

CARE AND CLINICAL STATUS OF PEOPLE NEWLY DIAGNOSED WITH HIV AND PEOPLE LIVING WITH HIV IN 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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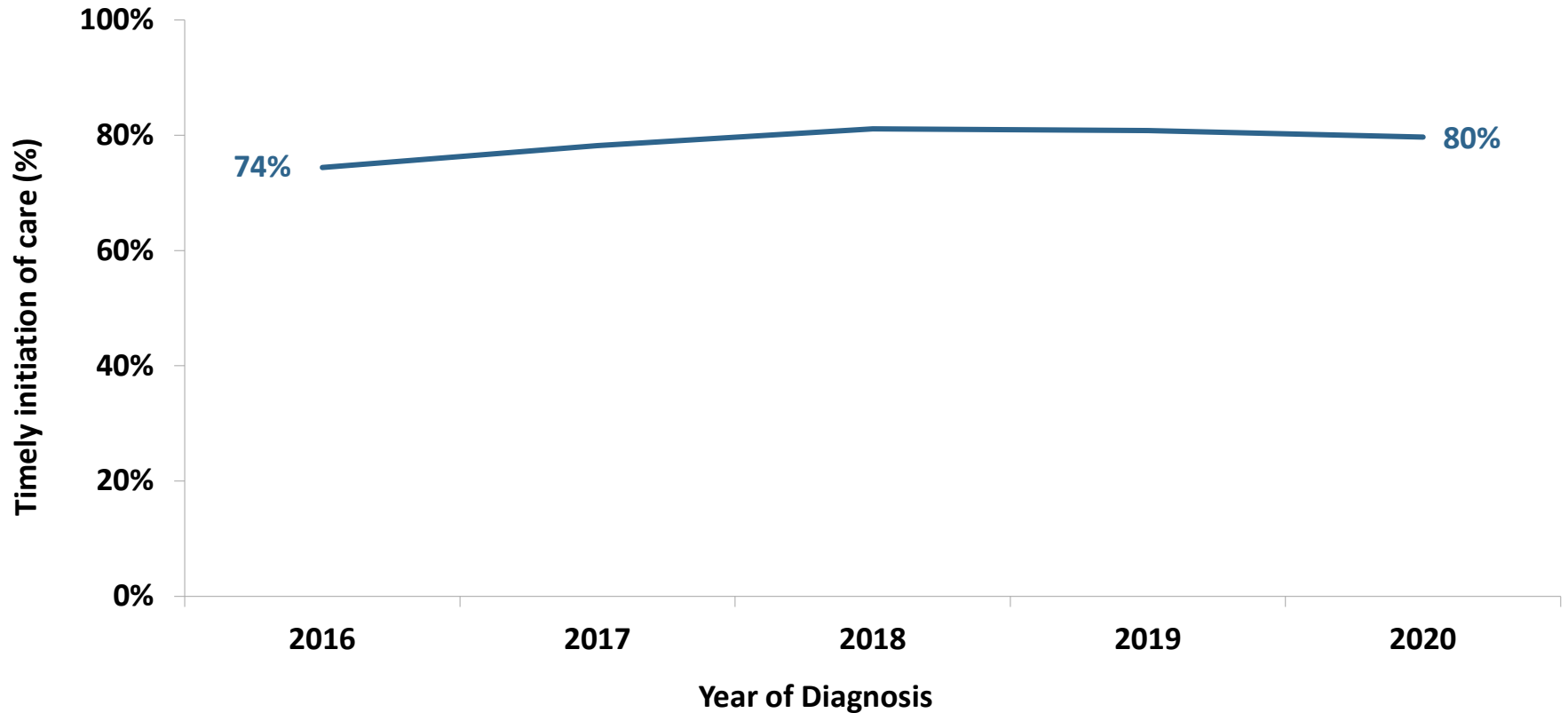
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PEOPLE NEWLY DIAGNOSED WITH HIV IN NYC, 2020

- **1,396** people newly diagnosed with HIV in NYC in 2020

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



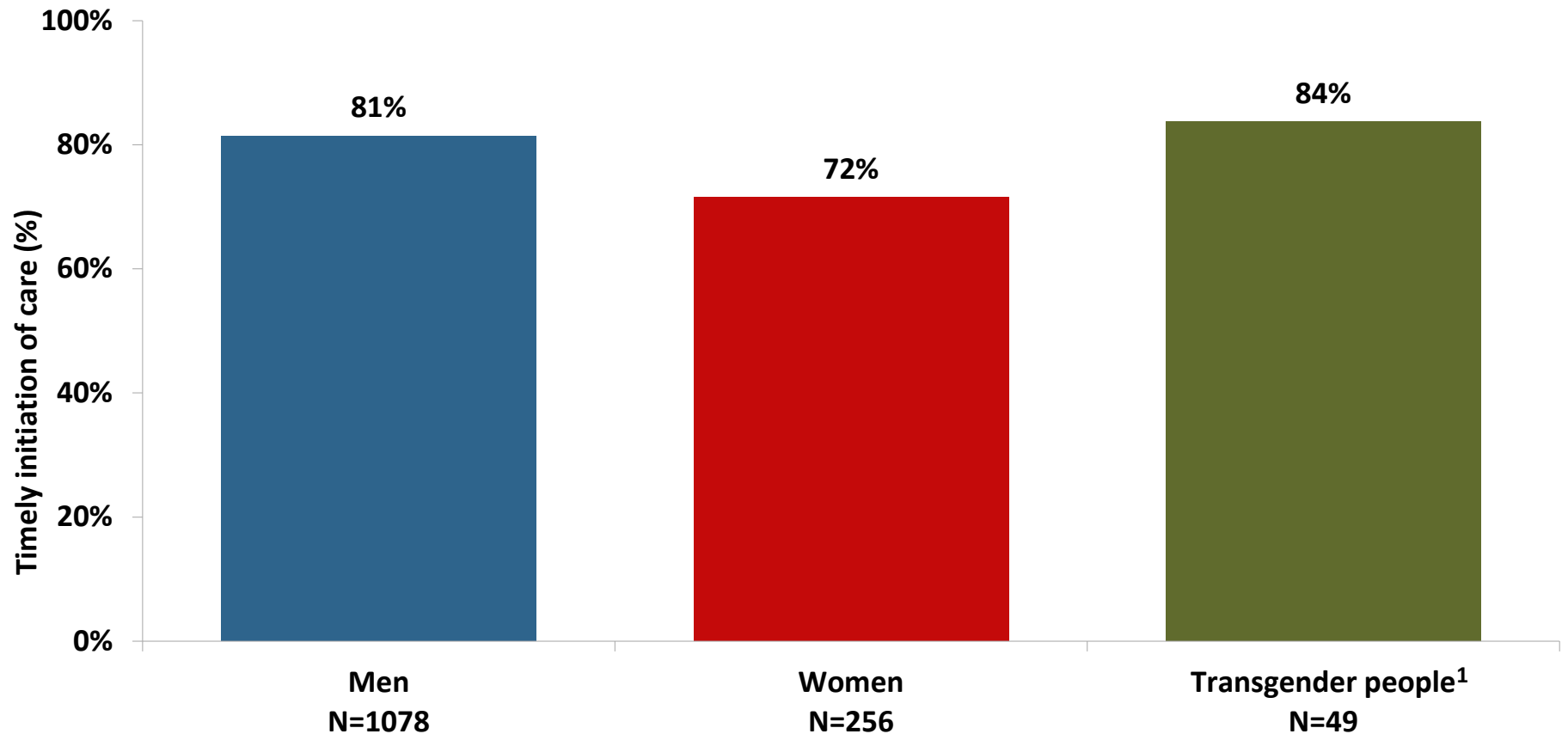
Timely initiation of care among people newly diagnosed with HIV increased in NYC between 2016 and 2020.

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 May 27, 2021.

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



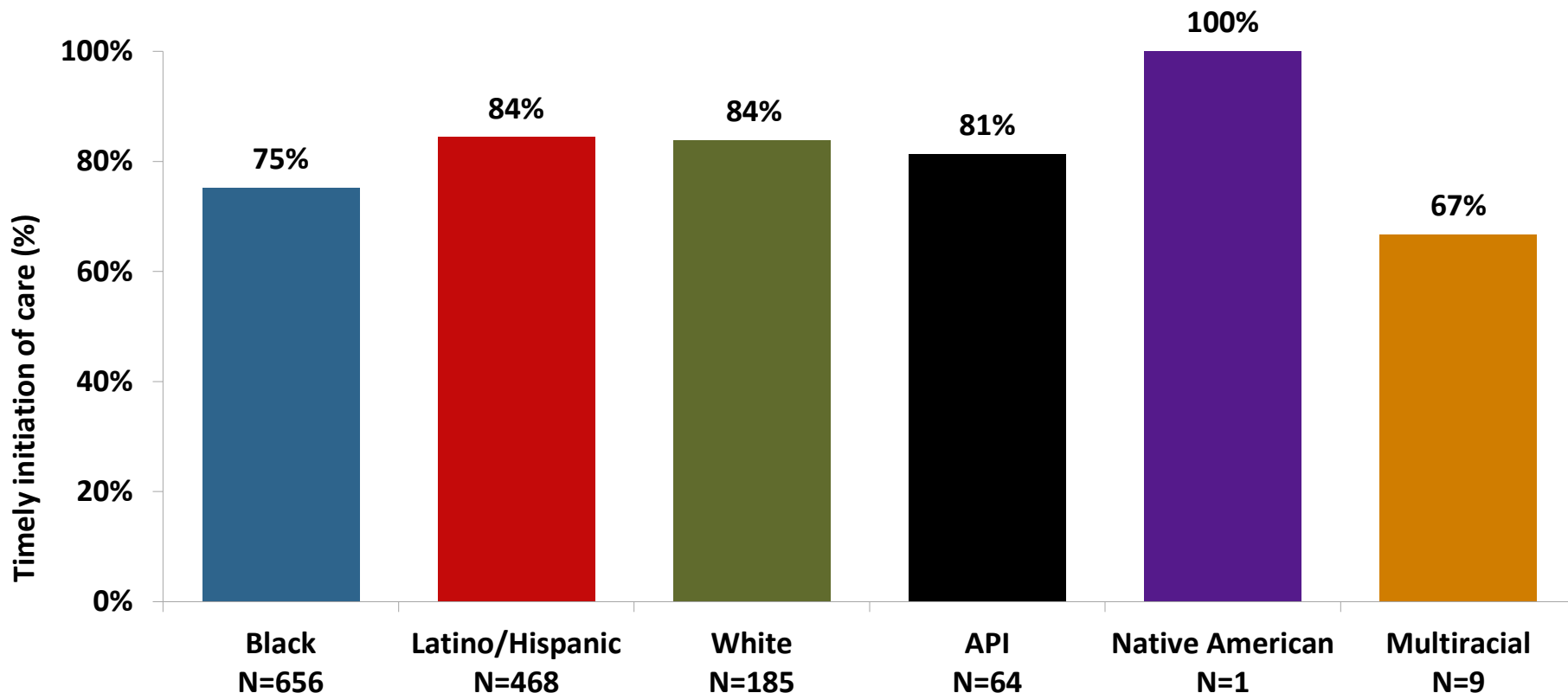
Among people newly diagnosed with HIV in NYC in 2020, a smaller proportion of women were linked to care within thirty days of diagnosis than men and transgender people.

