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HOW IS TRANSGENDER STATUS\textsuperscript{1} COLLECTED BY NYC HIV SURVEILLANCE?

• Includes people identified as transgender by diagnosing provider, self-report, or medical chart review
  - Requires accurate collection of both current gender identity and sex assigned at birth

• Since 2005, the HIV surveillance registry has been able to collect both gender identity and sex assigned at birth; multiple data sources, including linkages with other databases, are used to ascertain gender identity
  - Not all cases have accurate information on gender identity, thus the registry likely undercounts persons identified as transgender

• Data collection regarding current gender identity for PLWH is conducted on an ongoing basis. Surveillance may have collected new information regarding a person’s current gender identity between the time of their HIV diagnosis and publication of this slide set; those identified as transgender at any time are included as transgender

• Gender identity options are women, men, transgender woman and transgender man
  - Surveillance classifies all transgender persons as either:
    \begin{itemize}
    \item Transgender woman = assigned male sex at birth and currently identifies as a woman
    \item Transgender man = assigned female sex at birth and currently identifies as a man
    \end{itemize}

• The total population of transgender people living in NYC is unknown, though approximations\textsuperscript{2} are available. The Williams Institute estimates a range of 57,000 to 103,000 transgender adults living in New York state, per a 2016 report (0.37% to 0.68% of the adult population of New York state).

\textsuperscript{1}“Transgender status” refers to whether data indicate that a person is or is not transgender.
\textsuperscript{2}Please see The Williams Institute’s report “How Many Adults Identify as Transgender in the United States” for more information.
NEW HIV DIAGNOSES AMONG PEOPLE IDENTIFIED AS TRANSGENDER IN NYC, 2014-2018

• 313 new HIV diagnoses in 2014-2018
  – 305 transgender women (97%)
  – 8 transgender men (3%)
• Includes 25 diagnoses of HIV concurrent with AIDS1 (8%)
• Transgender people comprised 2.8% of all new HIV diagnoses

1AIDS diagnosed within 31 days of HIV. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
NEW HIV DIAGNOSES AMONG PEOPLE IDENTIFIED AS TRANSGENDER BY GENDER IDENTITY AND YEAR OF DIAGNOSIS IN NYC, 2014-2018

Between 2014 and 2018, 313 transgender people were newly diagnosed with HIV in NYC. This included 56-69 transgender women and 0-3 transgender men each year.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
The majority of newly diagnosed transgender women were in their 20s at diagnosis. Newly diagnosed transgender men were in their 20s, 30s or 50s.
Ninety percent of transgender women newly diagnosed with HIV between 2014 and 2018 were Black or Latina/Hispanic. Newly diagnosed transgender men were Black, Latino/Hispanic or Asian/Pacific Islander.
Sex with men was the predominant HIV risk category among newly diagnosed transgender women and transgender men.

1“HIV risk category” differs from “transmission risk” presented elsewhere. Here, anyone with a history of injecting drugs was assigned this risk. Non-injectors reporting sex with men were assigned “sex with men,” and non-injectors reporting sex with women only were assigned “sex with women.”

2The injection drug use history category is not designed to include injection of hormones.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
NEW HIV DIAGNOSES AMONG PEOPLE IDENTIFIED AS TRANSGENDER BY GENDER IDENTITY AND BOROUGH IN NYC, 2014-2018

The majority of transgender women newly diagnosed in NYC between 2014 and 2018 lived in the Bronx.

Newly diagnosed people living outside NYC or with unknown residence are not displayed but are included in total Ns. Borough refers to residence at time of HIV diagnosis. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
The UHF neighborhoods of Fordham-Bronx Park, Pelham-Throgs Neck and Crotona-Tremont had the highest numbers of newly diagnosed transgender people.
Among transgender people newly diagnosed with HIV between 2014 and 2018, 73 (23%) were born outside the U.S. Of those, more than 60% were from Mexico and Central America and the Caribbean\(^1\).

