

HIV IN THE BRONX, 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>

TABLE OF CONTENTS (1)

SLIDE NUMBER:

OVERALL

5. HIV IN THE BRONX, 2020

NEW DIAGNOSIS

6. NEW HIV DIAGNOSES IN THE BRONX, 2016-2020

7. NUMBER OF NEW HIV DIAGNOSES BY GENDER IN THE BRONX, 2016-2020

8. NUMBER OF NEW HIV DIAGNOSES BY RACE/ETHNICITY IN THE BRONX, 2016-2020

9. NUMBER OF NEW HIV DIAGNOSES BY AGE IN THE BRONX, 2016-2020

10. NUMBER OF NEW HIV DIAGNOSES BY RACE/ETHNICITY AND AGE IN THE BRONX, 2020

11. NUMBER OF NEW HIV DIAGNOSES BY TRANSMISSION CATEGORY IN THE BRONX, 2016-2020

12. NUMBER OF NEW HIV DIAGNOSES BY AREA-BASED POVERTY LEVEL IN THE BRONX, 2016-2020

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

TABLE OF CONTENTS (2)

SLIDE NUMBER:

PEOPLE NEWLY DIAGNOSED WITH HIV

14. TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV IN NYC AND THE BRONX, 2016-2020
15. TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY GENDER IN THE BRONX, 2020
16. TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY RACE/ETHNICITY IN THE BRONX, 2020
17. TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY AGE IN THE BRONX, 2020
18. TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY TRANSMISSION CATEGORY IN THE BRONX, 2020
19. TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY AREA-BASED POVERTY IN THE BRONX, 2020
20. TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY COUNTRY OF BIRTH IN THE BRONX, 2020
21. MAP OF TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY UHF NEIGHBORHOOD IN NYC, 2020
22. VIRAL SUPPRESSION WITHIN 3 AND 6 MONTHS OF NEW HIV DIAGNOSIS IN NYC AND THE BRONX, 2020
23. VIRAL SUPPRESSION WITHIN 3 MONTHS AMONG PEOPLE NEWLY DIAGNOSED WITH HIV IN NYC AND THE BRONX, 2016-2020

TABLE OF CONTENTS (3)

SLIDE NUMBER:

PEOPLE LIVING WITH HIV (PLWH)

- 24. VIRAL SUPPRESSION AMONG DIAGNOSED PLWH IN NYC AND THE BRONX, 2016-2020
- 25. VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY GENDER IN THE BRONX, 2020
- 26. VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY RACE/ETHNICITY IN THE BRONX, 2020
- 27. VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY AGE IN THE BRONX, 2020
- 28. VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY TRANSMISSION CATEGORY IN THE BRONX, 2020
- 29. VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY AREA-BASED POVERTY LEVEL IN THE BRONX, 2020
- 30. VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY COUNTRY OF BIRTH IN THE BRONX, 2020
- 31. MAP OF VIRAL SUPPRESSION BY UHF NEIGHBORHOOD IN NYC, 2020
- 32. PROPORTION OF PLWH IN THE BRONX ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2020

DEATHS

- 33. AGE-ADJUSTED DEATH RATES AMONG PLWH IN NYC OVERALL AND BY BOROUGH, 2016-2020
- 34. CAUSE OF DEATH AMONG PWH IN THE BRONX, 2019

OTHER

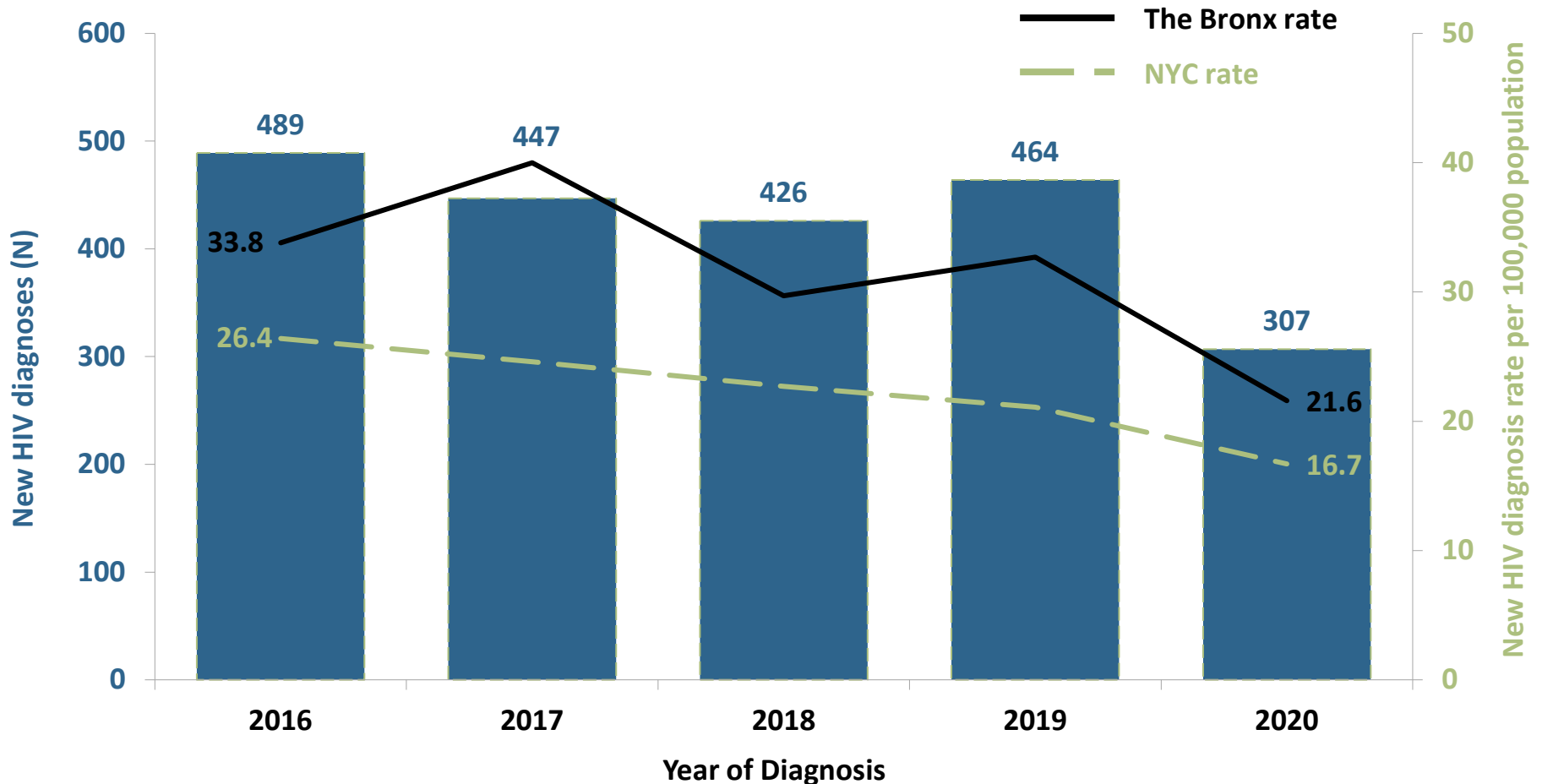
- 35. HOW TO FIND OUR DATA
- 36-37. APPENDIX: DEFINITIONS AND STATISTICAL NOTES
- 38. TECHNICAL NOTES: HIV CARE CONTINUUM

HIV IN THE BRONX, 2020

BASIC STATISTICS

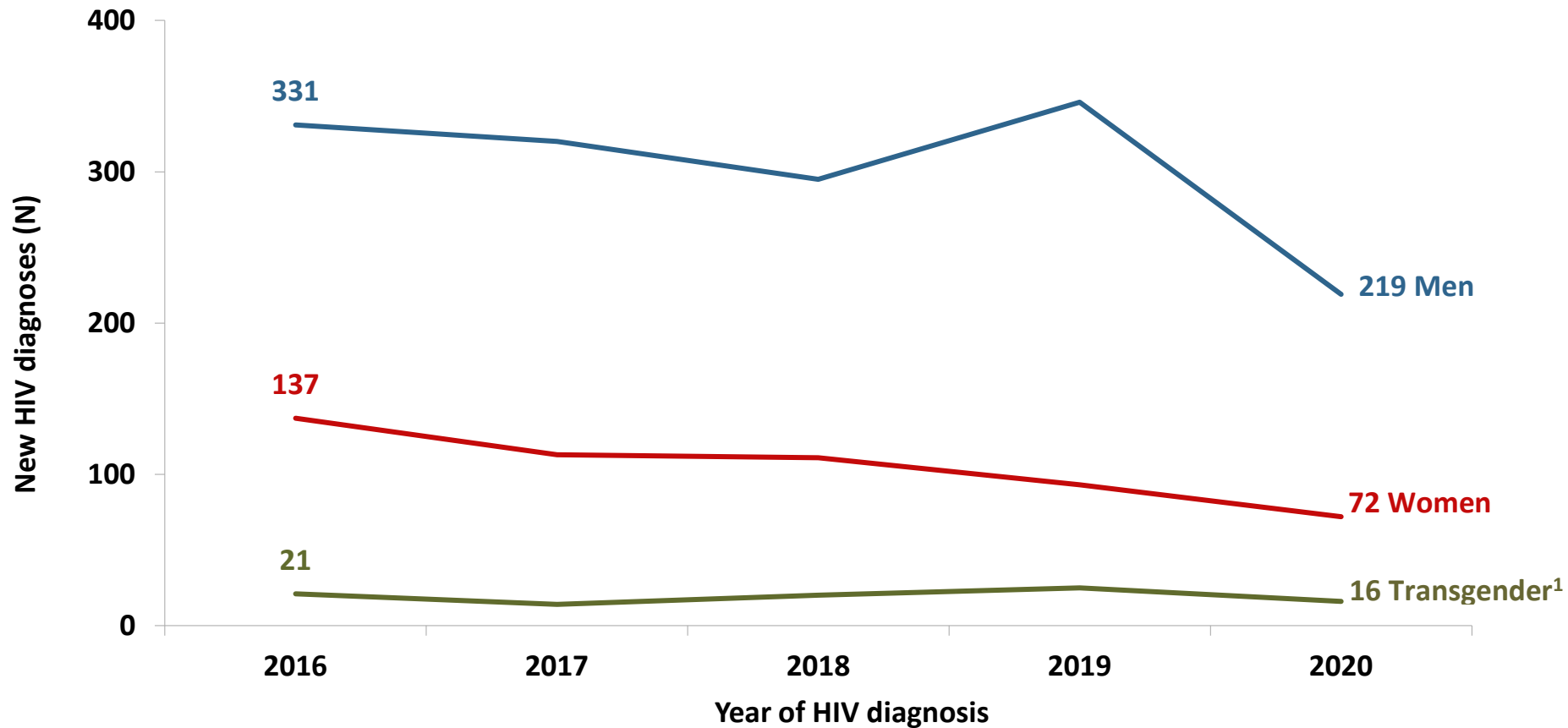
- **17% of all New Yorkers live in the Bronx**
- **307 new HIV diagnoses**
 - 22% of all new HIV diagnoses in NYC
 - Includes 47 HIV diagnoses concurrent with an AIDS diagnosis (15%)
- **245 new AIDS diagnoses**
- **665 deaths among people with HIV**
 - 13.1 deaths per 1,000 people with HIV¹

NEW HIV DIAGNOSES IN THE BRONX, 2016-2020



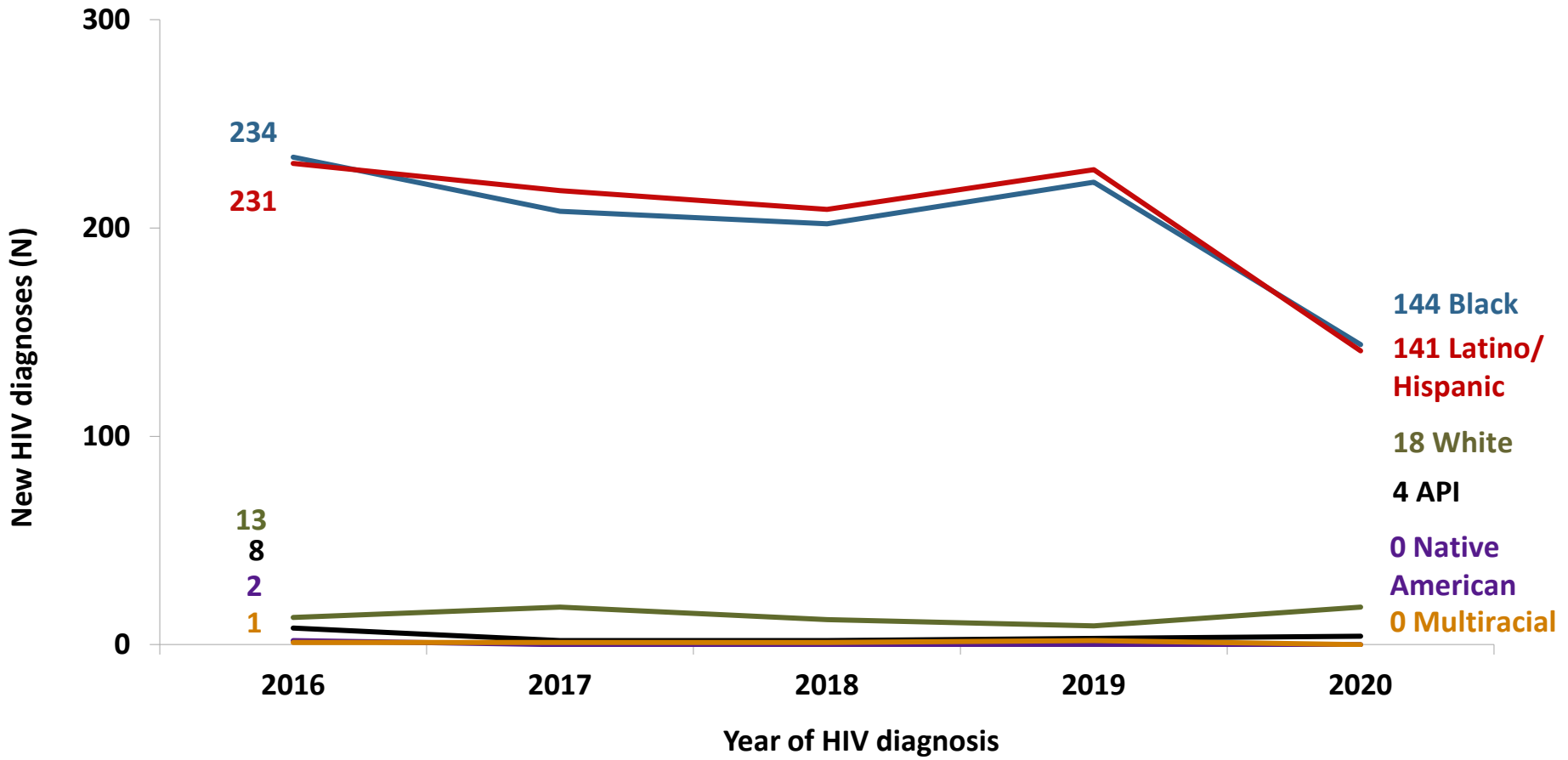
The number and rate of new HIV diagnoses decreased in the Bronx between 2016 and 2020. The HIV diagnosis rate was higher in the Bronx than in NYC overall.