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.

¹In 2020 in NYC, there were N=48 new diagnoses among transgender women, and N=1 new diagnosis among transgender man.

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 NYC, 2020



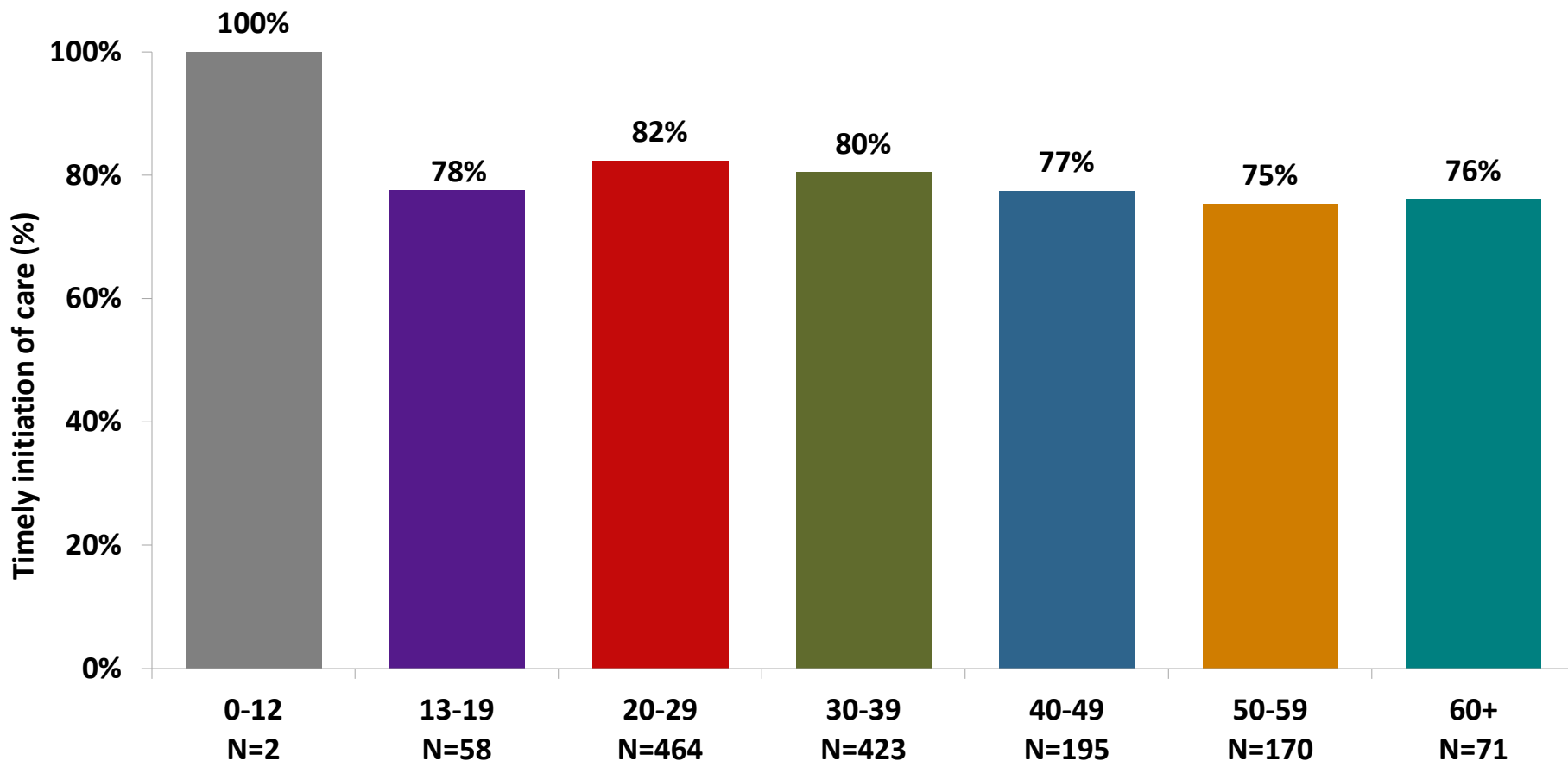
Among people newly diagnosed with HIV in NYC in 2020, smaller proportions of Black and multiracial people were linked to care within thirty days of diagnosis compared with people of other race/ethnicity groups.

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.

API= Asian/Pacific Islander.

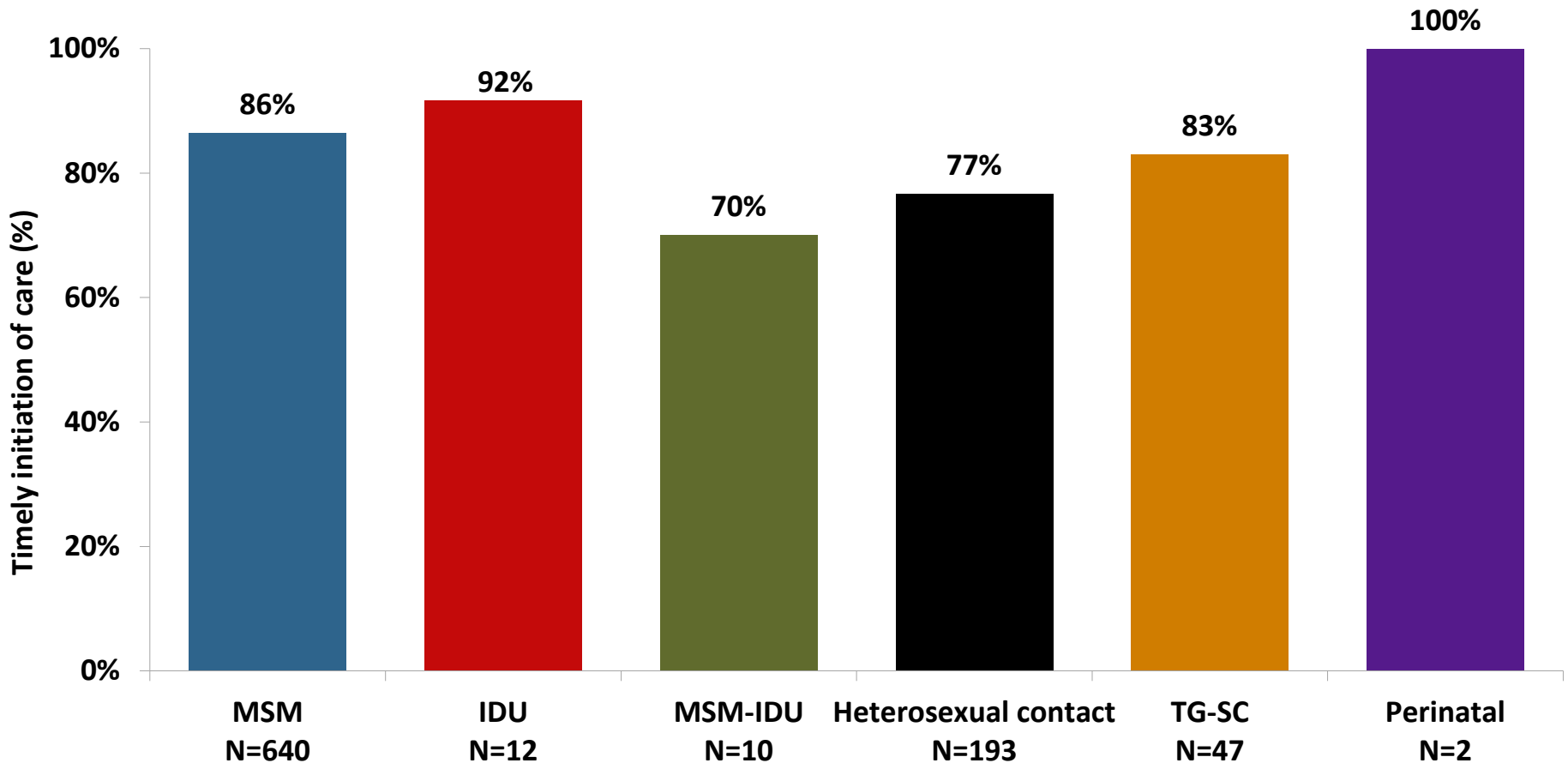
As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

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



Among people newly diagnosed with HIV in NYC in 2020, people ages 50-59 years had the smallest proportion linked to care within thirty days of diagnosis.

TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY TRANSMISSION CATEGORY IN NYC, 2020



Among people newly diagnosed with HIV in NYC in 2020, MSM with injection drug use history had the smallest proportion linked to care within thirty days of diagnosis.

