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HOW IS TRANSGENDER STATUS\(^1\) COLLECTED BY NYC HIV/AIDS 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
  - 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:
    - **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

- The total population of transgender people living in NYC is unknown, though approximations\(^2\) are available

\(^1\)“Transgender status” refers to whether data indicate that a person is or is not transgender.

\(^2\) Please see The Williams Institute for more information
NEW HIV DIAGNOSES AMONG PEOPLE IDENTIFIED AS TRANSGENDER IN NYC, 2013-2017

• 281 new HIV diagnoses in 2013-2017
  – 277 transgender women (99%)
  – 4 transgender men (1%)

• Includes 24 diagnoses of HIV concurrent with AIDS¹ (9%)

• Transgender people comprised 2.2% 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, 2018
NEW HIV DIAGNOSES AMONG PEOPLE IDENTIFIED AS TRANSGENDER BY GENDER IDENTITY AND YEAR OF DIAGNOSIS IN NYC, 2013-2017

Between 2013 and 2017, 281 transgender people were newly diagnosed with HIV in NYC. This included 53-60 transgender women and 0-2 transgender men each year.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018
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 2013 and 2017 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.

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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 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, 2018
NEW HIV DIAGNOSES AMONG PEOPLE IDENTIFIED AS TRANSGENDER BY GENDER IDENTITY AND BOROUGH IN NYC, 2013-2017

Manhattan was the most common borough of residence among newly diagnosed transgender women in NYC. Newly diagnosed transgender men lived in the Bronx, Manhattan, or Queens.

Newly diagnosed people living outside NYC or with unknown residence are not displayed but are included in total Ns.

Borough refers to patient residence at time of HIV diagnosis.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018
NEW HIV DIAGNOSES AMONG PEOPLE IDENTIFIED AS TRANSGENDER BY UHF NEIGHBORHOOD IN NYC, 2013-2017

The neighborhoods of Central Harlem-Morningside Heights, Crotona-Tremont, and West Queens\textsuperscript{1} had the highest numbers of newly diagnosed transgender people.

\textsuperscript{1}Rikers Island is classified with the UHF neighborhood of West Queens. Newly diagnosed transgender people living outside NYC or with an unknown UHF are not displayed. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Among transgender people newly diagnosed with HIV in 2013-2017, 67 (23%) were born outside the U.S. Of those, more than 65% were from Mexico and Central America and the Caribbean\(^1\).

\(^1\)Excludes Puerto Rico and the US Virgin Islands. One transgender persons newly diagnosed with HIV born in Europe not shown. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Among the 277 newly diagnosed transgender women in 2013-2017, 48% had a history of at least one of the characteristics presented above\(^1\), compared with 30% 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, 2018.
More newly diagnosed transgender people were under 30 years of age and born in the US, and fewer were concurrently diagnosed with AIDS, compared to non-transgender people.

1People diagnosed with HIV not identified as transgender.
2The injection drug use category is not designed to include injection of hormones.
3HIV diagnosed concurrently with AIDS (within 31 days of HIV diagnosis).

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018
Fewer newly diagnosed transgender people were White and more were Latino/Hispanic compared to non-transgender people.

1People diagnosed with HIV not identified as transgender.
FPL = Federal Poverty Level. Area-based poverty based on NYC ZIP code of residence at diagnosis.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018
NEW HIV DIAGNOSES AMONG PEOPLE IDENTIFIED AS TRANSGENDER IN NYC, 2017

• 56 new HIV diagnoses among transgender individuals in 2017
  – 55 transgender women (98%)
  – Includes 7 diagnoses of HIV concurrent with AIDS¹ (13%)

• Transgender people comprised 3% of all new HIV diagnoses in NYC in 2017

¹AIDS diagnosed within 31 days of HIV diagnosis
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018
Among people newly diagnosed with HIV in NYC in 2017, a larger proportion of men had timely initiation of care than women and transgender people.

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, 2018.
Among people newly diagnosed with HIV in NYC in 2017, a larger proportion of men had achieved viral suppression within 6 months of diagnosis than women and transgender people.

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, 2018.
Approximately 1,200 transgender people were known to be living with HIV in NYC at the end of 2017:
- 99% transgender women and 1% transgender men
- 47% Black and 43% Latino/Hispanic
Among diagnosed PLWHA in NYC, a smaller proportion of transgender people were virally suppressed compared to non-transgender people.

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, 2018.
Of the approximately 1,275 transgender PLWHA and living in NYC in 2017, 68% had a suppressed viral load.
HIV AMONG PEOPLE IDENTIFIED AS TRANSGENDER IN NYC

SUMMARY

• Among 281 transgender people newly diagnosed with HIV between 2013 and 2017:
  – 56% were ages 20 to 29
  – 43% were Black and 47% were Latino/Hispanic
  – 99% were transgender women

• Compared with non-transgender people, a larger proportion of transgender people newly diagnosed with HIV between 2013 and 2017 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 2013 and 2017 were concurrently diagnosed with AIDS.

• Compared with non-transgender people, a smaller proportion of transgender people newly diagnosed with HIV in 2017 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.
Our program publishes annual surveillance reports and slide sets, as well as special supplemental reports during the year.

- HIV Care status reports (CSR) system: [https://www1.nyc.gov/site/doh/health/health-topics/aids-hiv-care-status-reports-system.page](https://www1.nyc.gov/site/doh/health/health-topics/aids-hiv-care-status-reports-system.page)

Email data requests to: 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.
- “PLWHA” refers to people living with HIV or AIDS 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 2009-2013 for events occurring in 2011, and ACS 2010-2014 for events occurring in 2012, and ACS 2011-2015 for events occurring in 2013-2016. 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/AIDS”: calculated as “HIV-diagnosed” divided by the estimated proportion of people living with HIV/AIDS (PLWHA) who had been diagnosed (92.6%), based on a CD4 depletion mode.
• “HIV-diagnosed”: calculated as PLWHA “retained in care” plus the estimated number of PLWHA 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.
• “Retained in care”: PLWHA with ≥1 VL or CD4 count or CD4 percent drawn in 2017, and reported to NYC HIV surveillance.
  – Source: NYC HIV Surveillance Registry.
• “Prescribed ART”: calculated as PLWHA “retained in care” multiplied by the estimated proportion of PLWHA prescribed ART in the previous 12 months (93.2%), based on the proportion of NYC Medical Monitoring Project participants whose medical record included documentation of ART prescription.
• “Virally suppressed”: calculated as PLWHA in care with a most recent viral load measurement in 2017 of <200 copies/mL, plus the estimated number of out-of-care 2017 PLWHA with a viral load <200 copies/mL, based on a statistical weighting method.