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



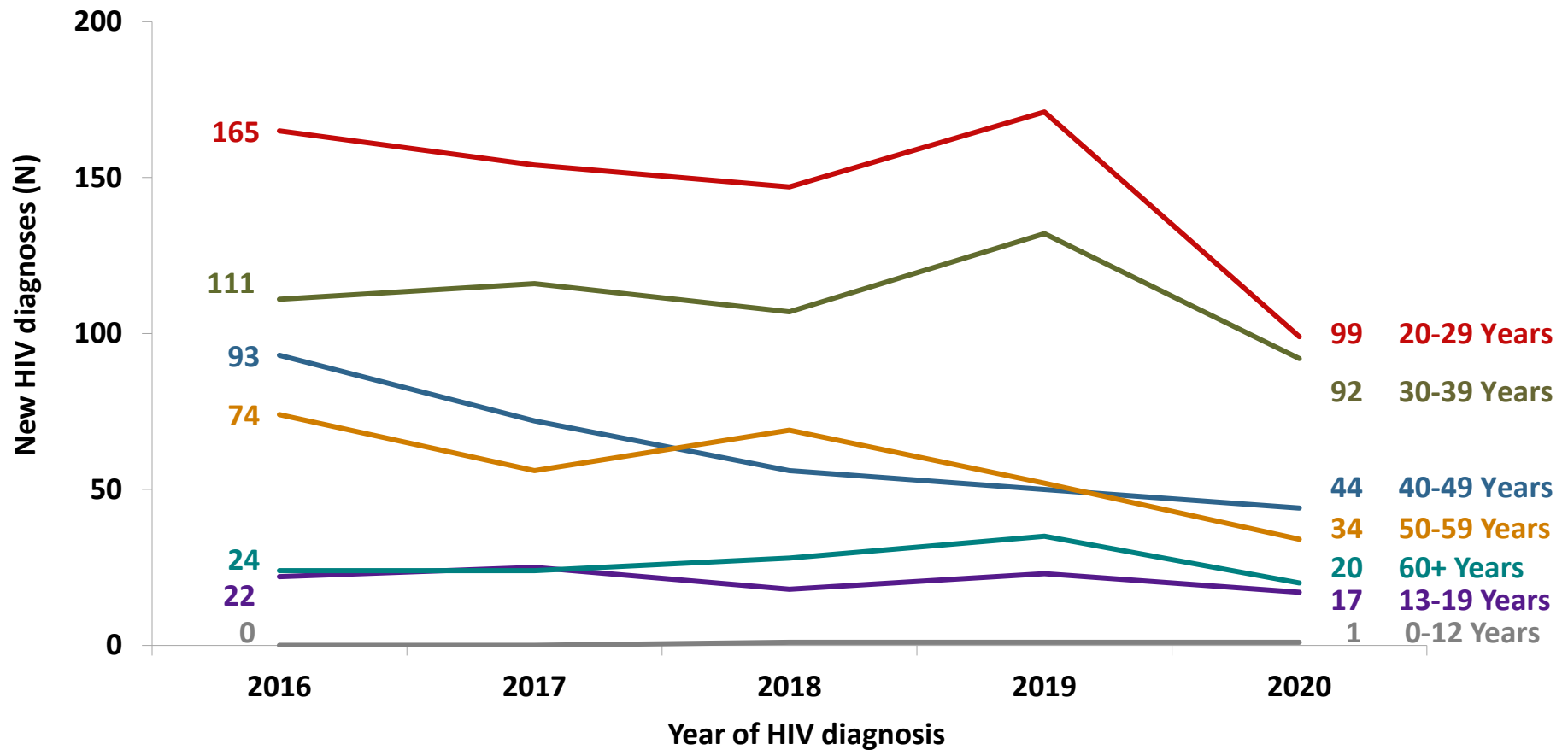
Between 2016 and 2020, the number of new HIV diagnoses among men, women, and transgender people decreased in the Bronx.

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



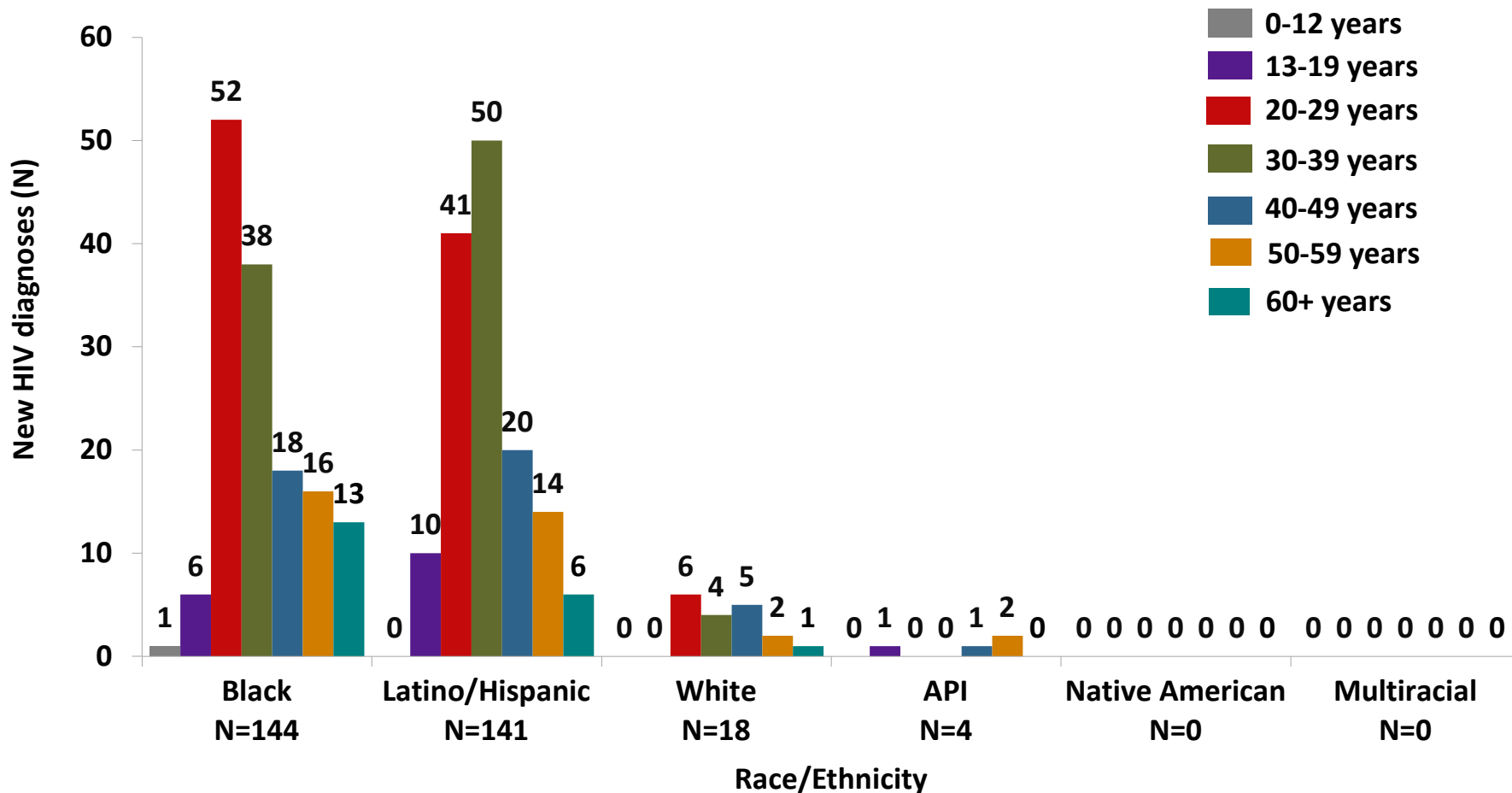
Between 2016 and 2020, HIV diagnoses decreased among Black, Latino/Hispanic, API, Native American people, and multiracial people. The majority of new diagnoses in the Bronx were among Black and Latino/Hispanic people.

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



Between 2016 and 2020, people ages 20 to 29 had the highest numbers of new HIV diagnoses in the Bronx. New diagnoses increased slightly among people ages 0-12 and decreased among all other age groups.

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



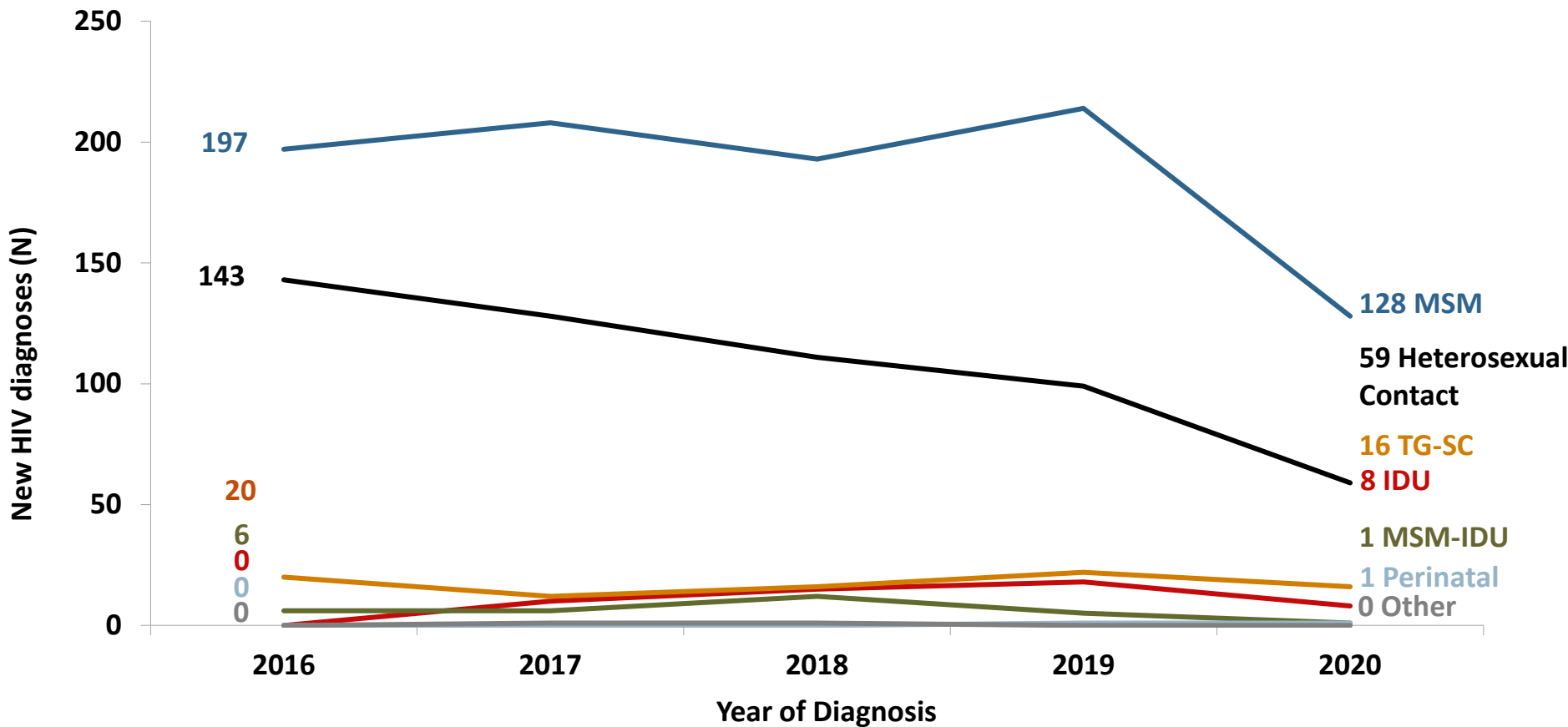
Black and Latino/Hispanic people ages 20 to 29 and 30 to 39 accounted for the largest proportions of new HIV diagnoses in the Bronx in 2020.

API=Asian/Pacific Islander.