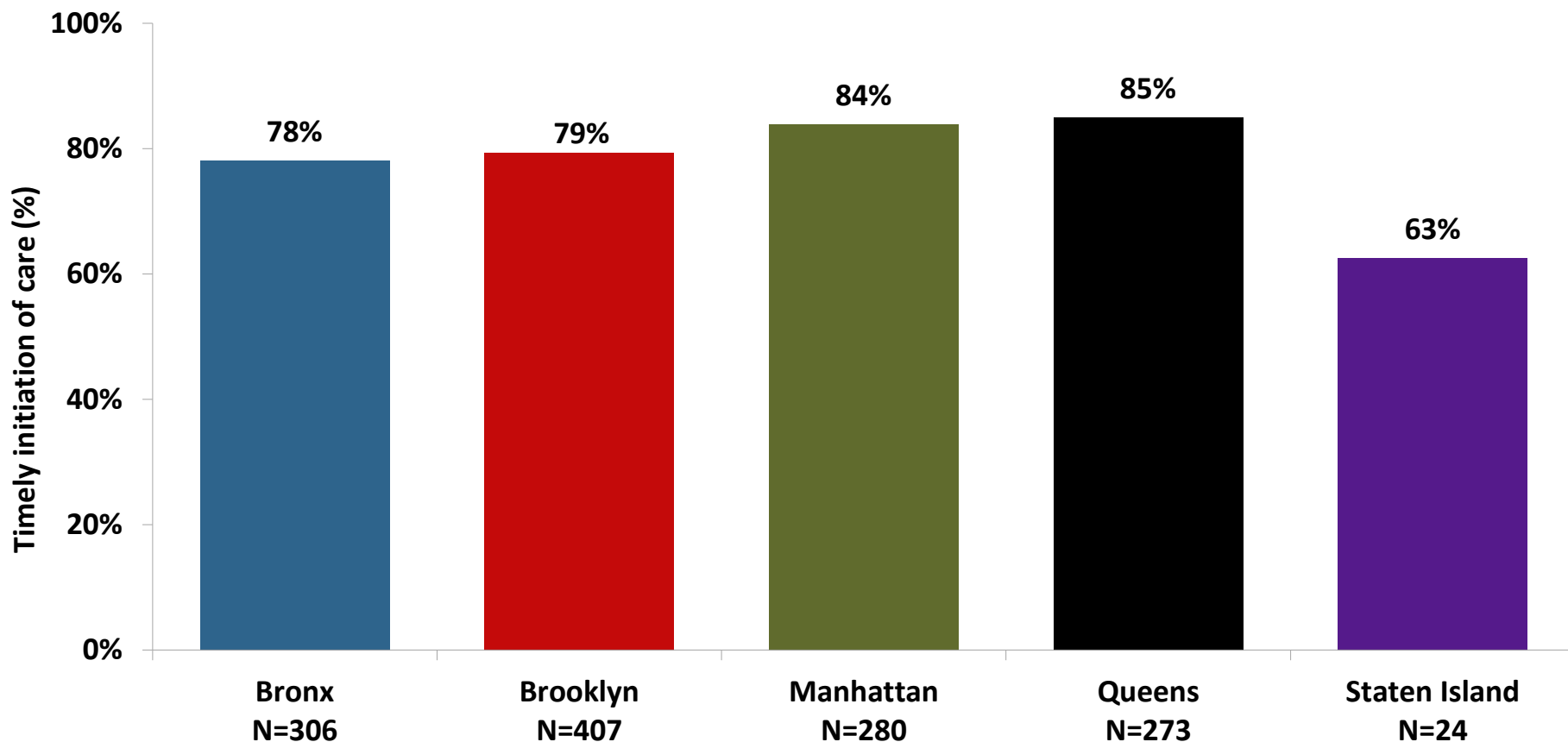
MSM=men who have sex with men; IDU=injection drug use history; TG-SC=Transgender people with sexual contact.

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.

New diagnoses with an unknown transmission category are not shown.

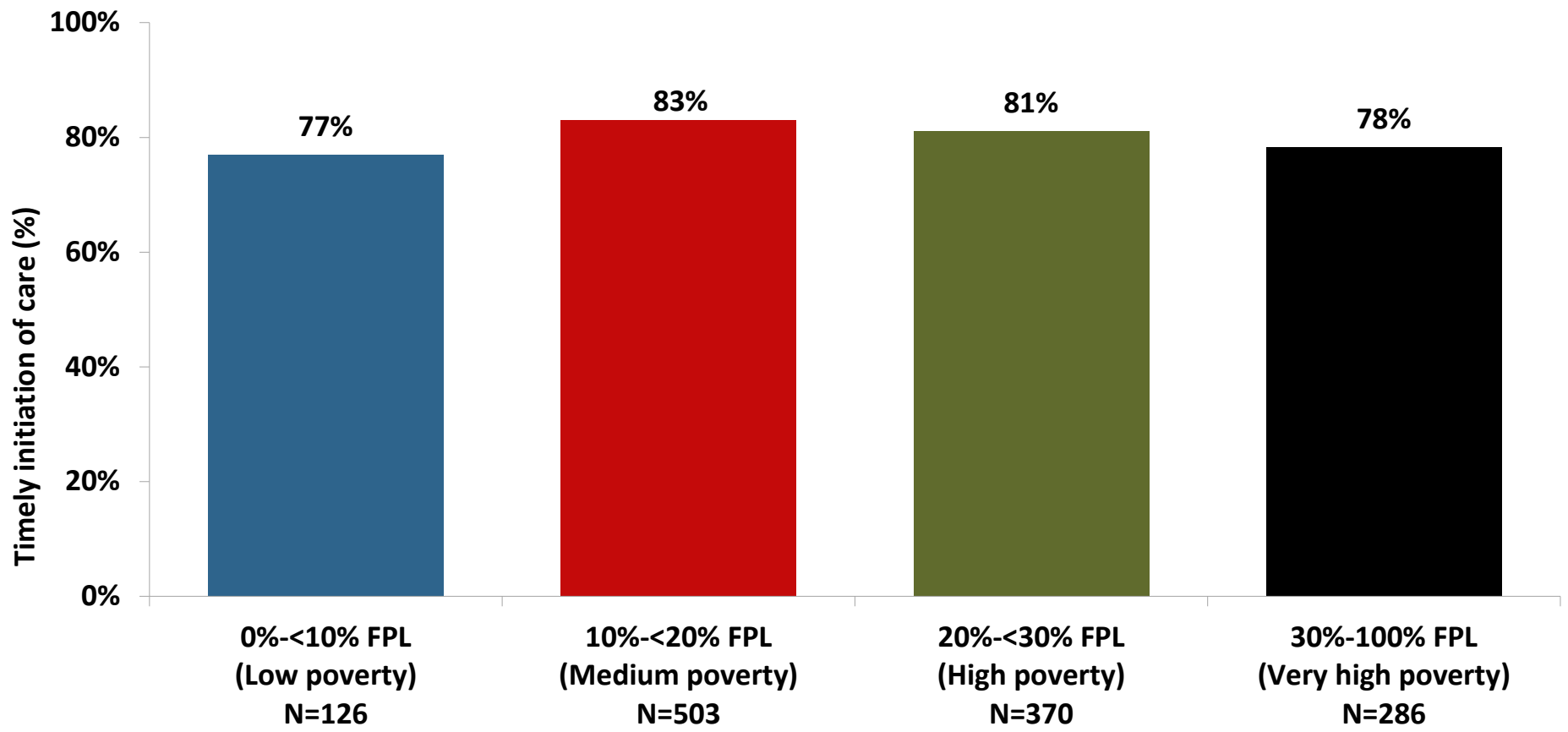
As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

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



Among people newly diagnosed with HIV in NYC in 2020, residents of Staten Island had the smallest proportion linked to care within thirty days of diagnosis.

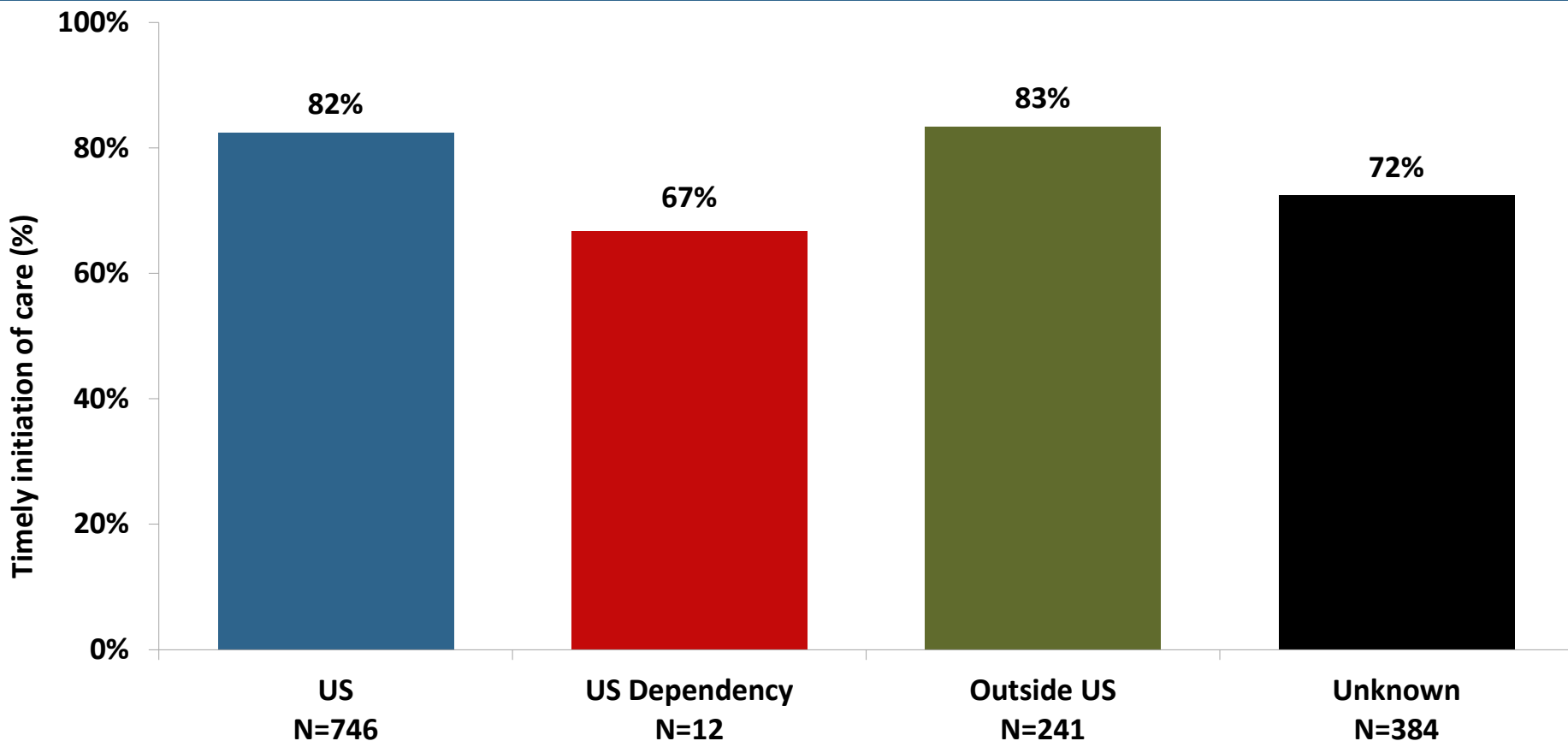
TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY AREA-BASED POVERTY IN NYC, 2020



Among people newly diagnosed with HIV in NYC in 2020, residents living in low-poverty neighborhoods had the smallest proportion linked to care within thirty days of diagnosis.

