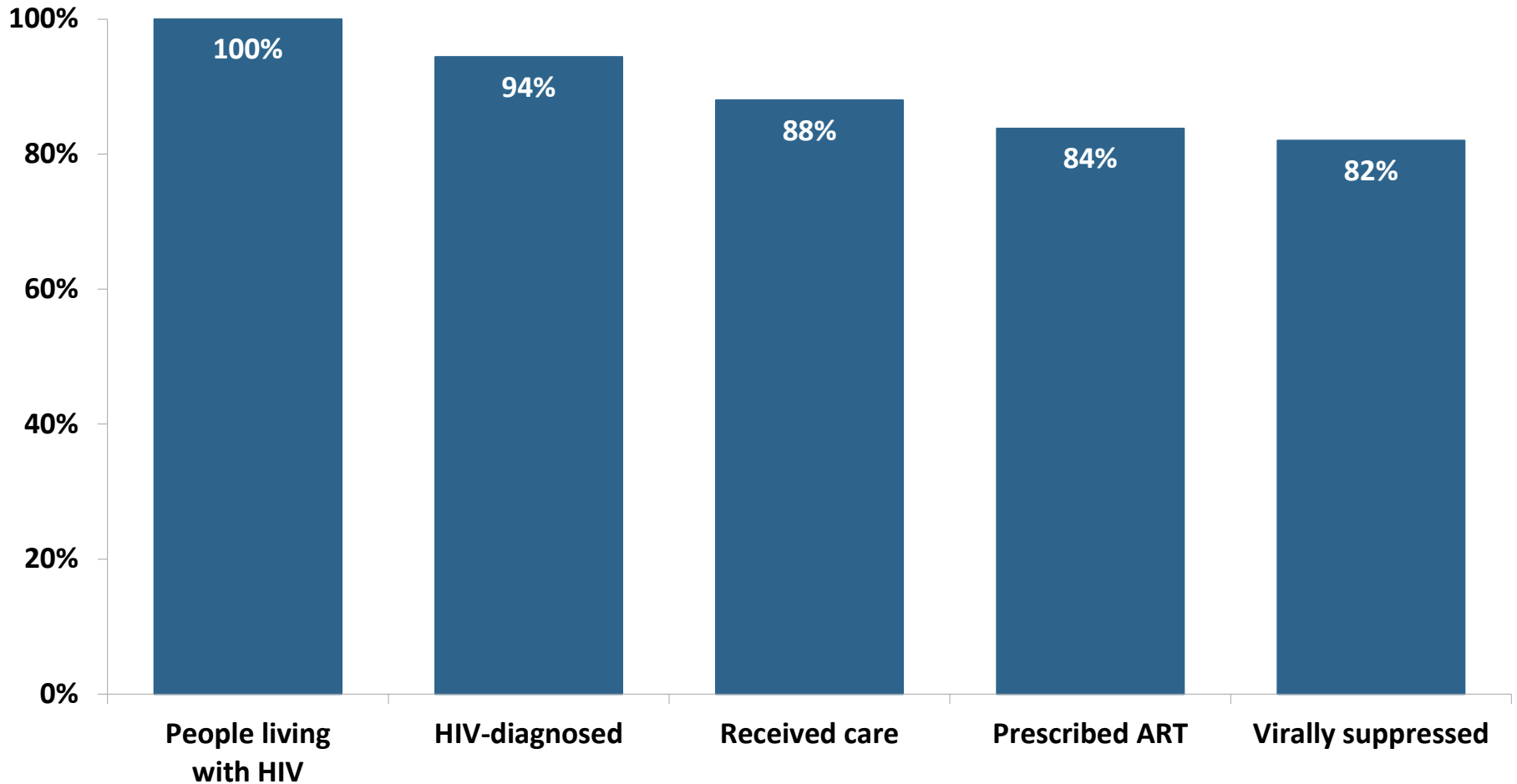
Among diagnosed people living with HIV (PLWH) in Queens, a smaller proportion of people born in a US Dependency or born in the US were virally suppressed compared to people born outside the US.