There were no new diagnoses among Native American and Multiracial people in the Bronx 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 THE BRONX, 2016-2020



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

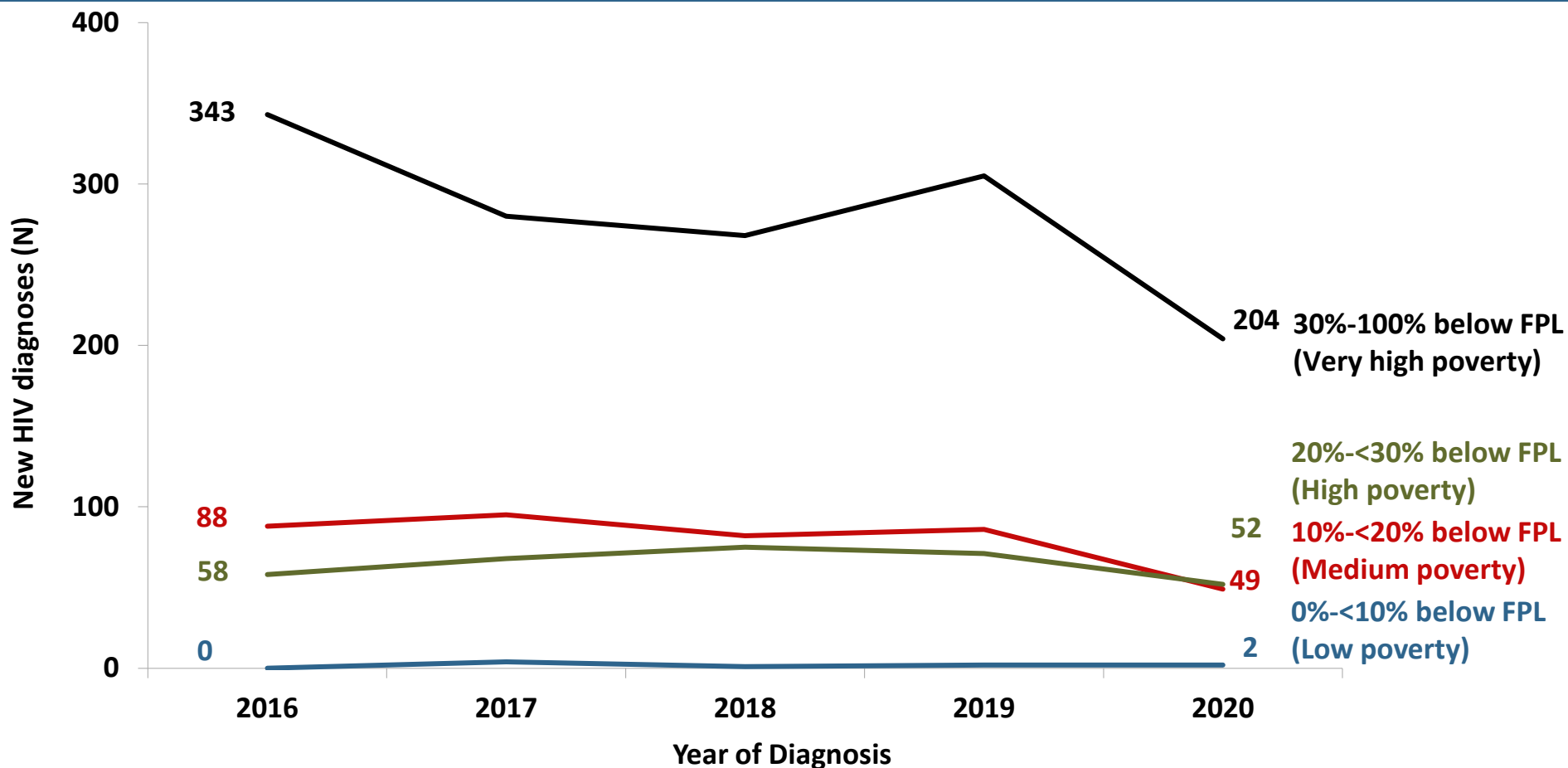
MSM=men who have sex with men; IDU=history of injection drug use; TG-SC=transgender people with sexual contact.

Data for people with Unknown transmission category are not shown. There were 94 people with Unknown transmission category newly diagnosed with HIV in the Bronx in 2020.

For new HIV diagnoses in the Bronx with Other transmission category, there were N=0 in 2016, N=1 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 THE BRONX, 2016-2020



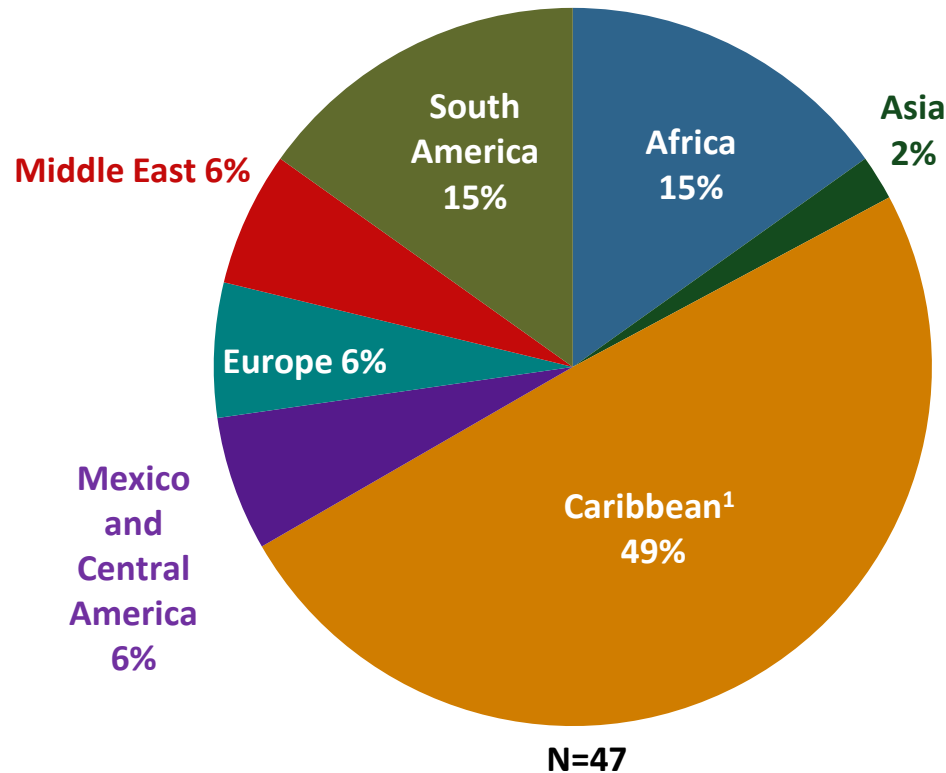
Between 2016 and 2020, the number of new HIV diagnoses was highest in neighborhoods with very high poverty in the Bronx.

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 0 people with unknown ZIP code at diagnosis in the Bronx 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, BRONX, 2020



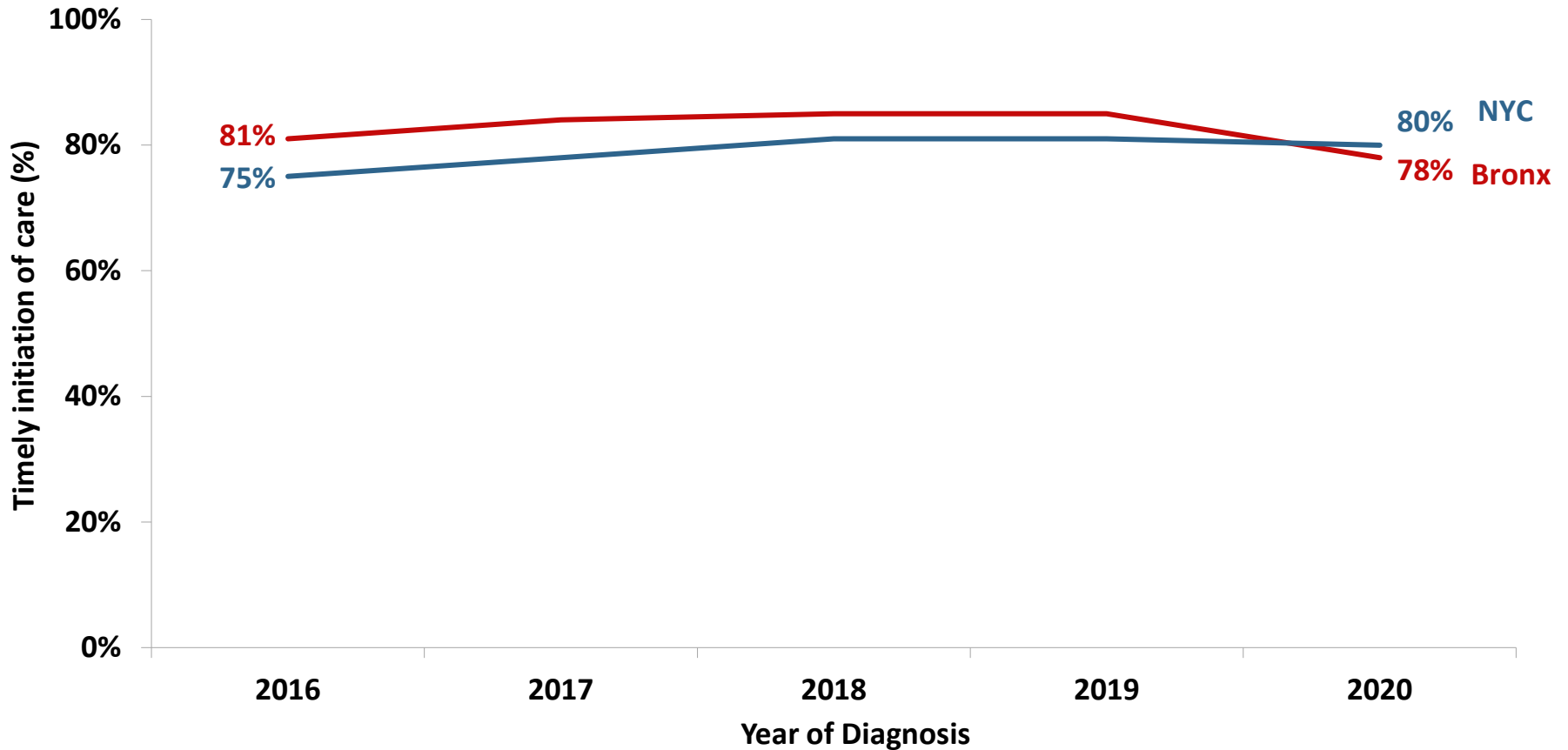
People born outside the US accounted for 35% of residents of the Bronx², and 15% of new HIV diagnoses in the Bronx in 2020. People born in the Caribbean¹, Africa, and South America accounted for 79% of these new HIV diagnoses.

¹Excludes Puerto Rico and the US Virgin Islands.

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

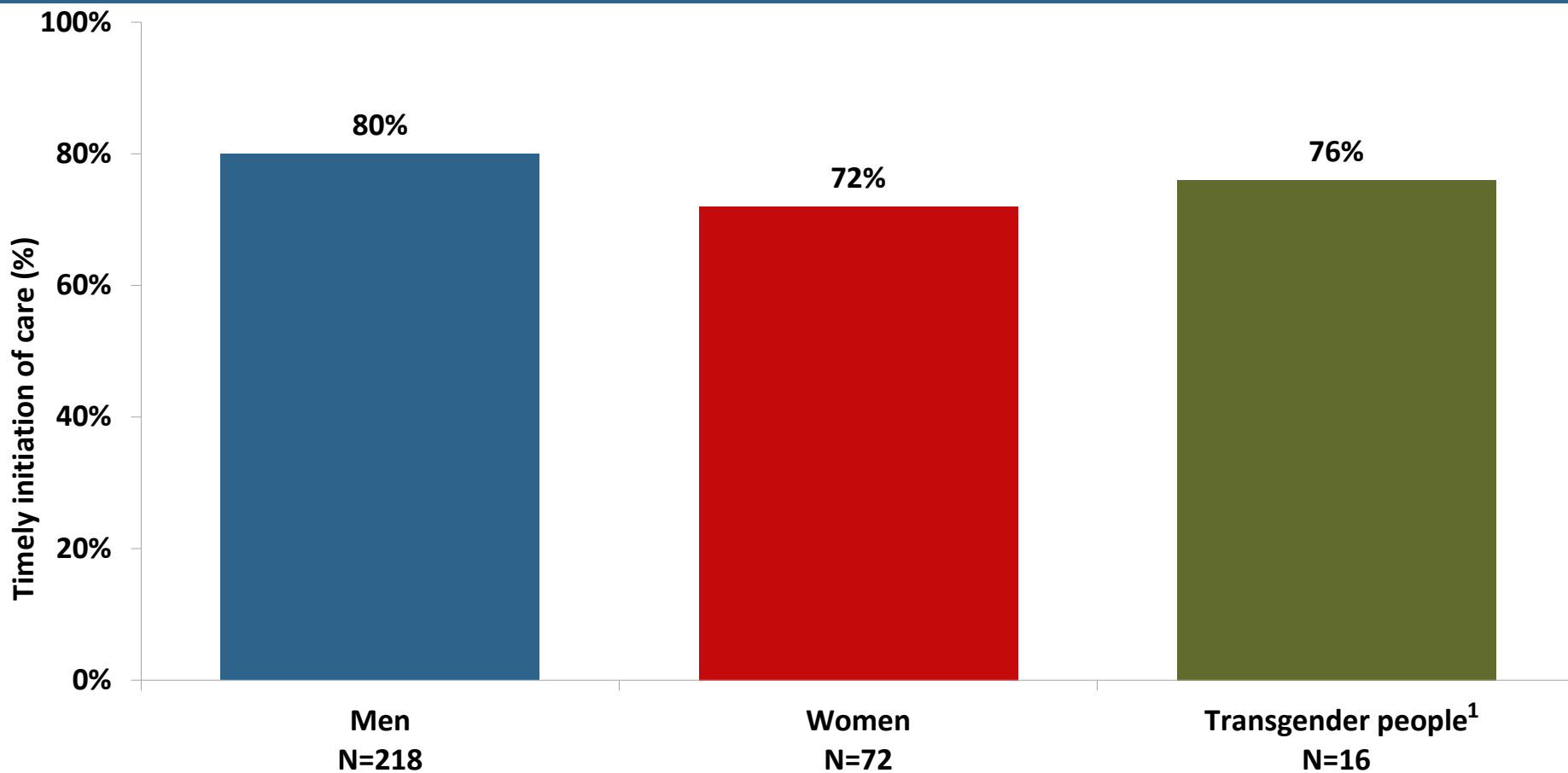
As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