FPL = Federal Poverty Level.
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. New diagnoses without area-based poverty information are not shown.
As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

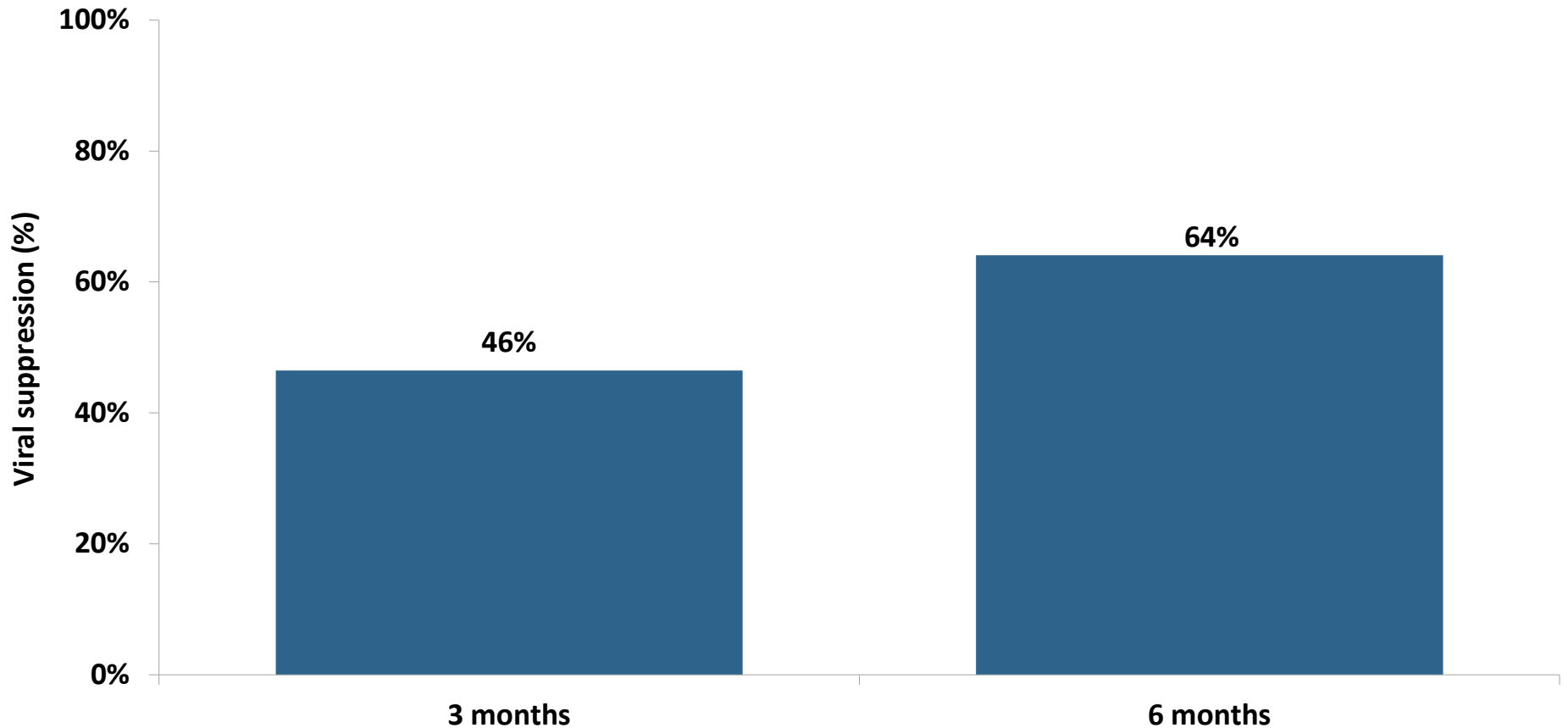
TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY COUNTRY OF BIRTH IN NYC, 2020



Among people newly diagnosed with HIV in NYC in 2020, people born in the US dependencies had the smallest proportion linked to care within thirty days of diagnosis.

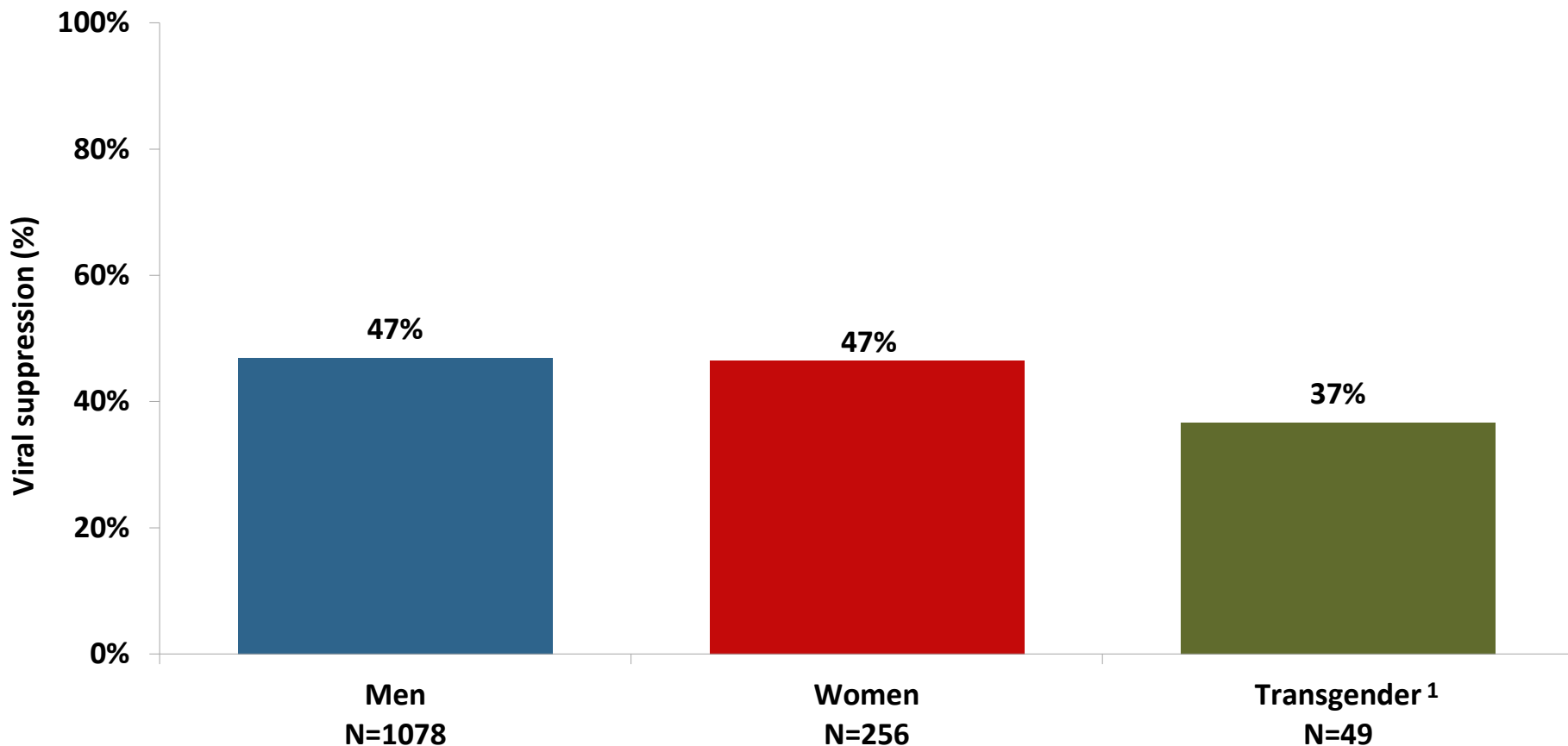
Timely initiation of care is defined as HIV viral load, CD4, or genotype test drawn within 1 month (30 days) of HIV diagnosis. People from Puerto Rico and other US dependencies (Virgin Islands, Guam) are not considered to be born outside of the US. As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

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



Among people newly diagnosed with HIV in NYC in 2020, 46% were virally suppressed within 3 months and 64% were suppressed within 6 months of diagnosis.