\(^1\)Excludes Puerto Rico and the US Virgin Islands. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
Among the 313 newly diagnosed transgender women in 2014-2018, 45% had a history of at least one of the characteristics presented above\(^1\), compared with 29% of non-transgender people newly diagnosed with HIV (not shown).

\(^1\)Characteristics documented in medical record. People may have reported more than one characteristic. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
A larger proportion of newly diagnosed transgender people were under 30 years of age at the time of diagnosis compared to non-transgender people.
NEW HIV DIAGNOSES AMONG PEOPLE IDENTIFIED AS TRANSGENDER AND NON-TRANSGENDER BY AREA OF BIRTH IN NYC, 2014-2018

A larger proportion of newly diagnosed transgender people were born in the US compared to non-transgender people.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
NEW HIV DIAGNOSES AMONG PEOPLE IDENTIFIED AS TRANSGENDER AND NON-TRANSGENDER BY BOROUGH OF RESIDENCE AT DIAGNOSIS IN NYC, 2014-2018

A larger proportion of non-transgender people lived in Brooklyn at HIV diagnosis compared to transgender people.

<table>
<thead>
<tr>
<th>Borough of Residence</th>
<th>Transgender (N=313)</th>
<th>Non-Transgender (N=11,074)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronx</td>
<td>25%</td>
<td>21%</td>
</tr>
<tr>
<td>Brooklyn</td>
<td>27%</td>
<td>21%</td>
</tr>
<tr>
<td>Manhattan</td>
<td>21%</td>
<td>21%</td>
</tr>
<tr>
<td>Queens</td>
<td>15%</td>
<td>18%</td>
</tr>
<tr>
<td>Staten Island</td>
<td>2%</td>
<td>2%</td>
</tr>
</tbody>
</table>

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
A smaller proportion of newly diagnosed transgender people were White and a larger proportion were Latino/Hispanic compared to non-transgender people.
NEW HIV DIAGNOSES AMONG PEOPLE IDENTIFIED AS TRANSGENDER AND NON-TRANSGENDER BY AREA BASED POVERTY AT DIAGNOSIS IN NYC, 2014-2018

A larger proportion of transgender people newly diagnosed with HIV live in very high poverty neighborhoods compared to non-transgender people.
59 new HIV diagnoses among transgender individuals in 2018
  – 56 transgender women (95%)
  – Includes 4 diagnoses of HIV concurrent with AIDS1 (7%)

Transgender people comprised 3% of all new HIV diagnoses in NYC in 2018

1AIDS diagnosed within 31 days of HIV diagnosis
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
Among people newly diagnosed with HIV in NYC in 2018, a larger proportion of men had timely initiation of care than women and transgender women.

Timely initiation of care is defined as HIV viral load, CD4, or genotype test drawn within 1 month (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 March 31, 2019.
Among people newly diagnosed with HIV in NYC in 2018, a larger proportion of transgender and non-transgender men had achieved viral suppression within 3 months of diagnosis than non-transgender women and transgender women.

Viral suppression is defined as viral load <200 copies/mL. People diagnosed at death have been excluded. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
• Approximately 1,640 transgender people were known to be living with HIV in NYC at the end of 2018
  – 98% transgender women and 2% transgender men
  – 49% Black and 41% Latino/Hispanic

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
VIRAL SUPPRESSION\(^1\) AMONG DIAGNOSED PLWH BY GENDER IN NYC, 2018

Among diagnosed PLWH in NYC, a smaller proportion of transgender women were virally suppressed compared to non-transgender men and women, and transgender men.

\(^1\)Viral suppression is defined as viral load <200 copies/mL. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
Of the approximately 1,700 transgender PLWH living in NYC in 2018, 70% had a suppressed viral load.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019. For definitions of the stages of the continuum of care, see Appendix 2.
In 2017, 73% of deaths among transgender people with HIV were due to non-HIV-related causes. Among these, the top causes were accidents (38%), non-HIV-related cancers (13%), and intentional self-harm (suicide) (13%).