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



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

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



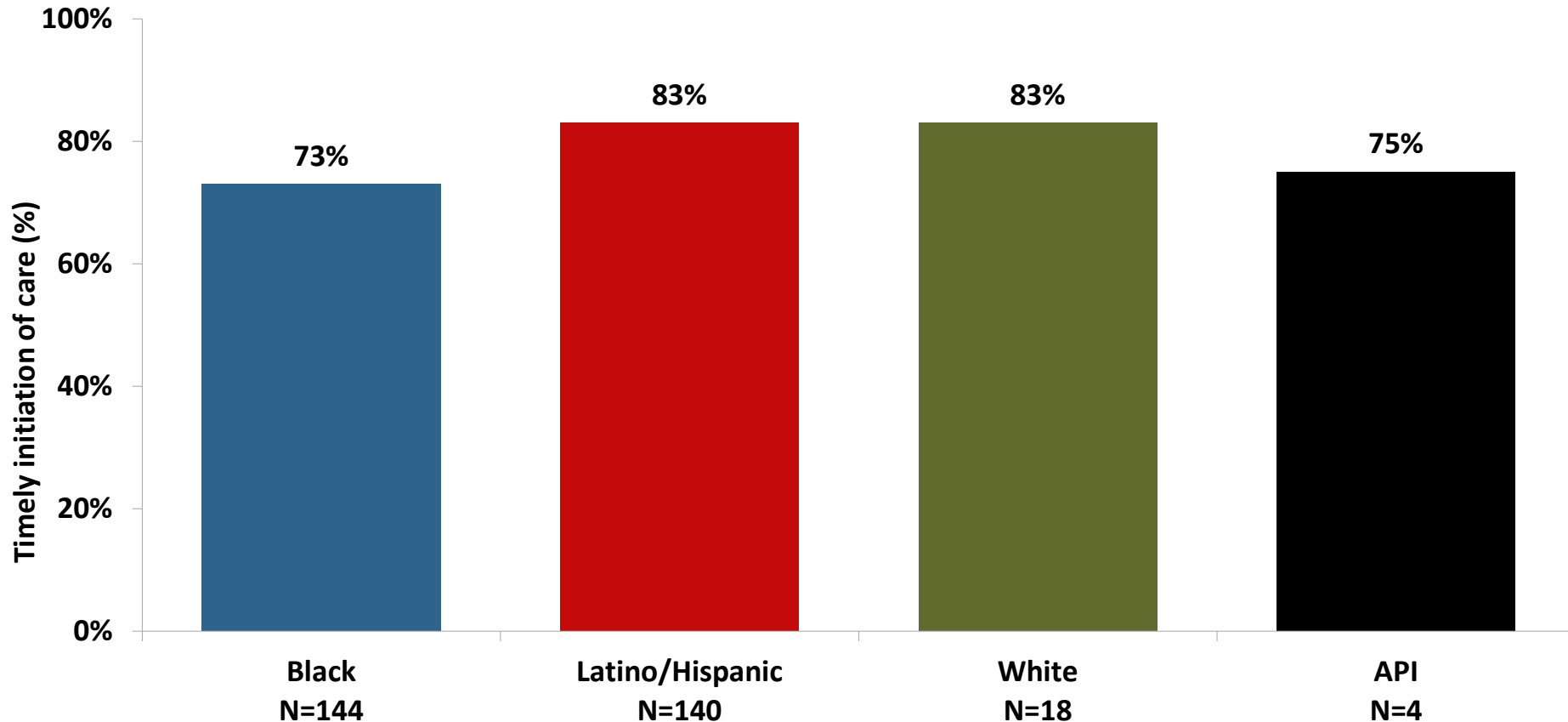
Among people newly diagnosed with HIV in the Bronx in 2020, larger proportions of men and transgender people were linked to care within 30 days of diagnosis compared to women.

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 the Bronx, there were N=15 new diagnoses among transgender women and N=1 diagnosis among transgender men.

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

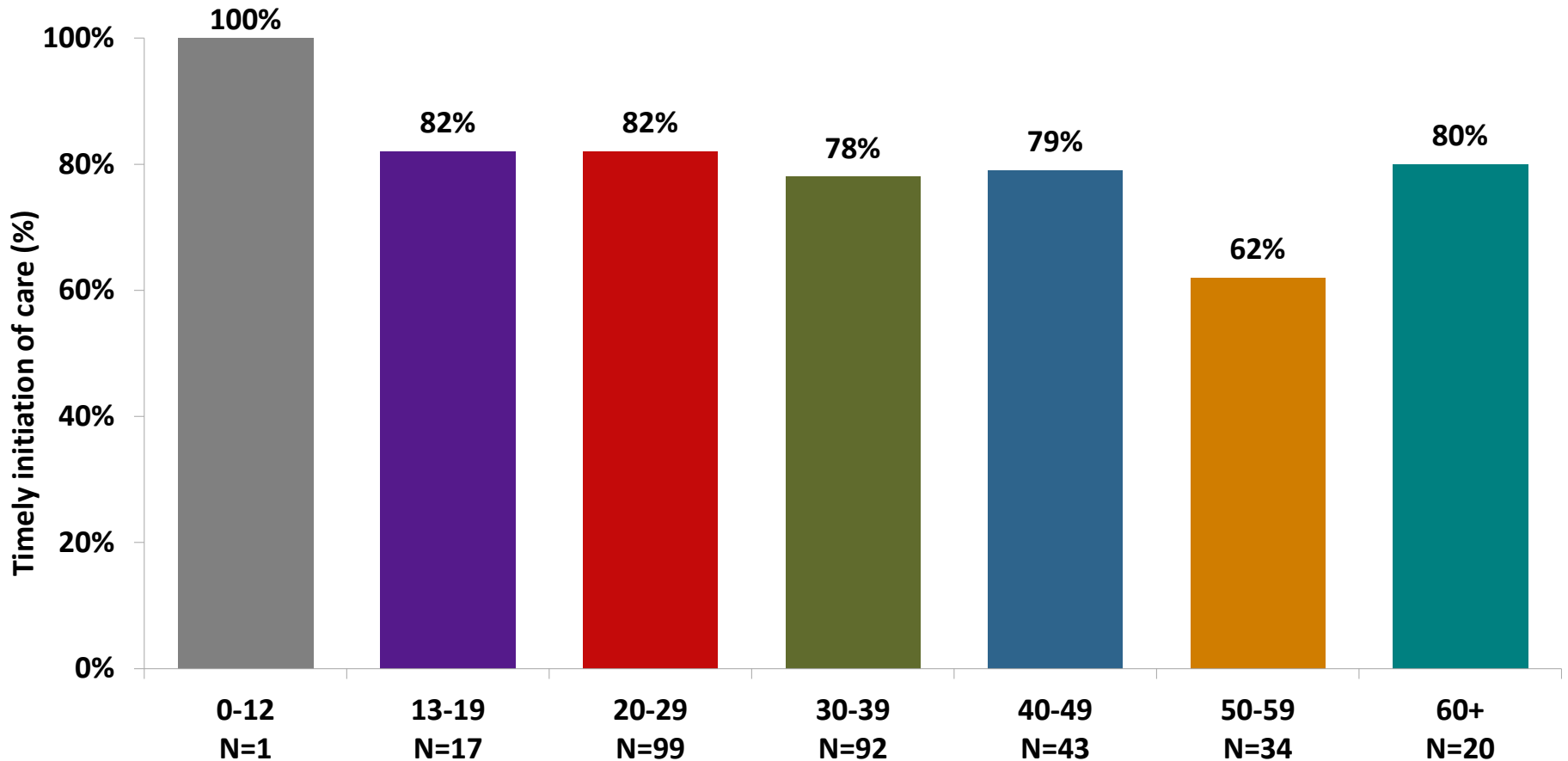
TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY RACE/ETHNICITY IN THE BRONX, 2020



Among people newly diagnosed with HIV in the Bronx in 2020, larger proportions of Latino/Hispanic and White people were linked to care within 30 days of diagnosis

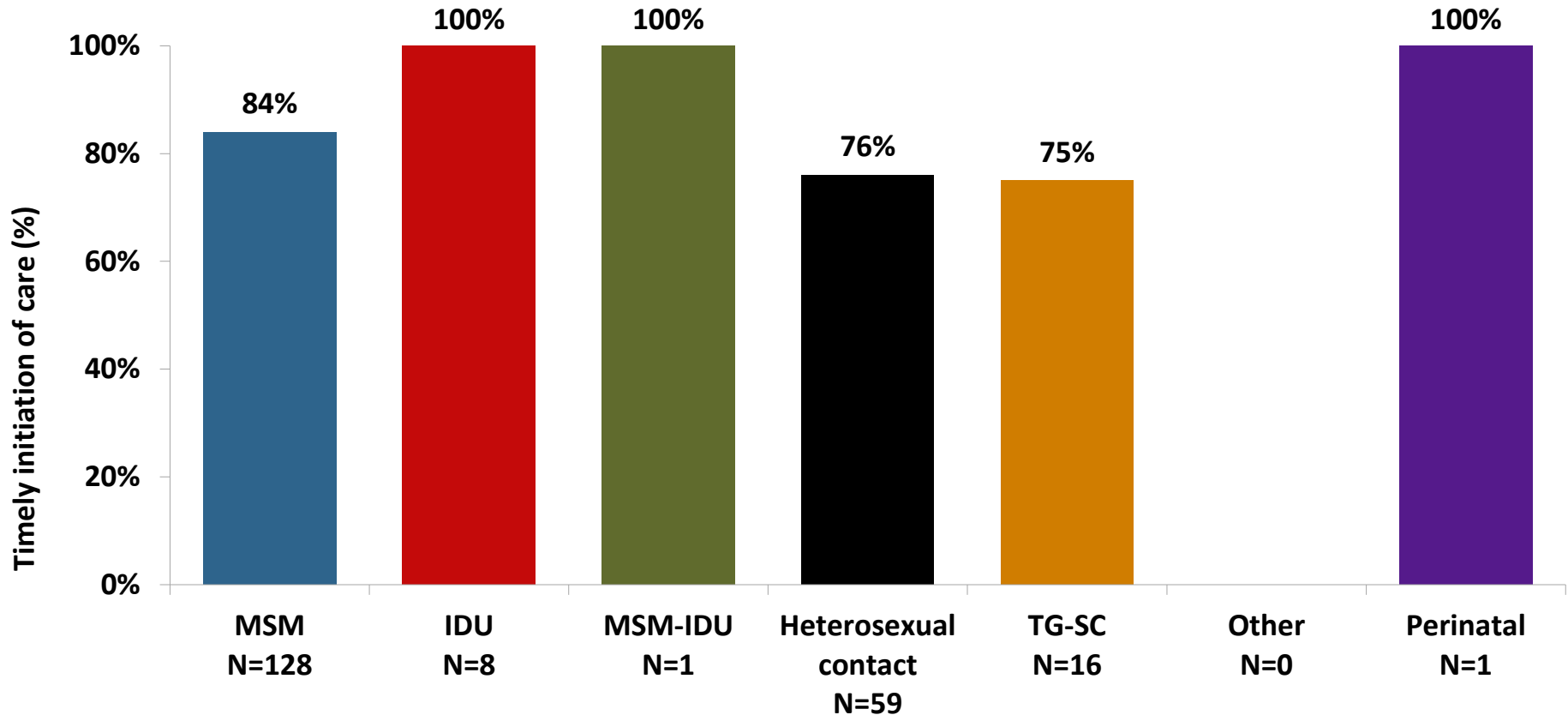
Timely initiation of care is defined as first CD4, viral load, or genotype drawn within 30 days of HIV diagnosis. People diagnosed at death have been excluded. Data for Native American and Multiracial people not shown. There were no new diagnoses among Native American and Multiracial people in NYC in 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 THE BRONX, 2020



Among people newly diagnosed with HIV in the Bronx in 2020, people ages 50 to 59 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 THE BRONX, 2020



Among people newly diagnosed with HIV in the Bronx in 2020, transgender people with sexual contact and people with heterosexual contact had the smallest proportions linked to care within 30 days of diagnosis.

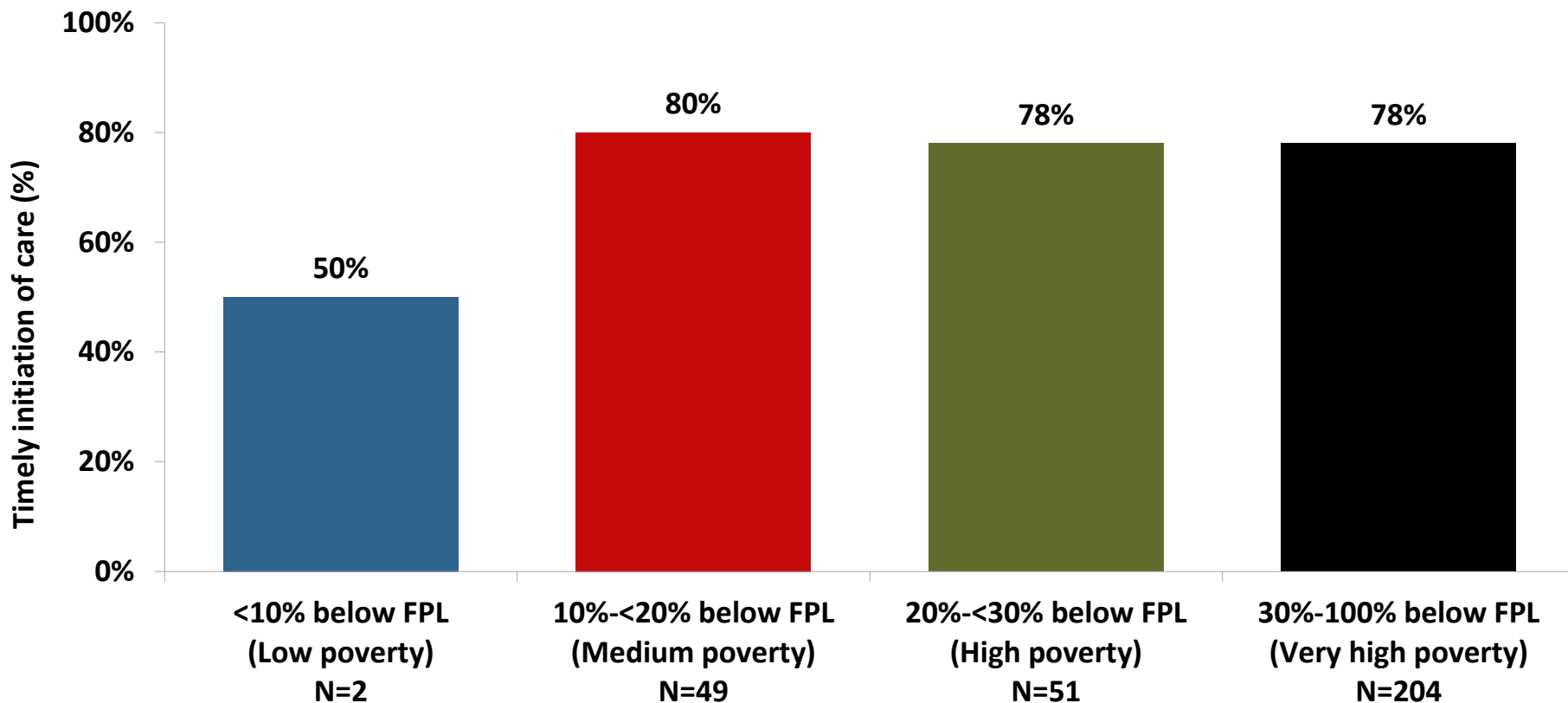
MSM=men who have sex with men; IDU=history of injection drug use; TG-SC=Transgender people with sexual contact.