VIRAL SUPPRESSION WITHIN 3 MONTHS OF NEW HIV DIAGNOSIS BY GENDER IN NYC, 2020



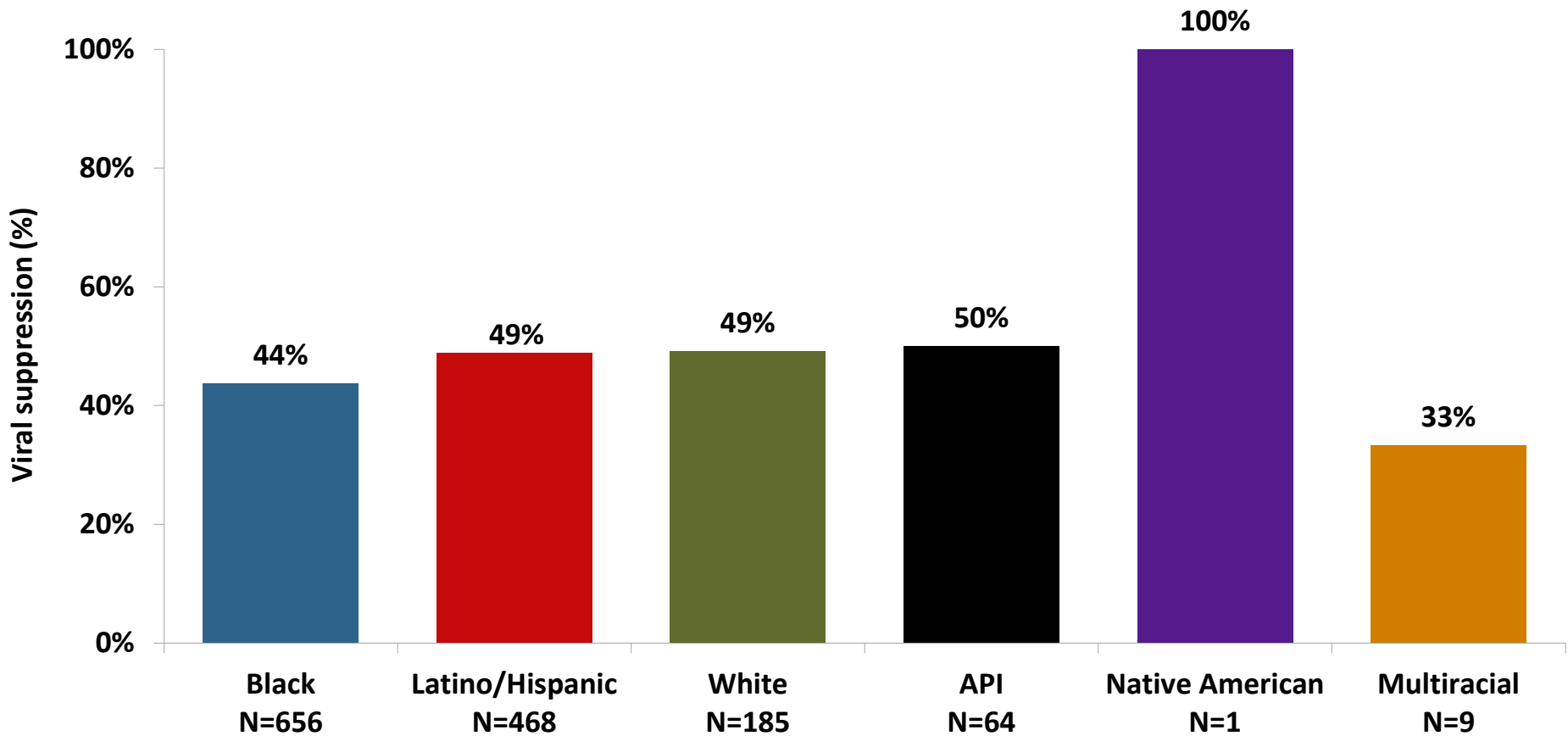
Among people newly diagnosed with HIV in NYC in 2020, transgender people had the smallest proportion virally suppressed within 3 months of diagnosis.

Viral suppression is defined as viral load <200 copies/mL. People diagnosed at death have been excluded.

¹In 2020 in NYC, there were N=48 new diagnoses among transgender women, and N=1 new diagnoses among transgender men.

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

VIRAL SUPPRESSION WITHIN 3 MONTHS OF NEW HIV DIAGNOSIS BY RACE/ETHNICITY IN NYC, 2020



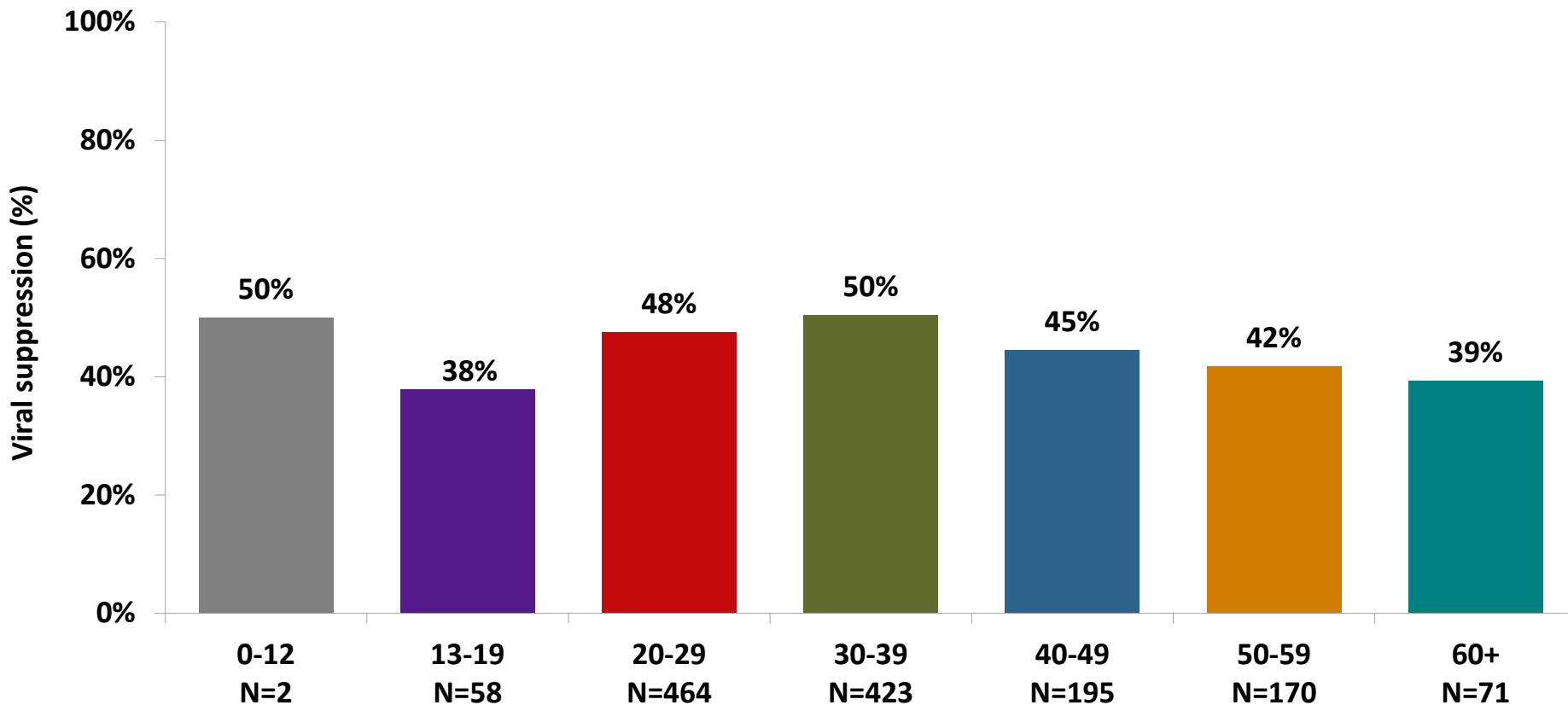
Among people newly diagnosed with HIV in NYC in 2020, multiracial people had the smallest proportion virally suppressed within 3 months of diagnosis.

Viral suppression is defined as viral load <200 copies/mL. People diagnosed at death have been excluded.

API=Asian/Pacific Islander.

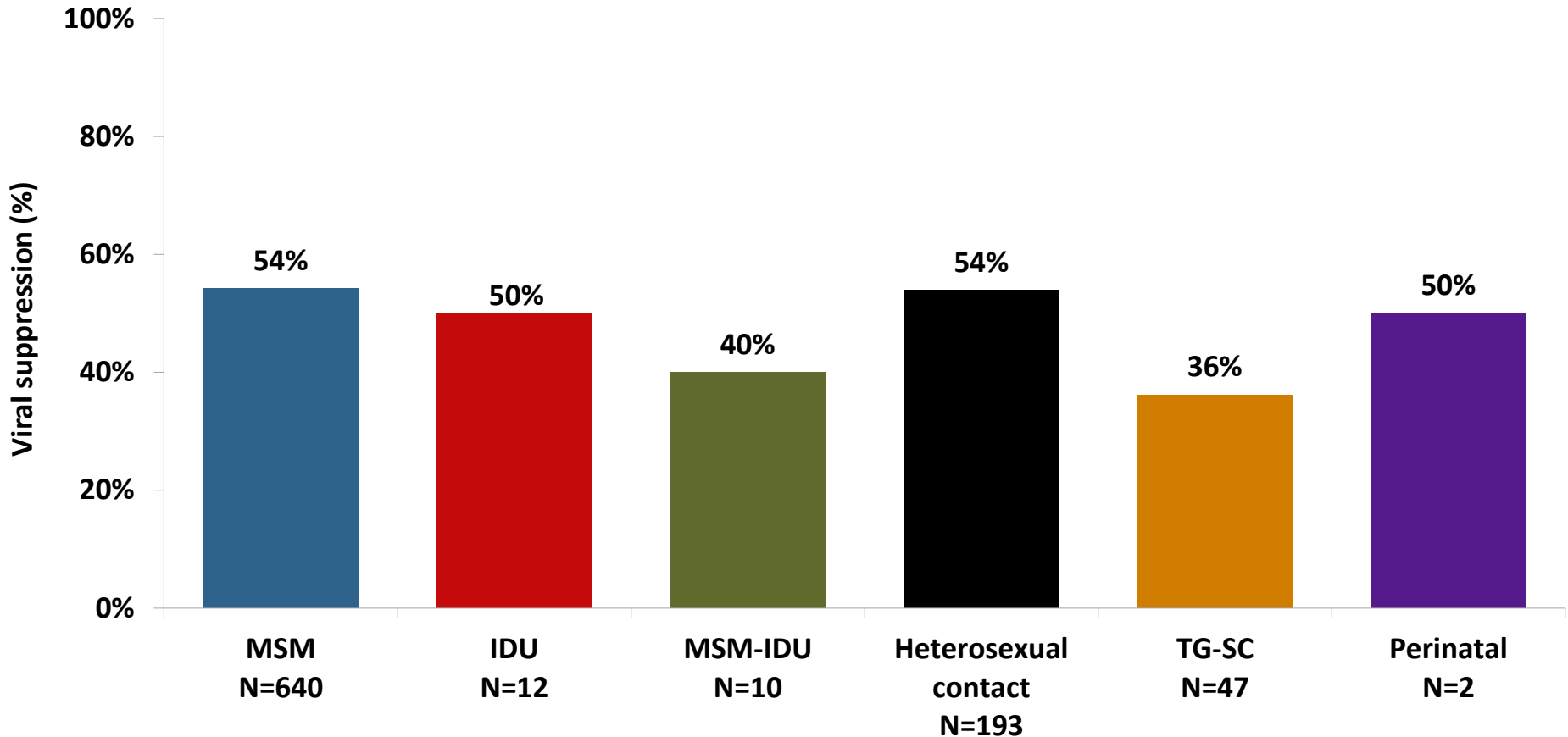
As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