1Cause of death data are not yet available for 2018.
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 March 31, 2019.
HIV AMONG PEOPLE IDENTIFIED AS TRANSGENDER IN NYC

SUMMARY

• Among 313 transgender people newly diagnosed with HIV between 2014 and 2018:
  – 58% were ages 20 to 29 years
  – 45% were Black and 44% were Latino/Hispanic
  – 97% were transgender women

• Compared with non-transgender people, a larger proportion of transgender people newly diagnosed with HIV between 2014 and 2018 were:
  – Under 30 years old
  – Latino/Hispanic
  – Lived in very high-poverty neighborhoods

• Compared with non-transgender people, a smaller proportion of transgender people newly diagnosed with HIV between 2014 and 2018 were concurrently diagnosed with AIDS.

• Compared with non-transgender people, a smaller proportion of transgender people newly diagnosed with HIV in 2018 initiated HIV care within one month of diagnosis.

• Among all people living with HIV in NYC, a smaller proportion of transgender people were virally suppressed compared with non-transgender people.
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

• 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
  • 2 weeks minimum needed for requests to be completed
APPENDIX 1: METHODOLOGY AND DEFINITIONS

Surveillance for HIV among transgender people:

- Collected routinely since 2005 for newly reported cases.
- NYC HIV Surveillance considers people whose current gender identity differs from their sex assigned at birth to be transgender. “Sex assigned at birth” refers to male or female sex that was assigned to a person at birth based on their anatomy. 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-identity.
- Transgender status in surveillance refers to whether data indicate that a person is or is not transgender. Ascertainment of transgender status requires accurate collection of both sex assigned at birth and current gender identity.
- Surveillance classifies all transgender people as one of the following:
  - Transgender woman = assigned male sex at birth and currently identifies as a woman
  - Transgender man = assigned female sex at birth and currently identifies as a man
- People identified as transgender may or may not have received hormone therapy or gender affirming surgeries.
- People identified as transgender can be of any sexual orientation.

General HIV surveillance:

- “HIV diagnoses” include diagnoses of HIV (non-AIDS) and HIV concurrent with AIDS (AIDS diagnosed within 31 days of HIV), unless otherwise specified.
- “PLWH” refers to people living with HIV during the reporting period and alive at the end of the reporting period.
- Area-based poverty is based on NYC ZIP code of residence and is defined as the percent of the population in a given ZIP code whose household income is below the Federal Poverty Level. This measure is not available for people missing ZIP code information or living outside NYC. Income data used for analyses in this report are from the 2007-2011 American Community Survey (ACS) for events occurring in 2006-2009, ACS 2008-2012 for events occurring in 2010, ACS 2009-2014 for events occurring in 2011, and ACS 2010-2014 for events occurring in 2012, and ACS 2011-2015 for events occurring in 2014-2016. Cut-points for categories of area-based poverty in NYC were defined by a NYC DOHMH workgroup.
APPENDIX 2:
TECHNICAL NOTES: NYC HIV CARE CONTINUUM

- “People living with HIV”: calculated as “HIV-diagnosed” divided by the estimated proportion of people living with HIV (PLWH) who had been diagnosed (93.0%), based on a CD4 depletion mode.

- “HIV-diagnosed”: calculated as PLWH “Received 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 in NYC.

- “Received Care”: PLWH with ≥1 VL or CD4 count or CD4 percent drawn in 2018, and reported to NYC HIV surveillance.
  - Source: NYC HIV Surveillance Registry.

- “Prescribed ART”: calculated as PLWH “Received Care” multiplied by the estimated proportion of PLWH prescribed ART in the previous 12 months (96.3%), based on the proportion of NYC Medical Monitoring Project participants whose medical record included documentation of ART prescription.

- “Virally suppressed”: calculated as PLWH in care with a most recent viral load measurement in 2018 of <200 copies/mL, plus the estimated number of out-of-care 2018 PLWH with a viral load <200 copies/mL, based on a statistical weighting method.
Surveillance collects information about individuals’ current gender identity, when available. 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. Surveillance collects information on other gender identity categories, including “Non-binary/Gender non-conforming.” In these slides, data for these individuals (N=7 at time of publication) are displayed by sex at birth.