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.

Data for new diagnoses with Unknown transmission category (N=94) 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 THE BRONX, 2020



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

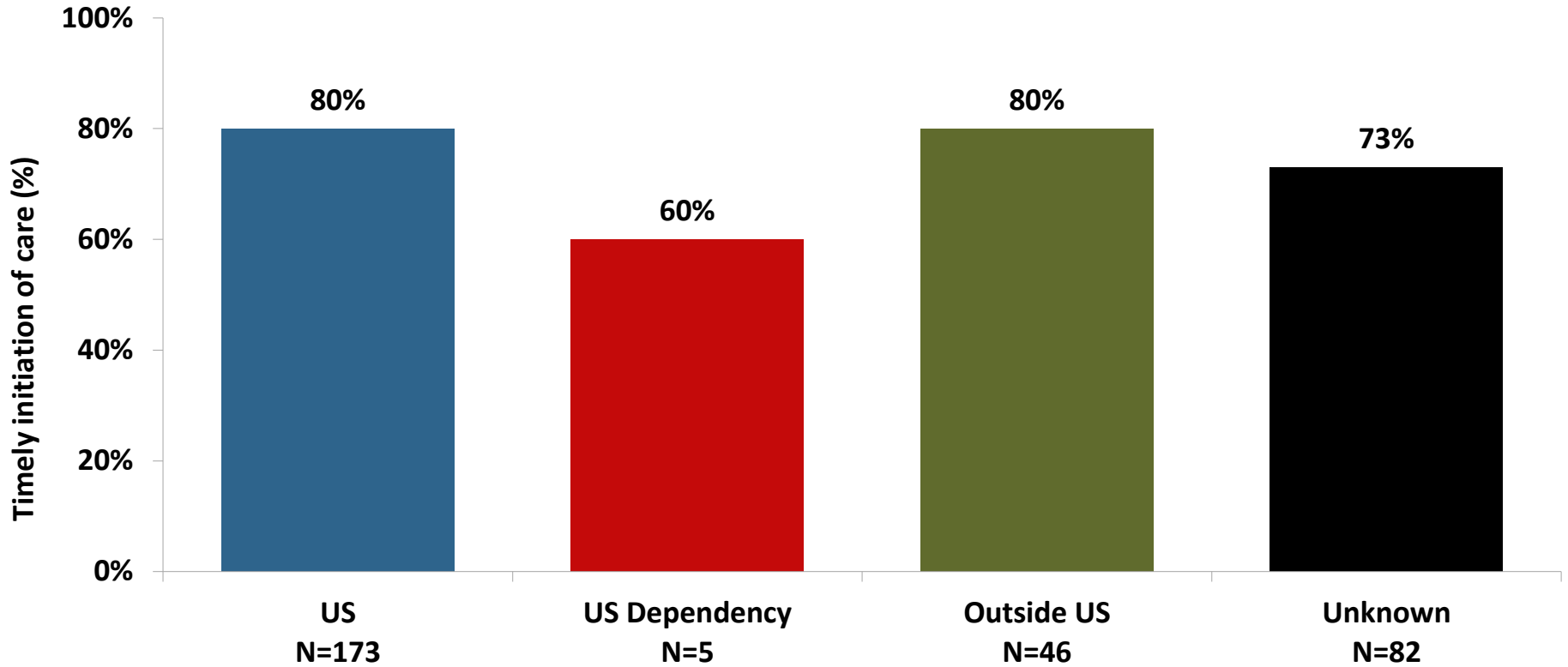
FPL=Federal Poverty Level.

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.

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

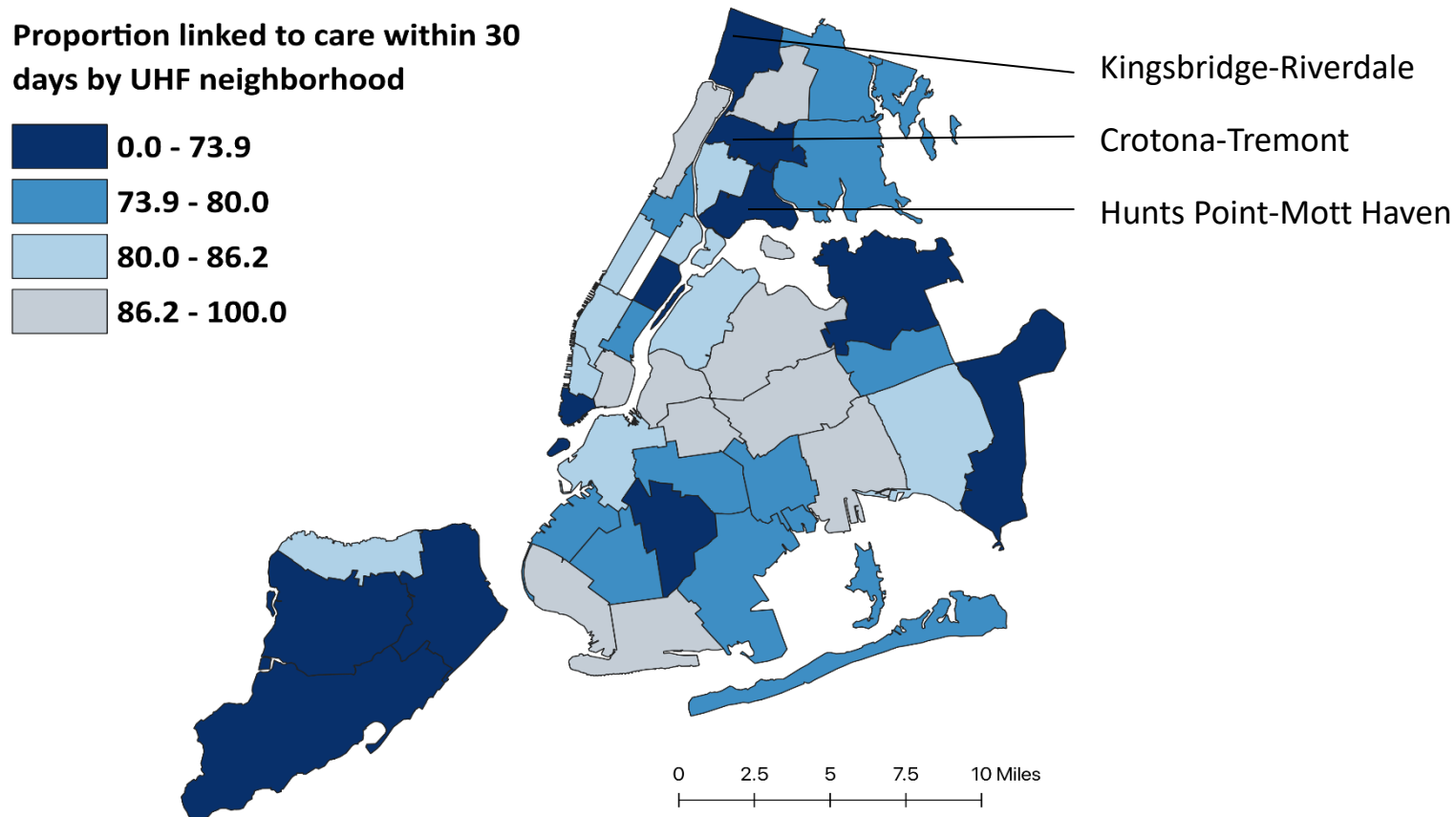
As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

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



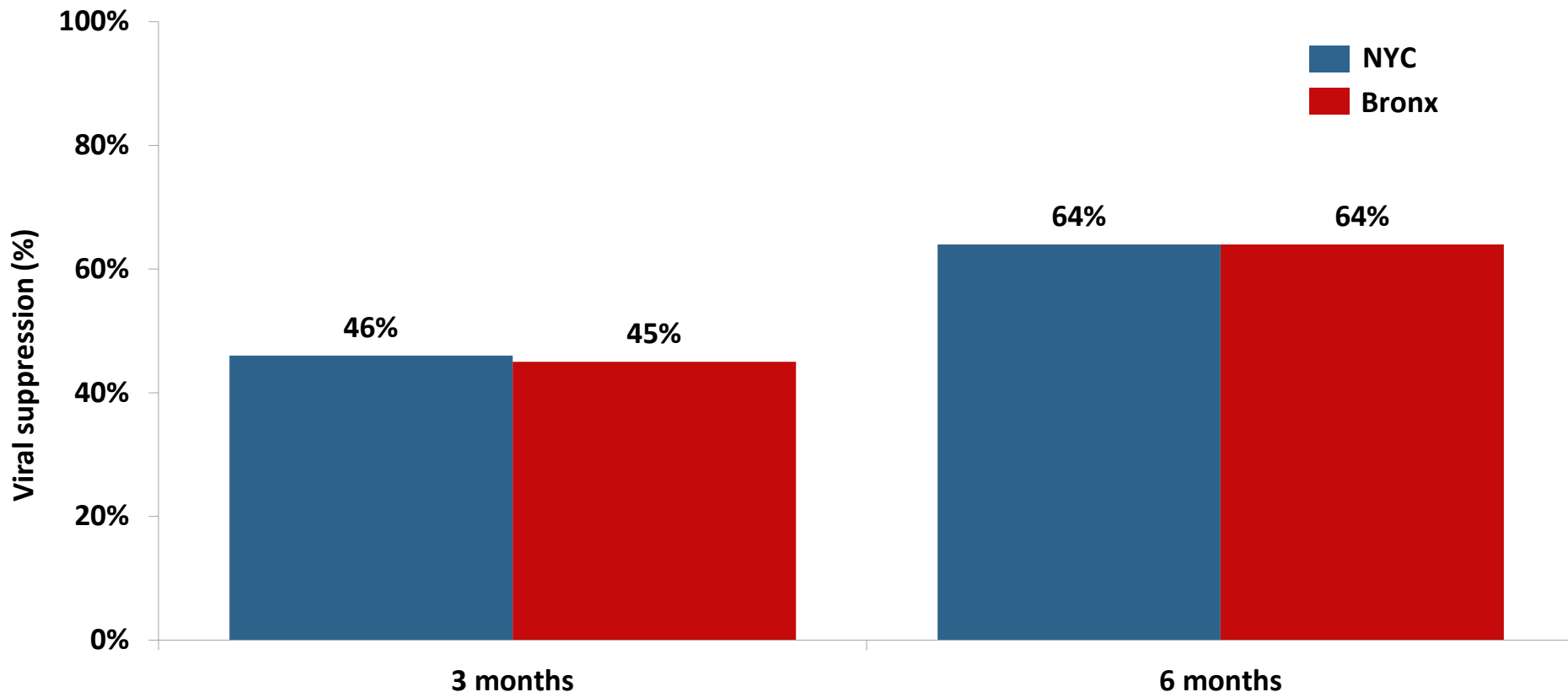
Among people newly diagnosed with HIV in the Bronx in 2020, people who were born outside the US and people born in the US had the largest proportions linked to care within 30 days of diagnosis.

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



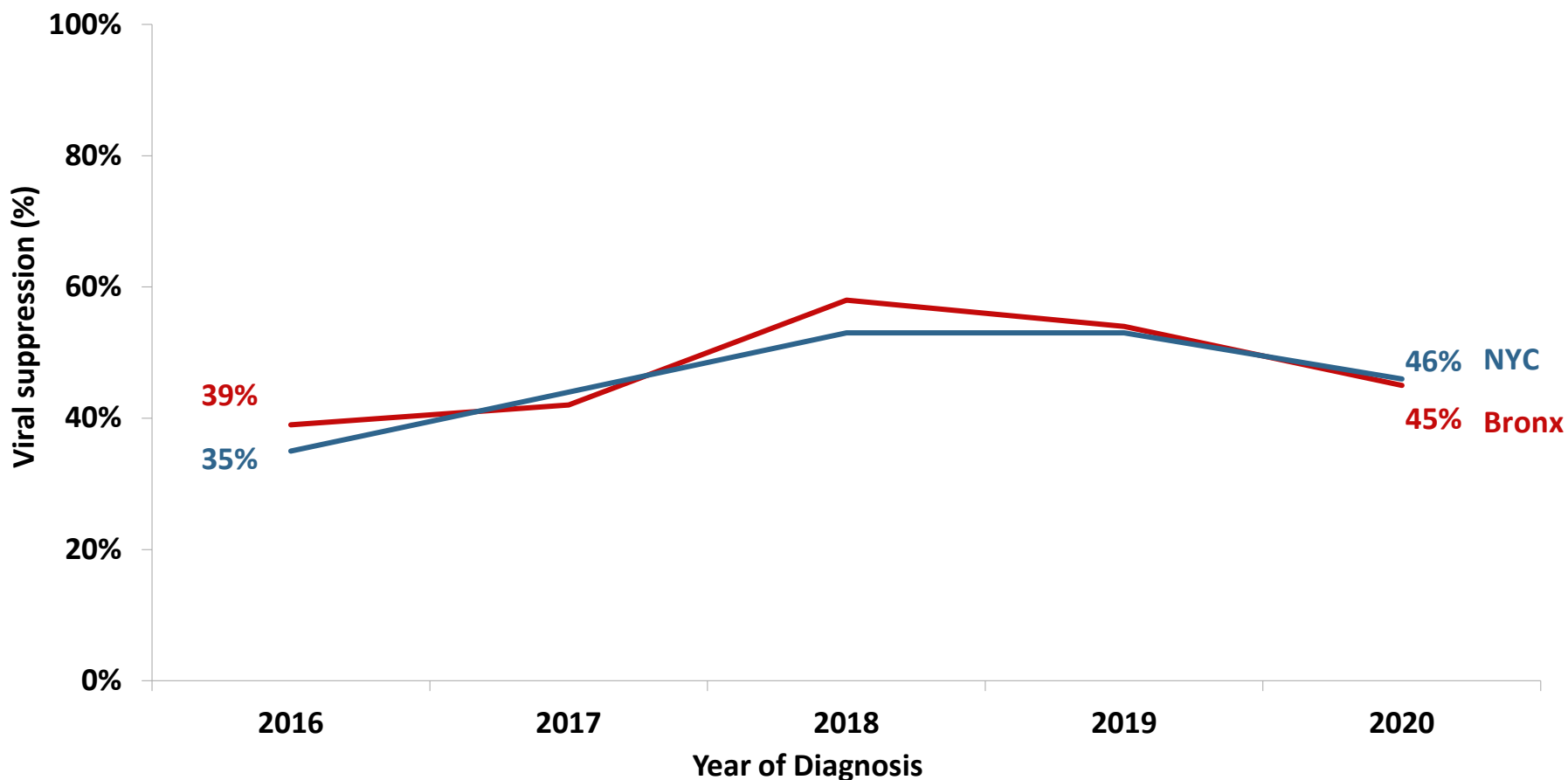
The Bronx neighborhoods with the smallest proportions of people timely linked to care in 2020 were Hunts Point-Mott Haven (73.7%), Kingsbridge-Riverdale (66.7%), and Crotona-Tremont (66.1%).