VIRAL SUPPRESSION WITHIN 3 MONTHS OF NEW HIV DIAGNOSIS BY AGE IN NYC, 2020



Among people newly diagnosed with HIV in NYC in 2020, people ages 13-19 had the smallest proportion virally suppressed within 3 months of diagnosis

VIRAL SUPPRESSION WITHIN 3 MONTHS OF NEW HIV DIAGNOSIS BY TRANSMISSION CATEGORY IN NYC, 2020

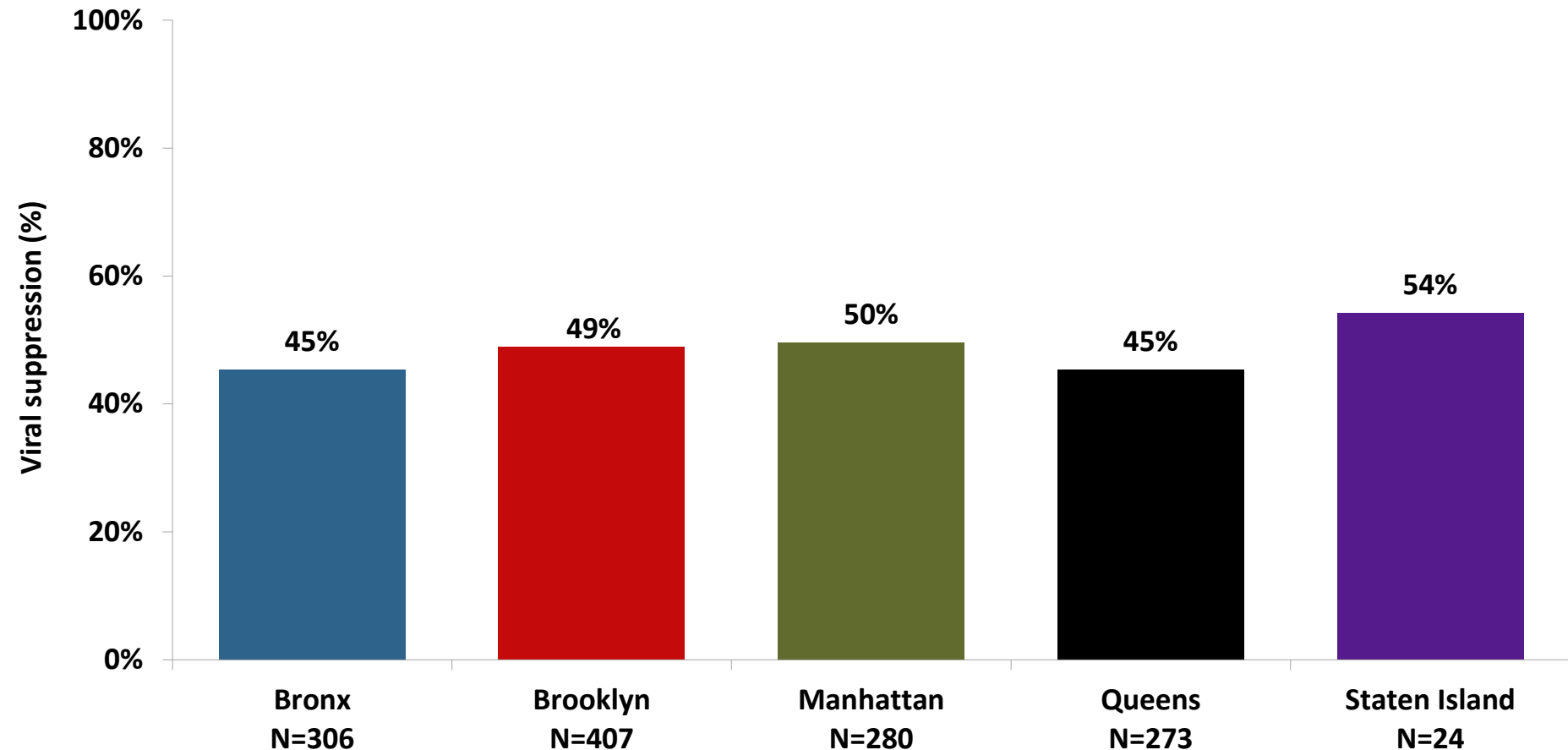


Among people newly diagnosed with HIV in NYC in 2020, transgender people with sexual contact had the smallest proportion virally suppressed within 3 months of diagnosis.

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

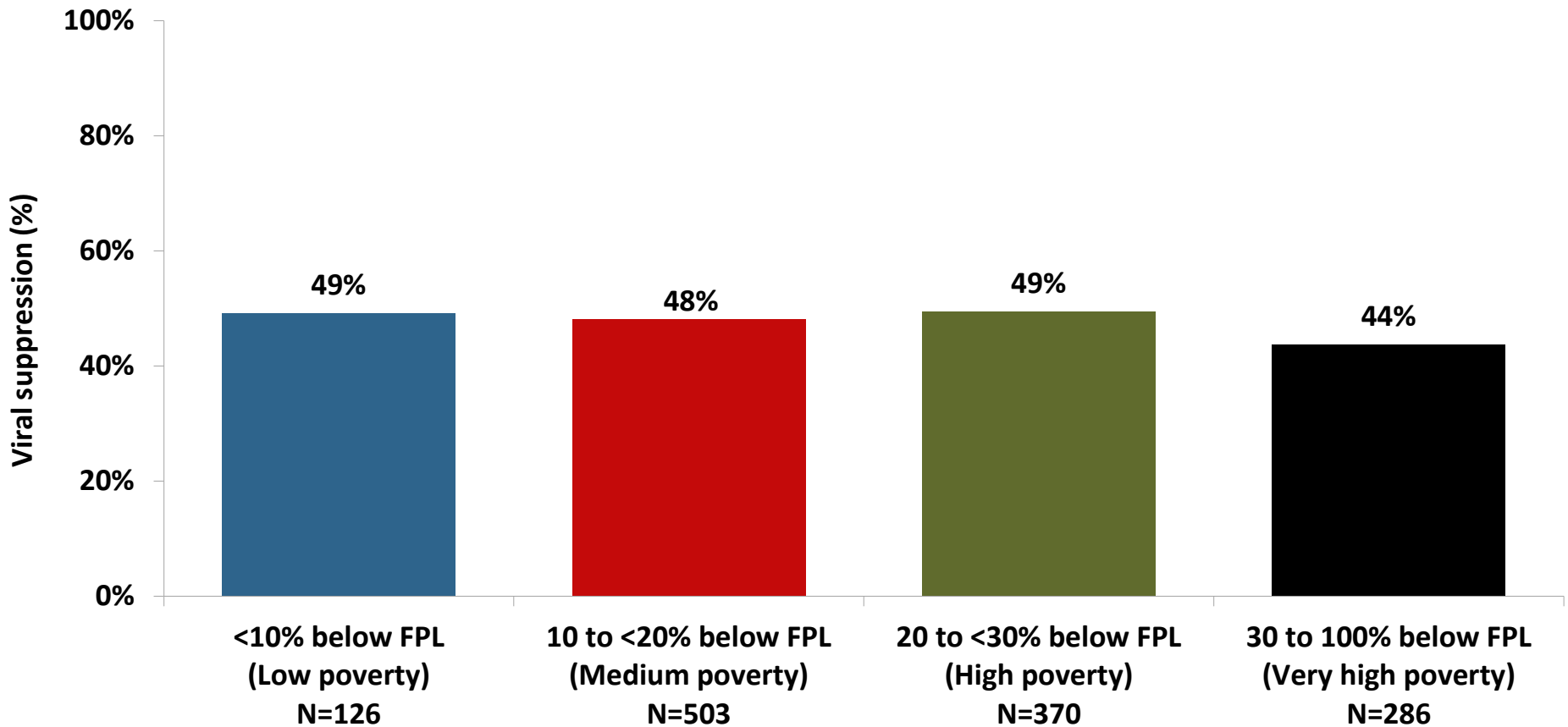
Viral suppression is defined as viral load <200 copies/mL. People diagnosed at death have been excluded. People with an unknown transmission category are not shown. 17
As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

VIRAL SUPPRESSION WITHIN 3 MONTHS OF NEW HIV DIAGNOSIS BY BOROUGH IN NYC, 2020



Among people newly diagnosed with HIV in NYC in 2020, Staten Island residents had the largest proportion virally suppressed within 3 months of diagnosis.

VIRAL SUPPRESSION WITHIN 3 MONTHS OF NEW HIV DIAGNOSIS BY AREA-BASED POVERTY IN NYC, 2020



Among people newly diagnosed with HIV in NYC in 2020, people residing in very high-poverty neighborhoods had the smallest proportion virally suppressed within 3 months of diagnosis.