VIRAL SUPPRESSION BY UHF NEIGHBORHOOD IN NYC, 2020



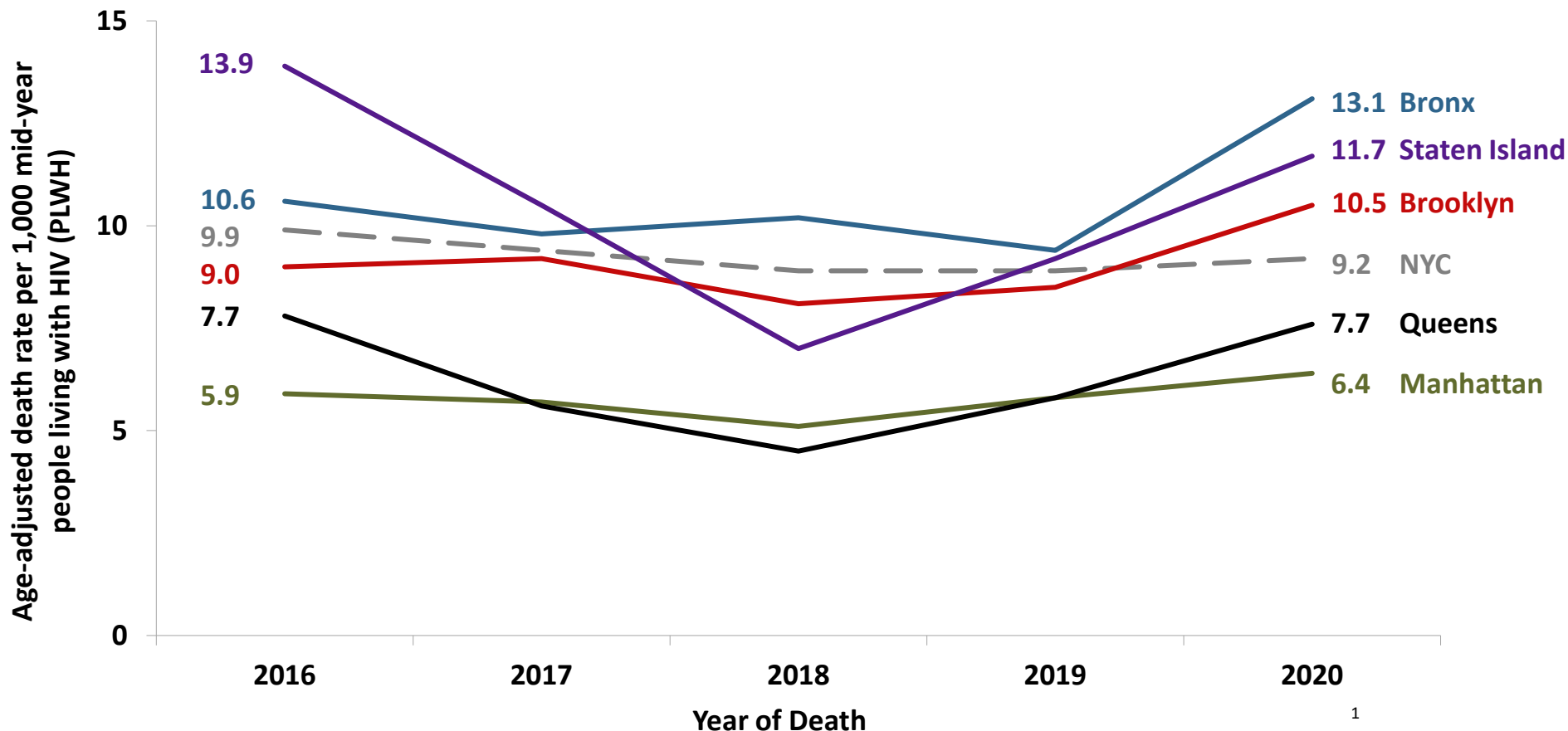
Queens neighborhoods with the smallest proportion of virally suppressed people living with HIV (PLWH) in 2020 were Flushing-Clearview (80.3%), Rockaway (80.4%), and Jamaica (85.5%).

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



Of approximately 12,200 people living with HIV (PLWH) in Queens in 2020, 82% had a suppressed viral load.

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



1

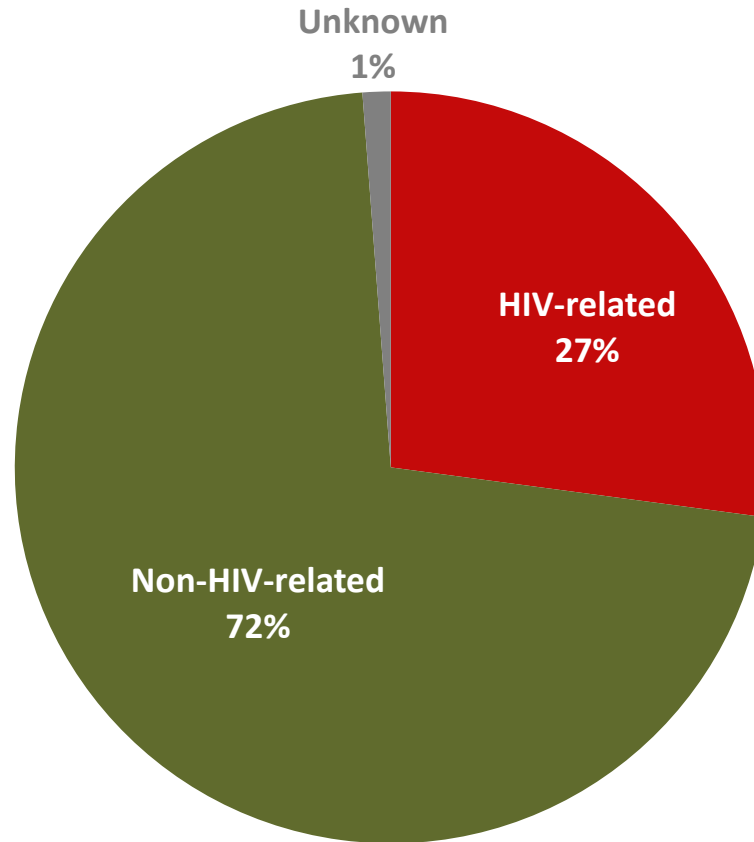
The age-adjusted death rate among people with HIV decreased in Queens from 2016 to 2018 but increased from 2019-2020. Queens was the borough with the second-lowest death rate in 2020.

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 QUEENS, 2019¹



In 2019, 72% of deaths among people with HIV in Queens were due to non-HIV-related causes. Among these, the top causes were cardiovascular diseases (29%), non-HIV-related cancers (26%), and chronic lower respiratory diseases (8%).

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” categories 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.