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



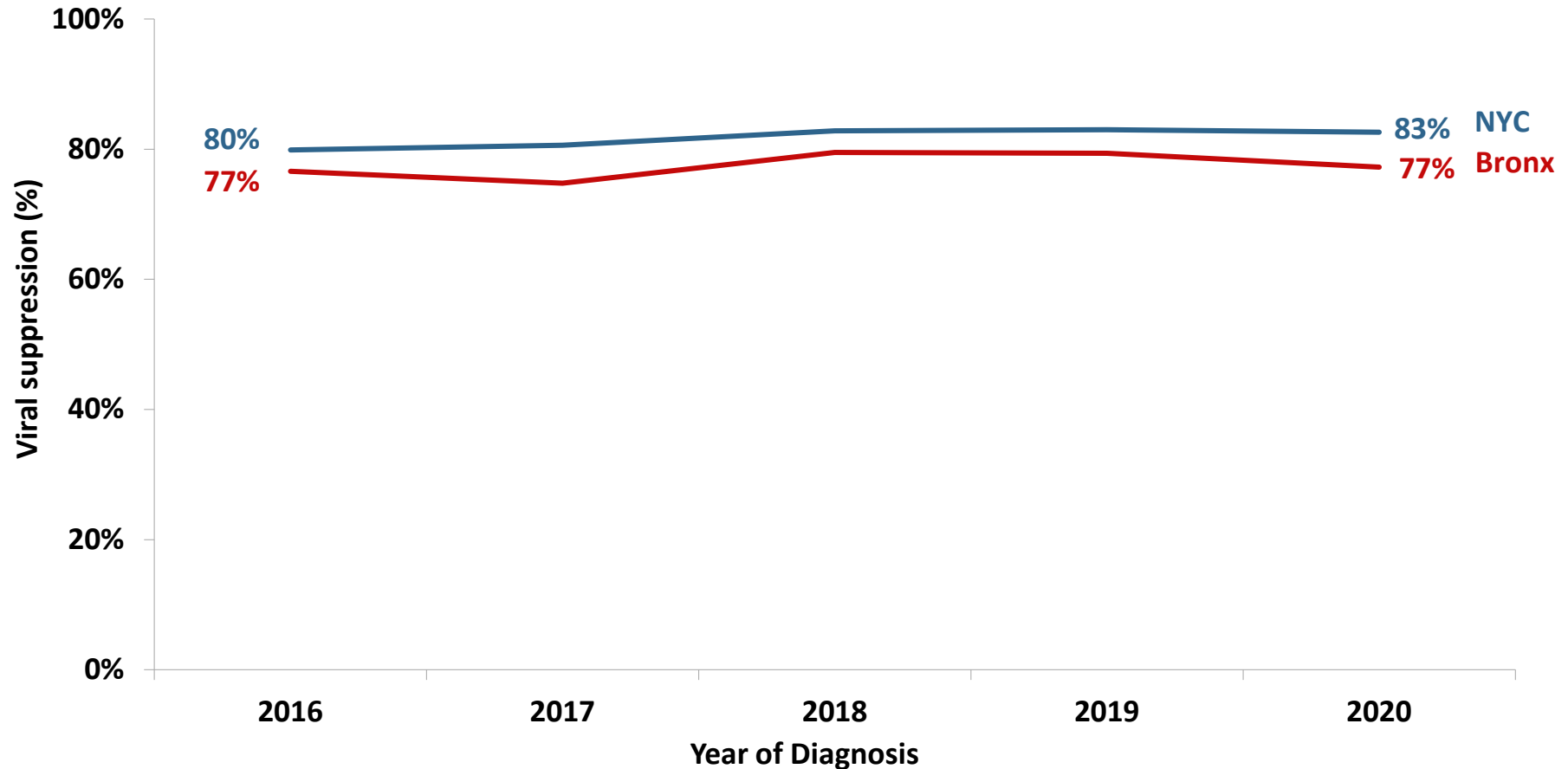
Among people newly diagnosed with HIV in 2020, similar proportions of Bronx and overall NYC residents were virally suppressed within 3 and 6 months after diagnosis.

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



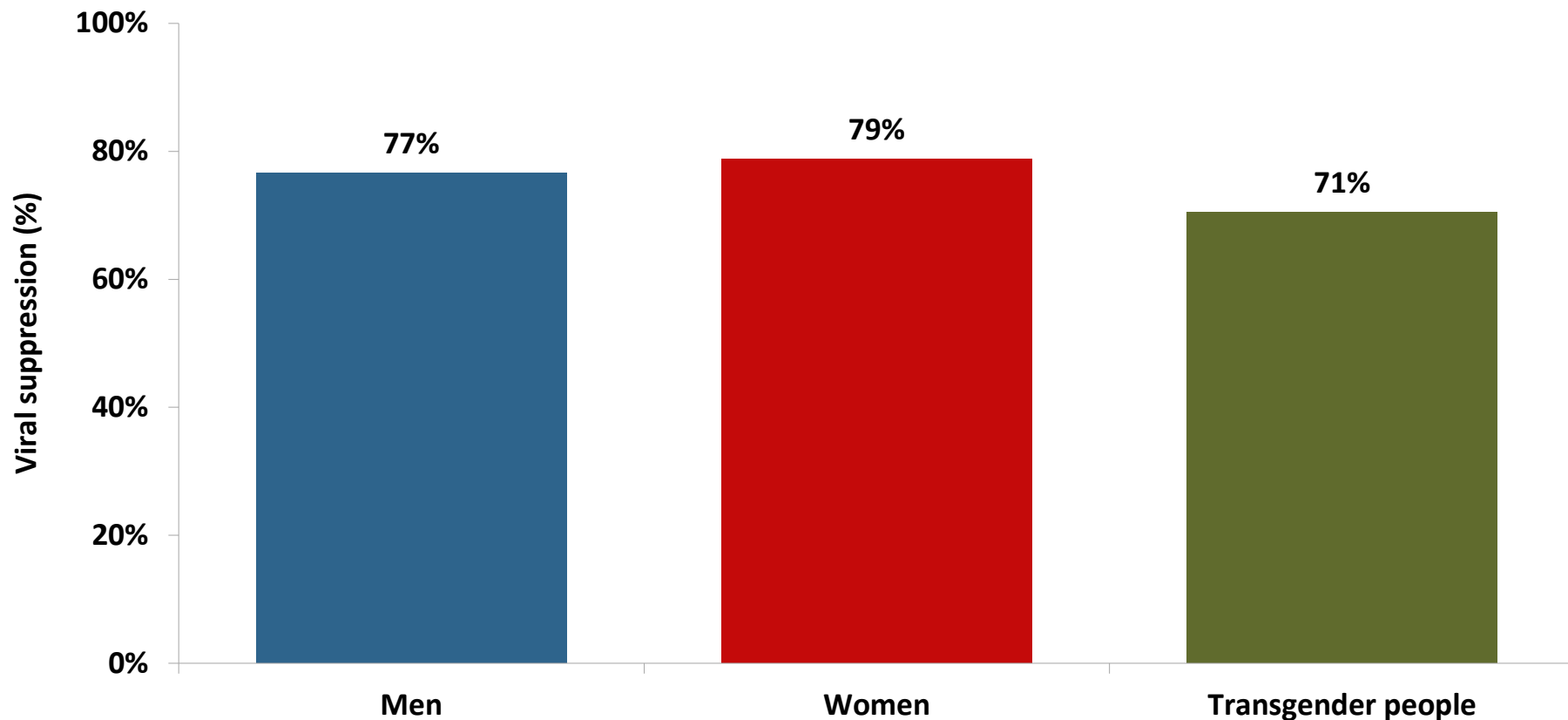
Between 2016 and 2020, the proportion of newly diagnosed people virally suppressed within 3 months of diagnosis increased in the Bronx and in NYC overall.

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



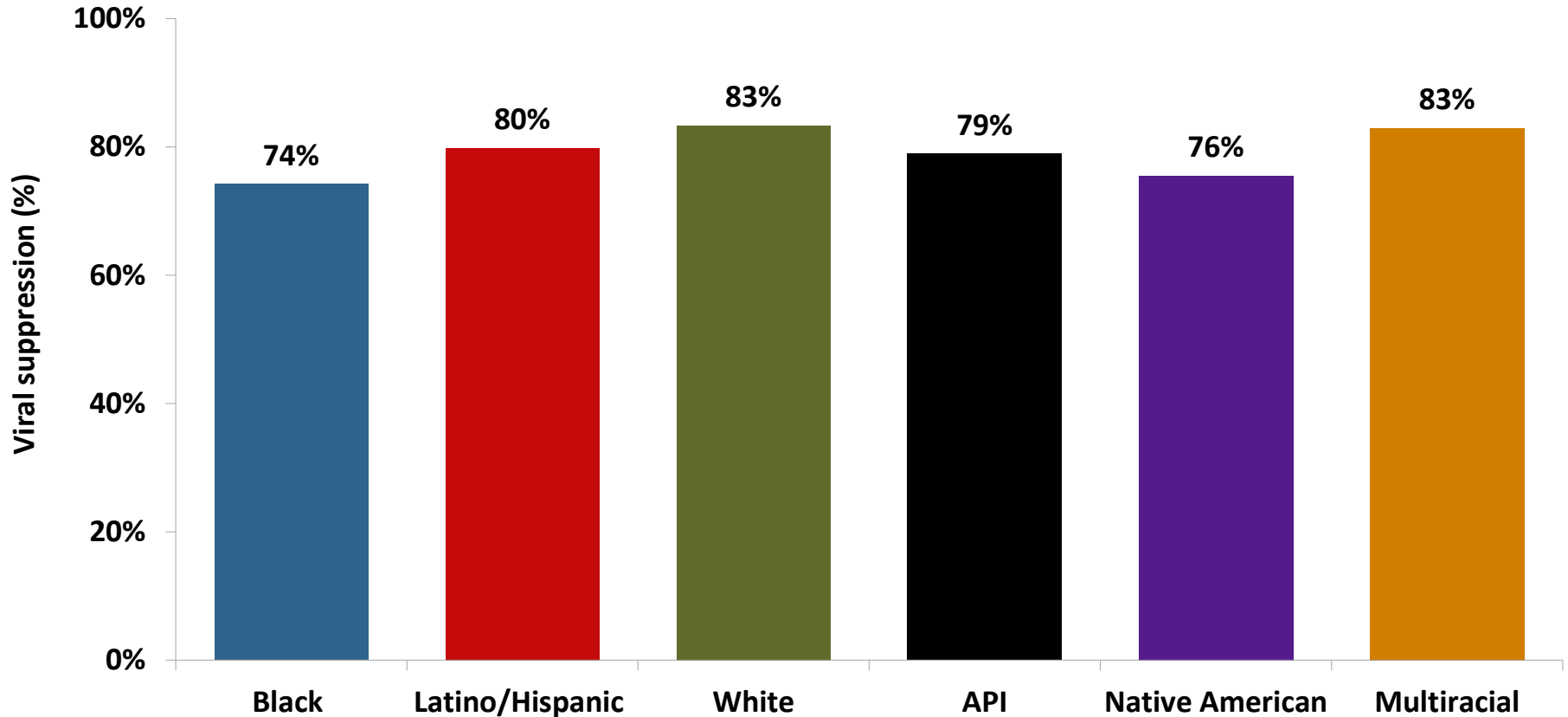
Between 2016 and 2020, viral suppression among all diagnosed people living with HIV (PLWH) remained the same in the Bronx and increased in NYC overall.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY GENDER IN THE BRONX, 2020



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

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



Among diagnosed people living with HIV (PLWH) in the Bronx, White and multiracial people had the largest proportion of viral suppression among all racial/ethnic groups.