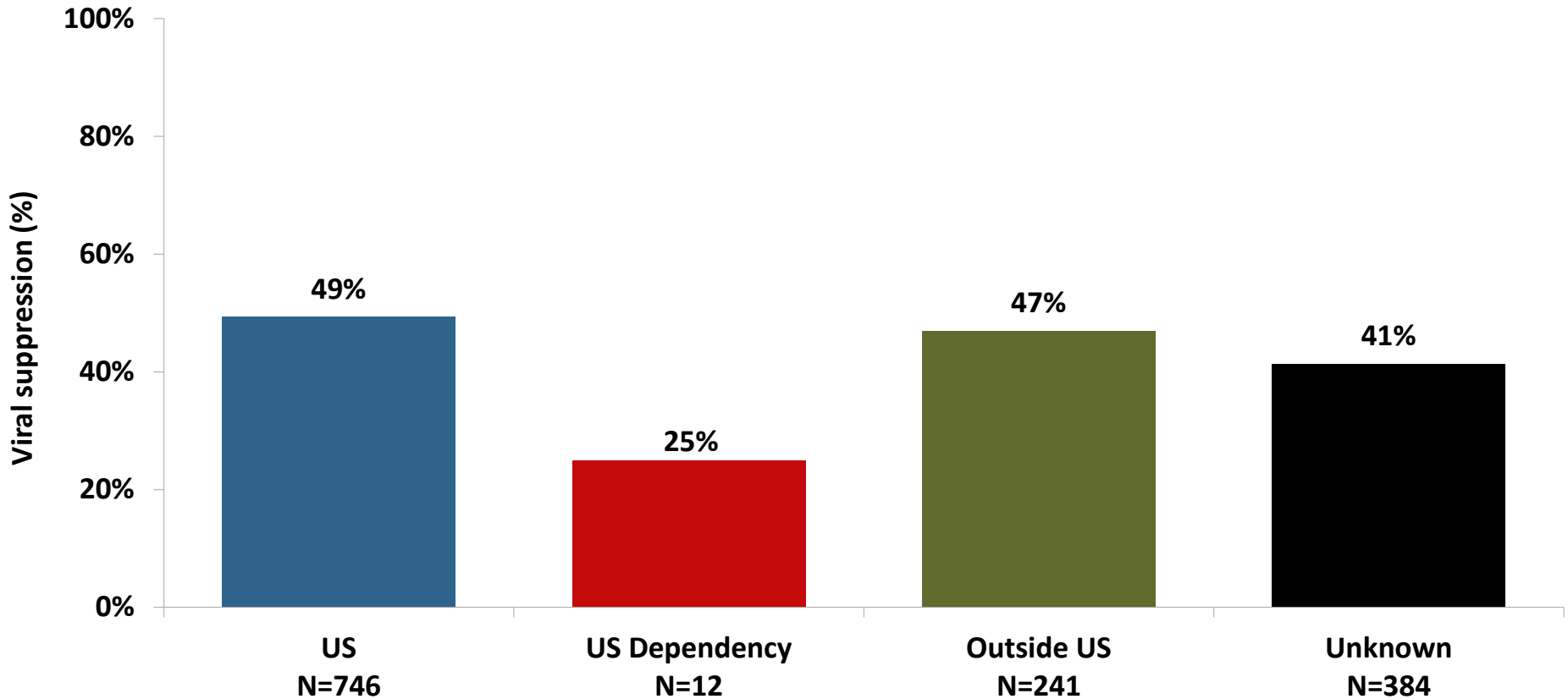
FPL=Federal Poverty Level.

Viral suppression is defined as viral load <200 copies/mL. People diagnosed at death have been excluded.

New diagnoses without area-based poverty information are not shown.

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

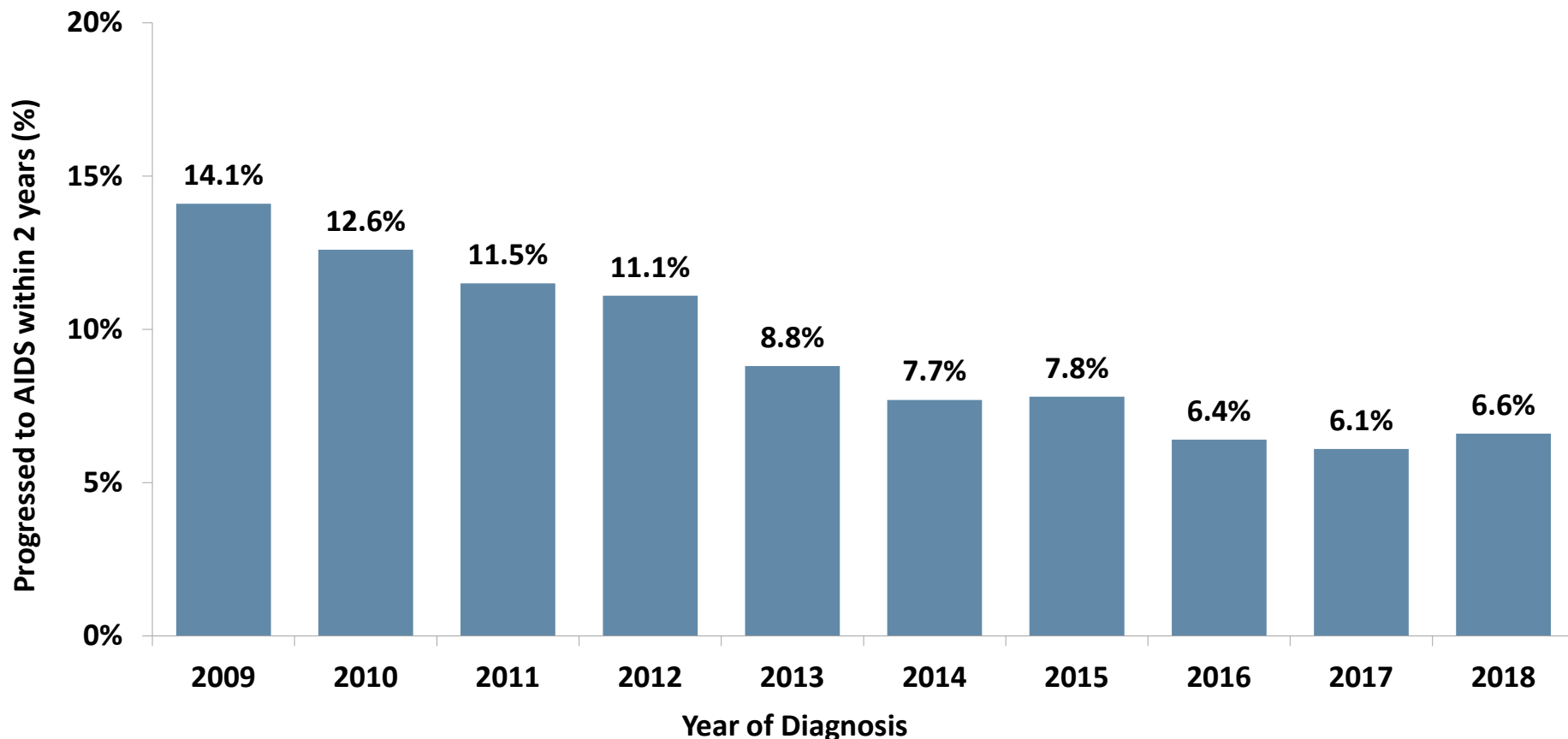
VIRAL SUPPRESSION WITHIN 3 MONTHS OF NEW HIV DIAGNOSIS BY COUNTRY OF BIRTH IN NYC, 2020



Among people newly diagnosed with HIV in NYC in 2020, people born in the US dependencies had the smallest proportion virally suppressed within 3 months of diagnosis.

Viral suppression is defined as viral load <200 copies/mL. People diagnosed at death have been excluded. People with unknown country of birth are not shown. People from Puerto Rico and other US dependencies (Virgin Islands, Guam) are not considered to be born outside of the US. As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

PROPORTION OF NEW HIV-ONLY DIAGNOSES PROGRESSING TO AIDS WITHIN 2 YEARS IN NYC, 2009-2018



The proportion of people diagnosed with HIV-only in NYC who progressed to AIDS within 2 years of diagnosis decreased by 46% between 2009 and 2018.