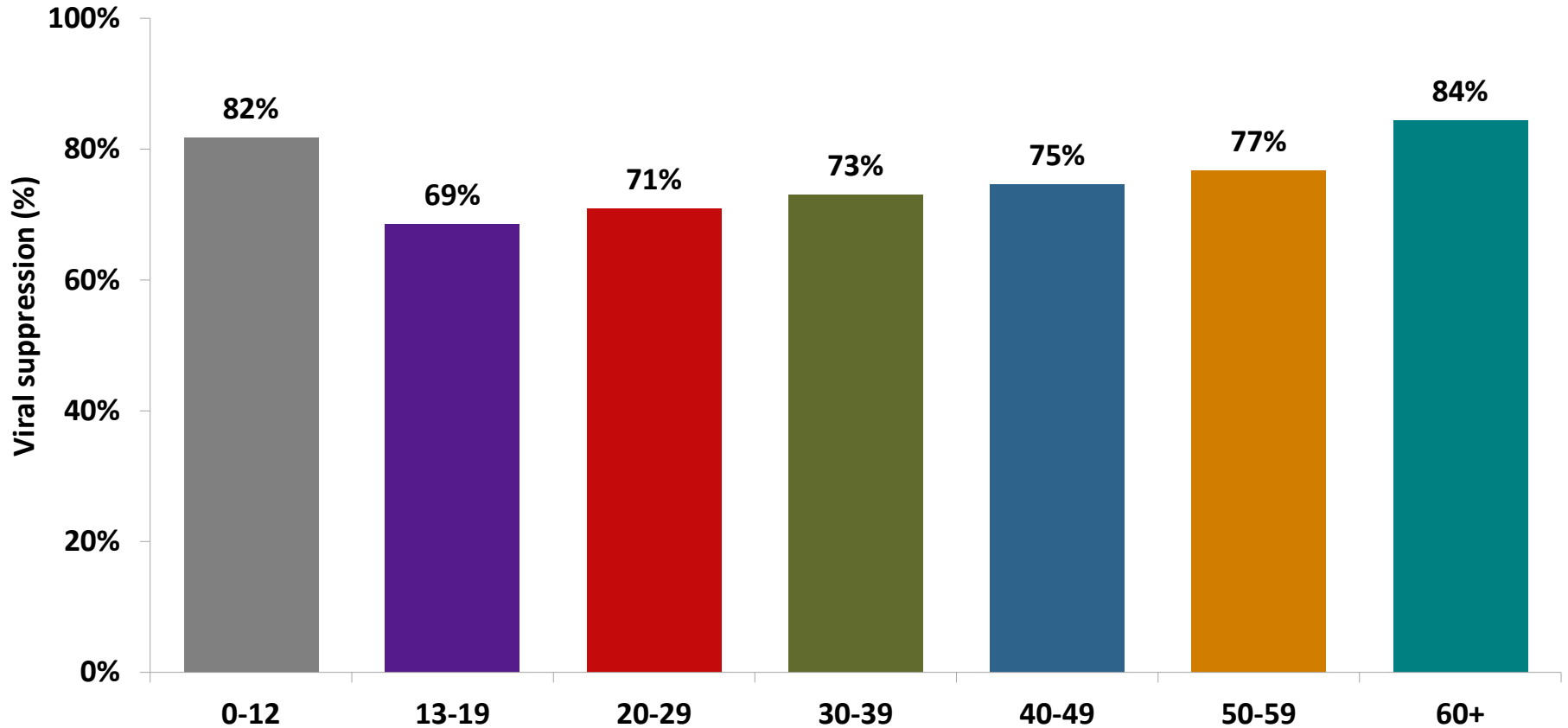
API= Asian/Pacific Islander.

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

Data for people with unknown race/ethnicity are not shown. There were 6 PLWH in the Bronx in 2020 whose race/ethnicity was unknown.

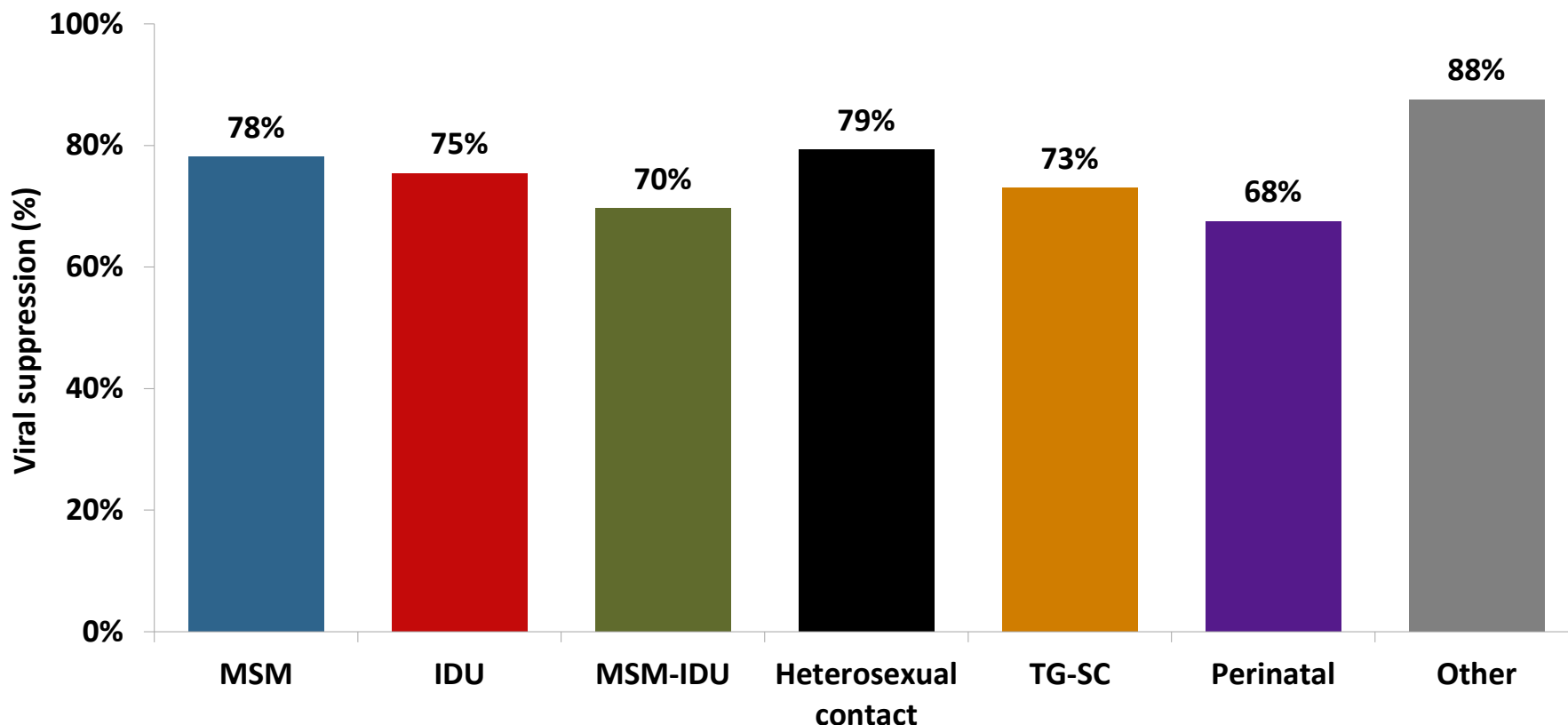
As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY AGE IN THE BRONX, 2020



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

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY TRANSMISSION CATEGORY IN THE BRONX, 2020



Among diagnosed people living with HIV (PLWH) in the Bronx, people in the perinatal transmission category had the smallest proportion of viral suppression followed by MSM with a history of injection drug use.

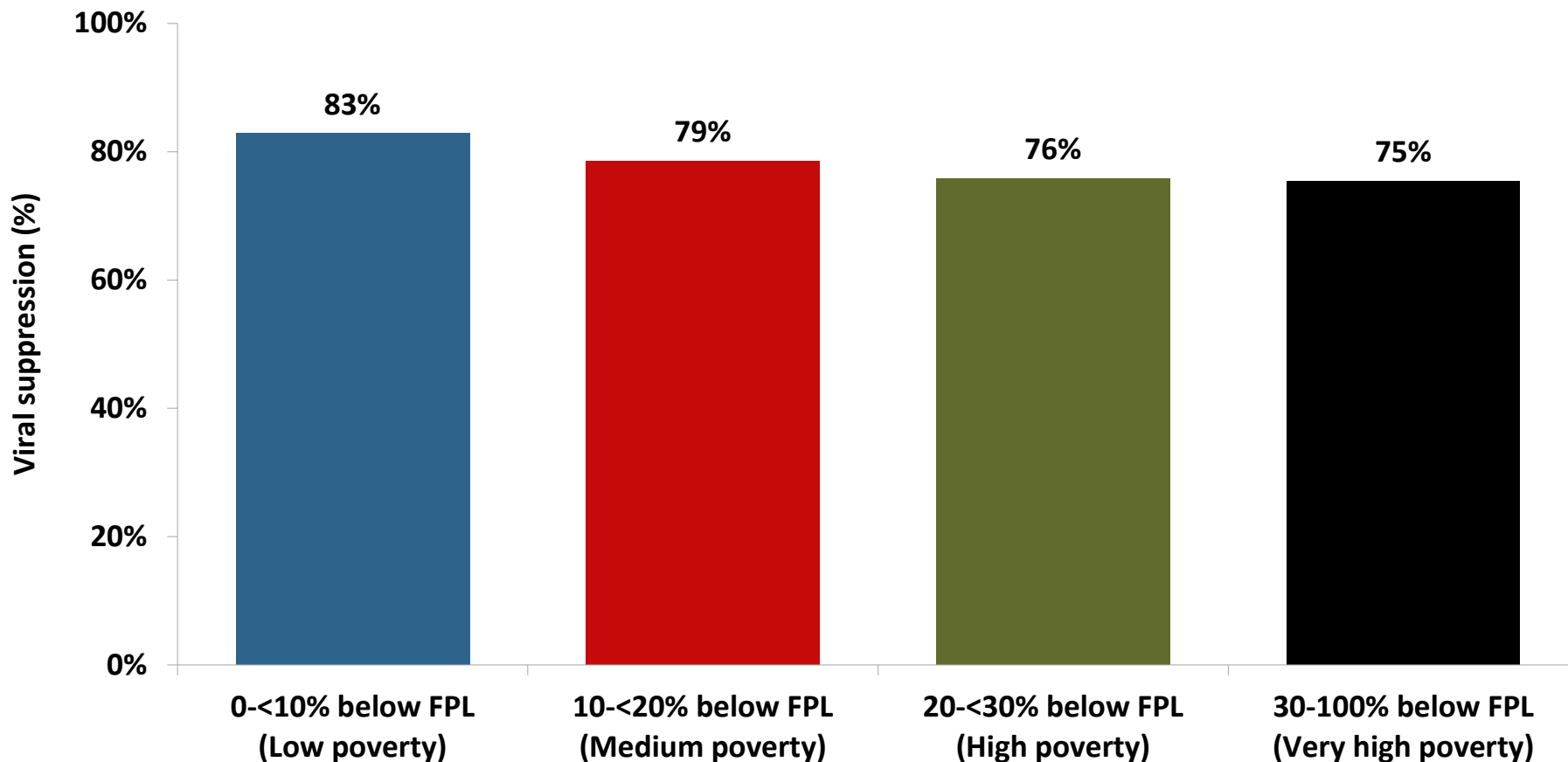
MSM=men who have sex with men; IDU=history of injection drug use; TG-SC=transgender people with sexual contact.

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

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 THE BRONX, 2020



Among diagnosed people living with HIV (PLWH) in the Bronx, smaller proportions of people living in higher-poverty neighborhoods were virally suppressed.

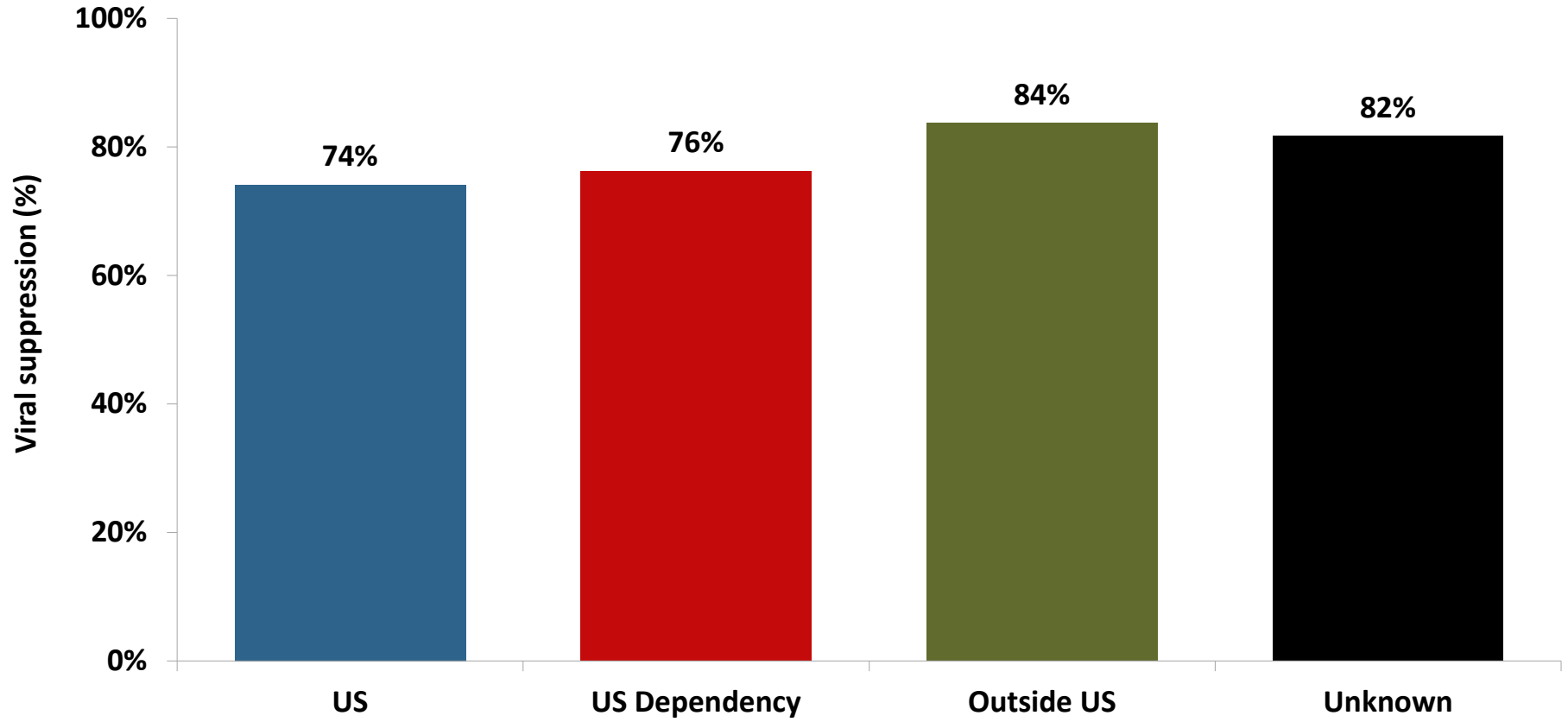
FPL=Federal Poverty Level.

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

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

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

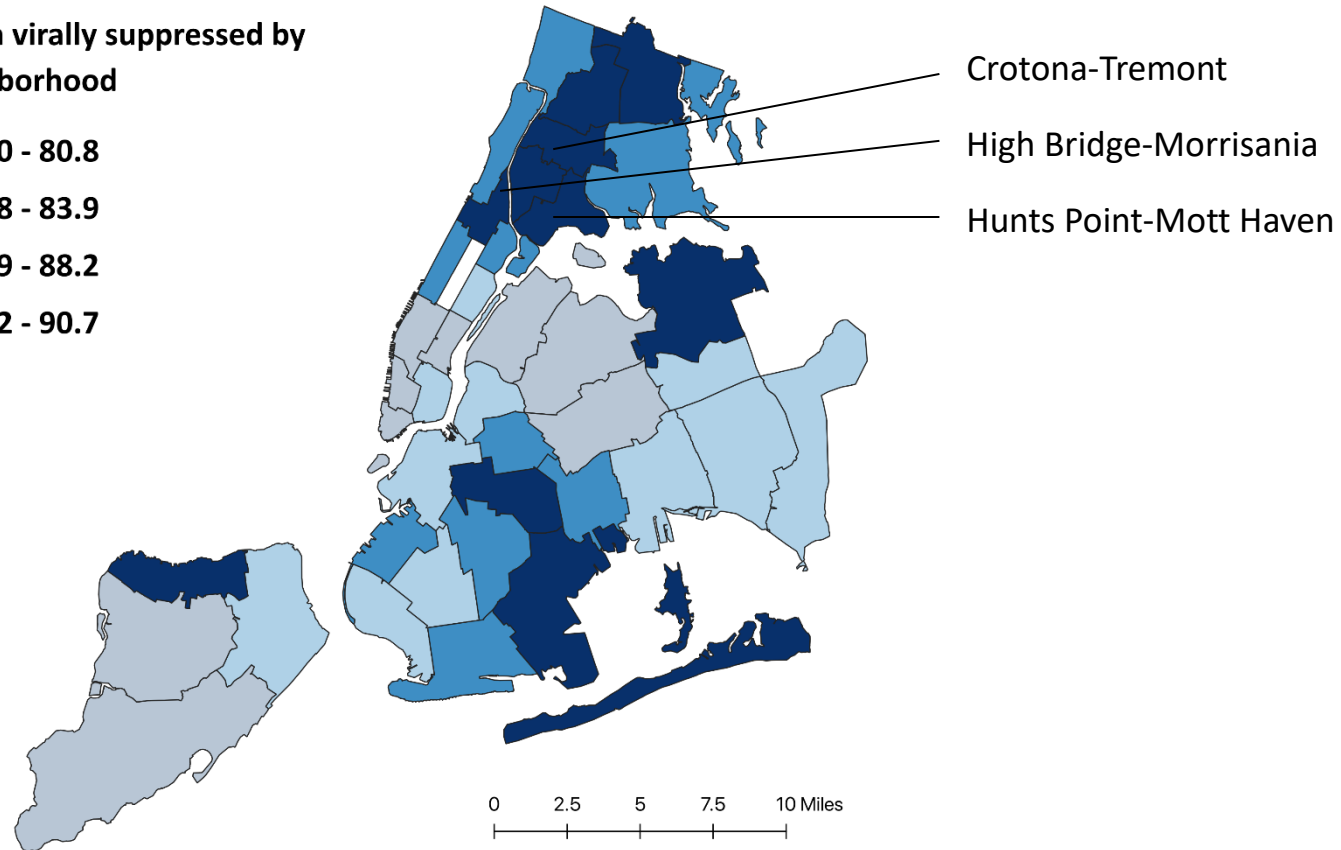
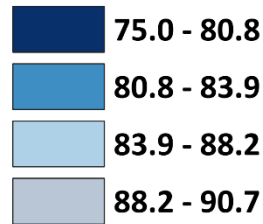
VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY COUNTRY OF BIRTH IN THE BRONX, 2020



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

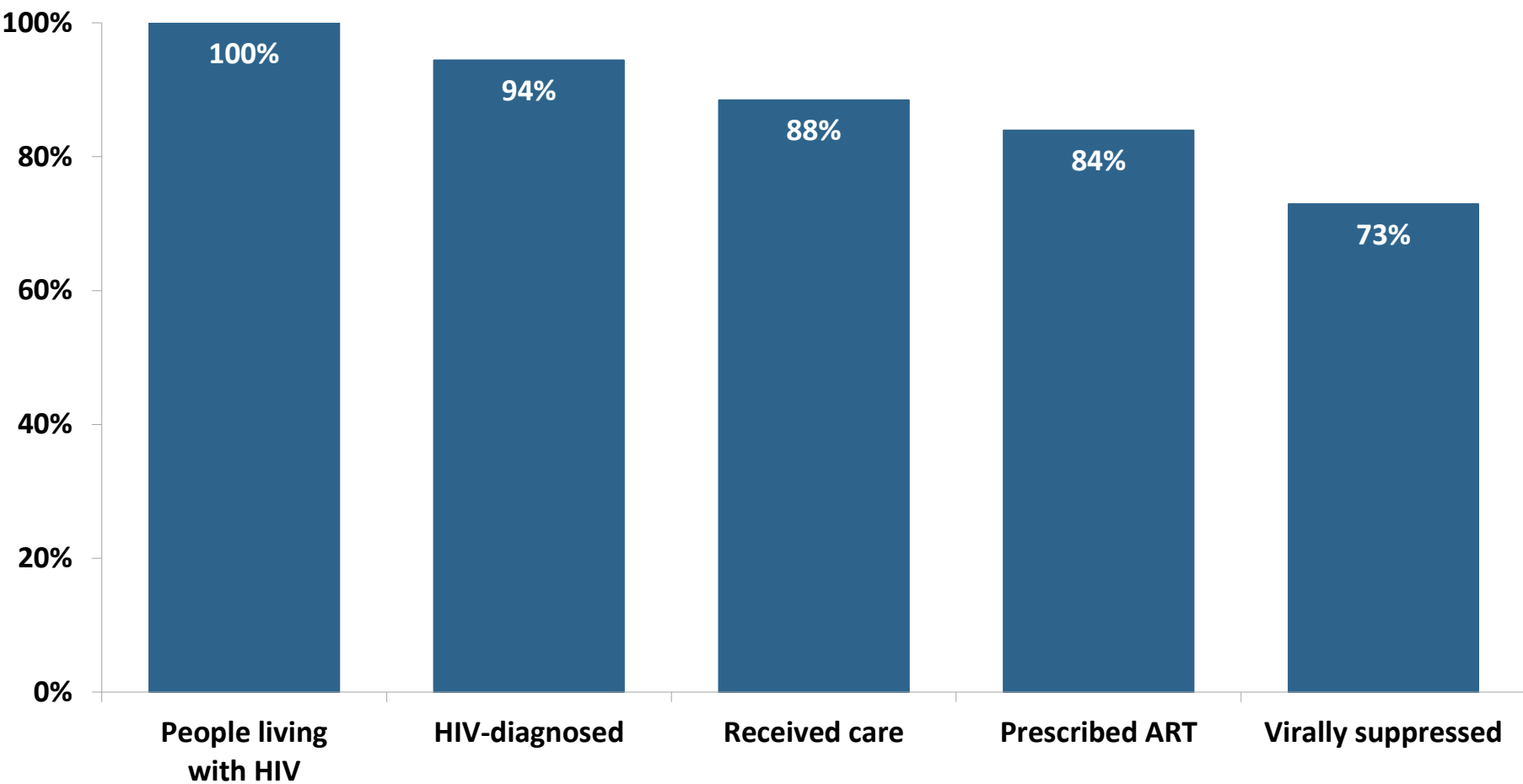
VIRAL SUPPRESSION BY UHF NEIGHBORHOOD IN NYC, 2020

Proportion virally suppressed by UHF neighborhood



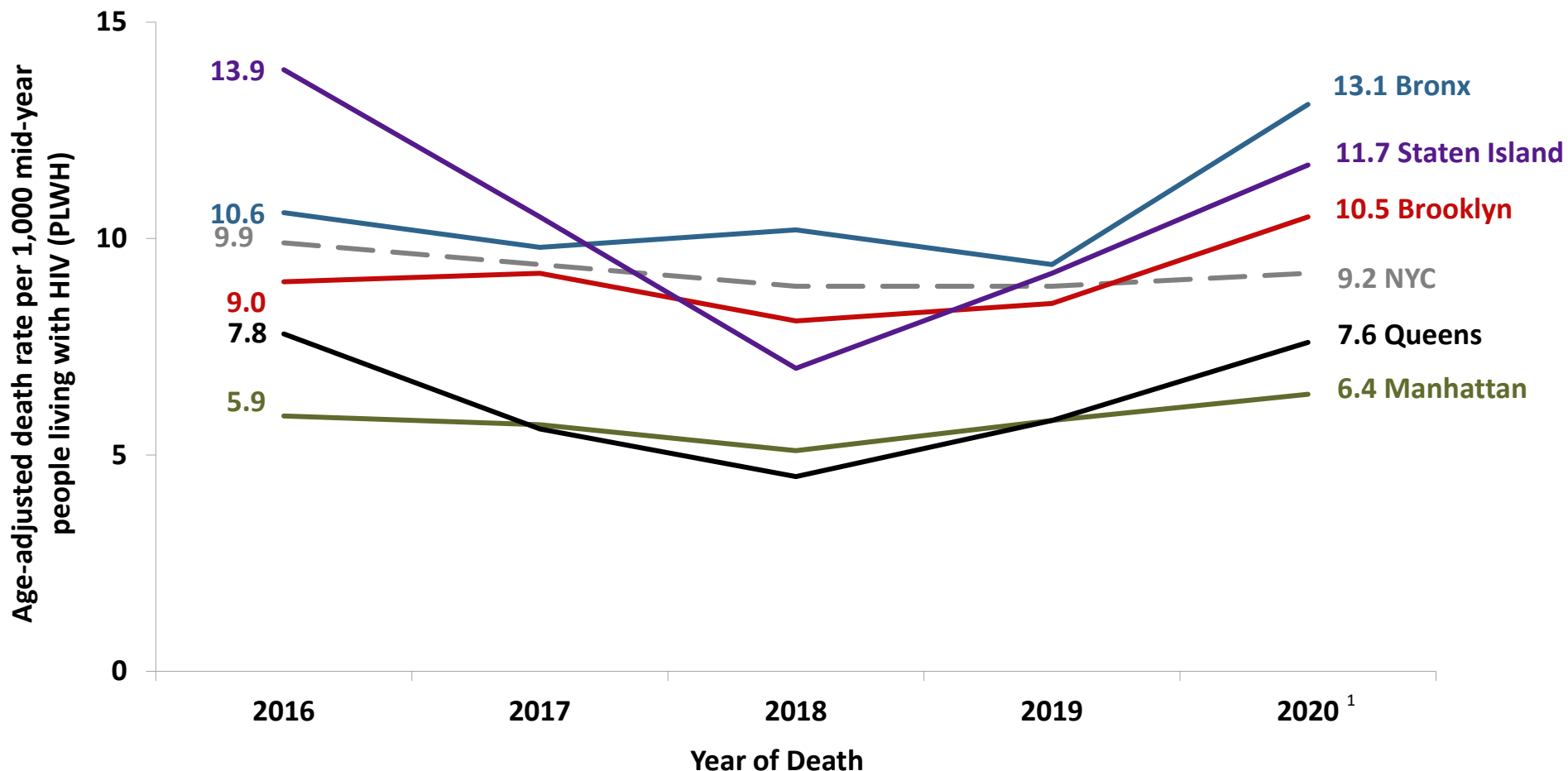
The Bronx neighborhoods with the smallest proportion of virally suppressed people living with HIV (PLWH) in 2020 were Crotona-Tremont (75.0%), High Bridge-Morrisania (75.8%), and Hunts Point-Mott Haven (75.9%).

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



Of approximately 24,200 people living with HIV (PLWH) in the Bronx in 2020, 73% had a suppressed viral load.

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



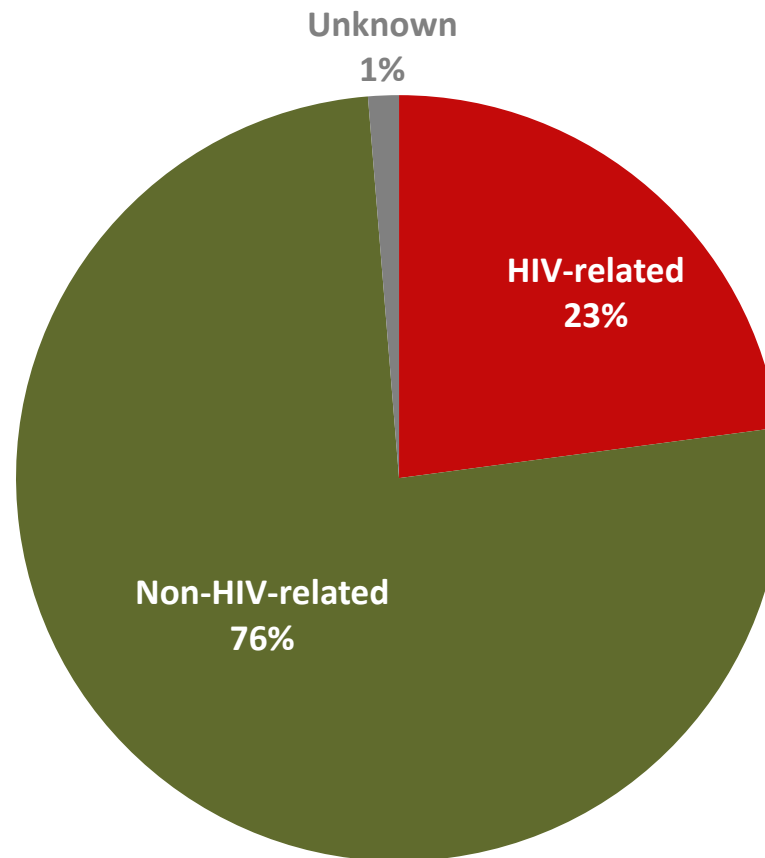
The age-adjusted death rate among people with HIV increased in the Bronx between 2016 and 2020. The Bronx was the borough with the highest death rate in 2020.

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 THE BRONX, 2019¹



In 2019, 76% of deaths among people with HIV in the Bronx were due to non-HIV-related causes. Among these, the top causes were cardiovascular diseases (24%), non-HIV-related cancers (23%), and accidents (10%).

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” includes 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.