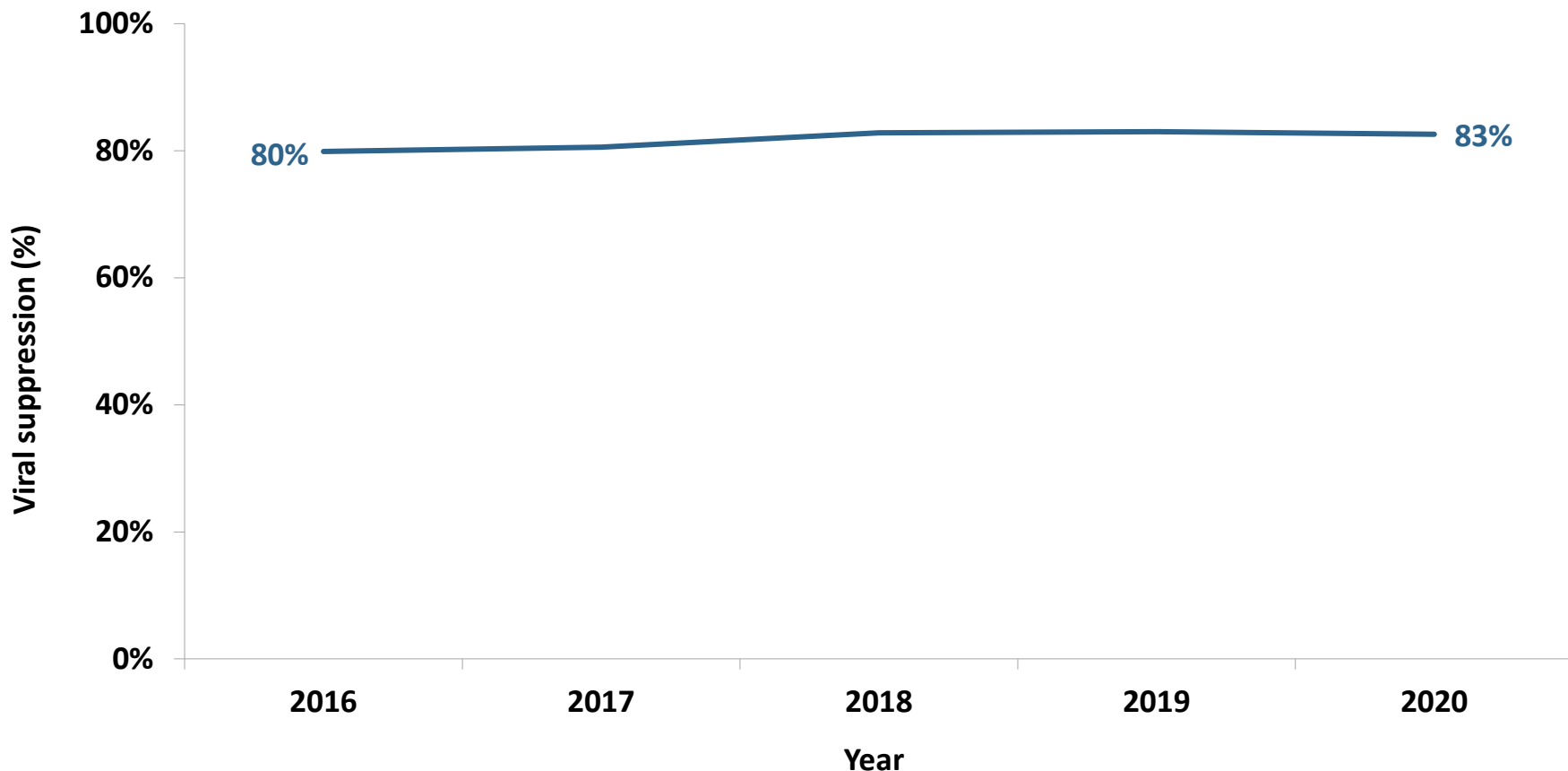
People are classified as having AIDS if they either have one or more AIDS-defining opportunistic illnesses (based on the 1993 CDC case definition) or a laboratory test indicating suppressed CD4+ cell counts (<200 cells/ μ L).

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

PEOPLE WITH HIV (PWH)

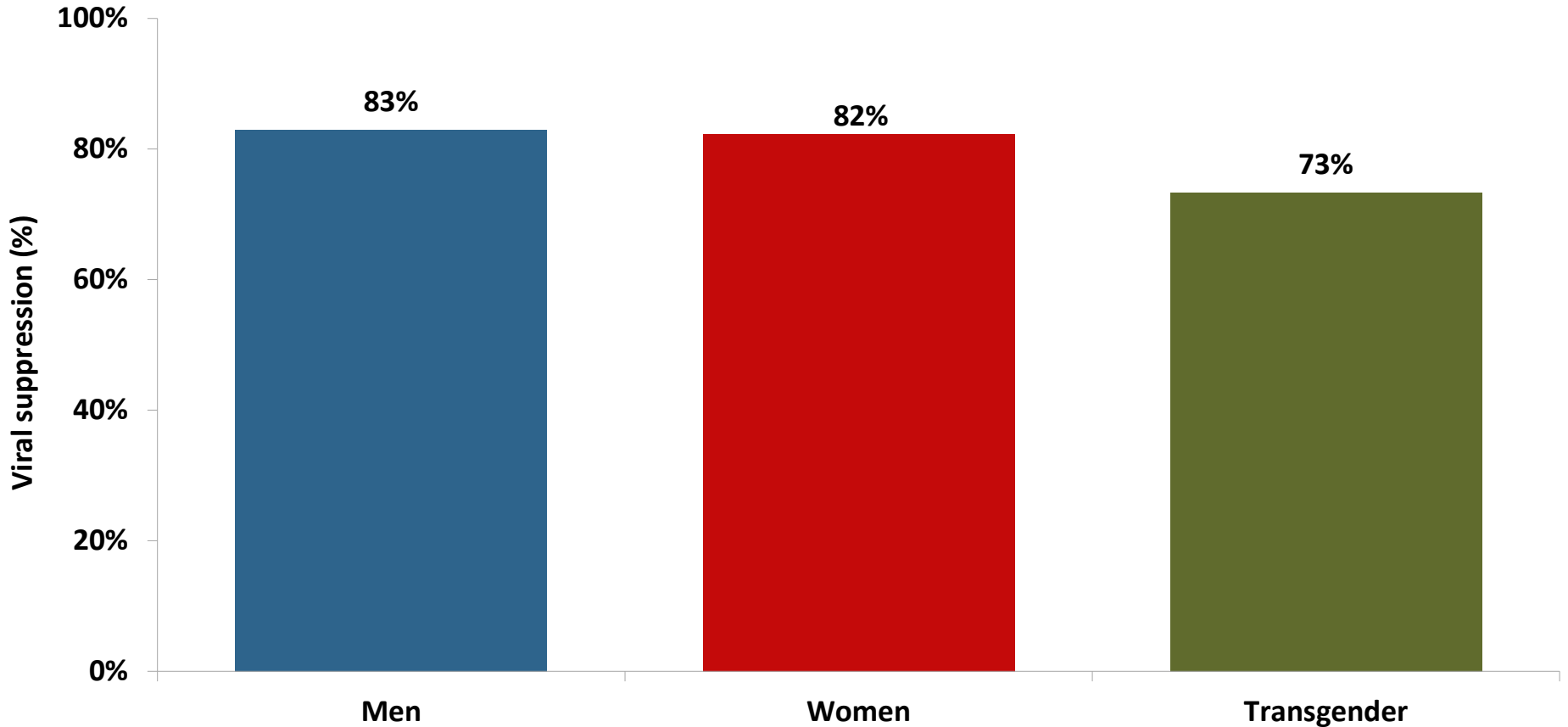
- **84,700** PWH in NYC
 - Approximate number of people with HIV in NYC at the end of 2020
- **79,900** diagnosed PWH in NYC
 - Approximate number of people with diagnosed HIV in NYC at the end of 2020, including those diagnosed with HIV in or before 2020, living in NYC at the end of 2020, and reported to the NYC DOHMH by May 27, 2021

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH IN NYC, 2016-2020



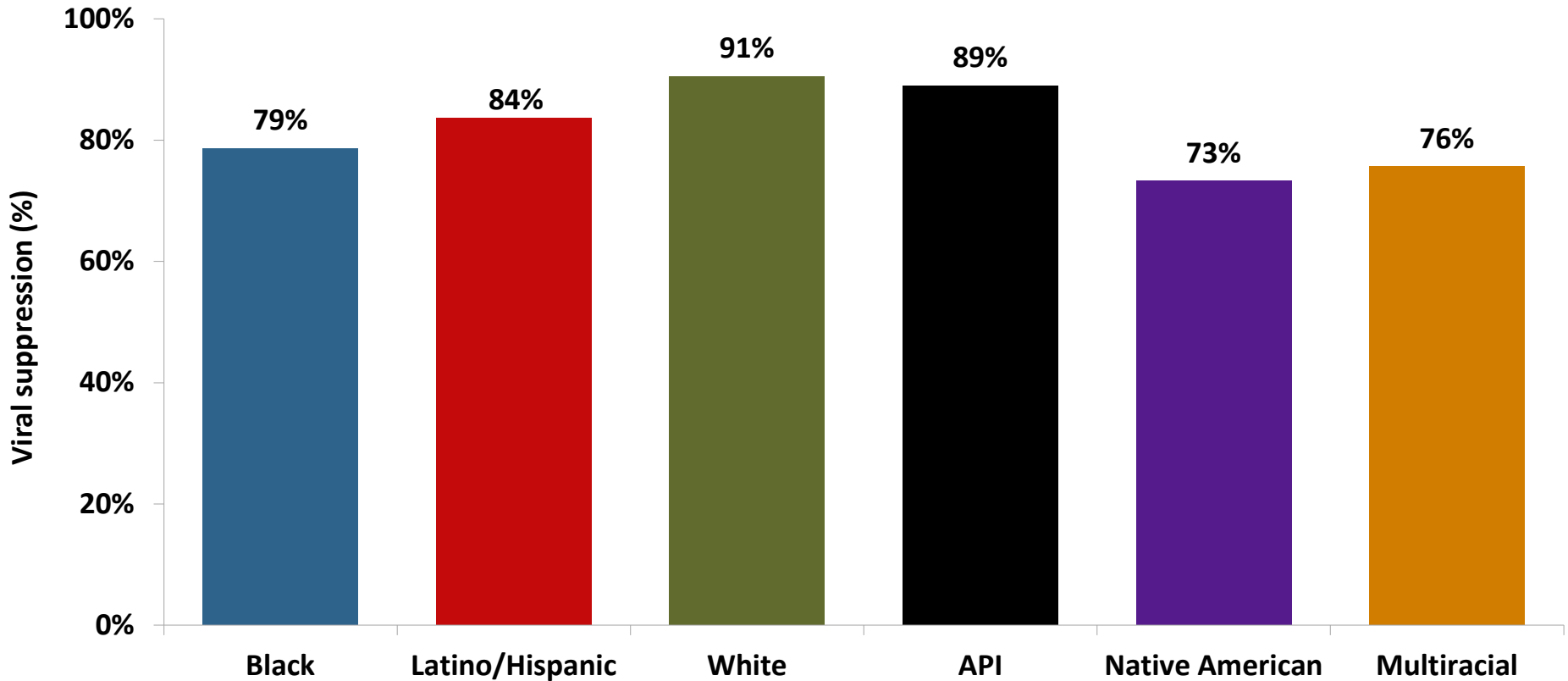
Viral suppression among diagnosed people living with HIV (PLWH) increased in NYC between 2016 and 2020.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY GENDER IN NYC, 2020



Among diagnosed people living with HIV (PLWH) in NYC, a smaller proportion of transgender people were virally suppressed than non-transgender men and women.

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



Among diagnosed people living with HIV (PLWH) in NYC, White people and Asian/Pacific Islander people had the largest proportions virally suppressed among all racial/ethnic groups.

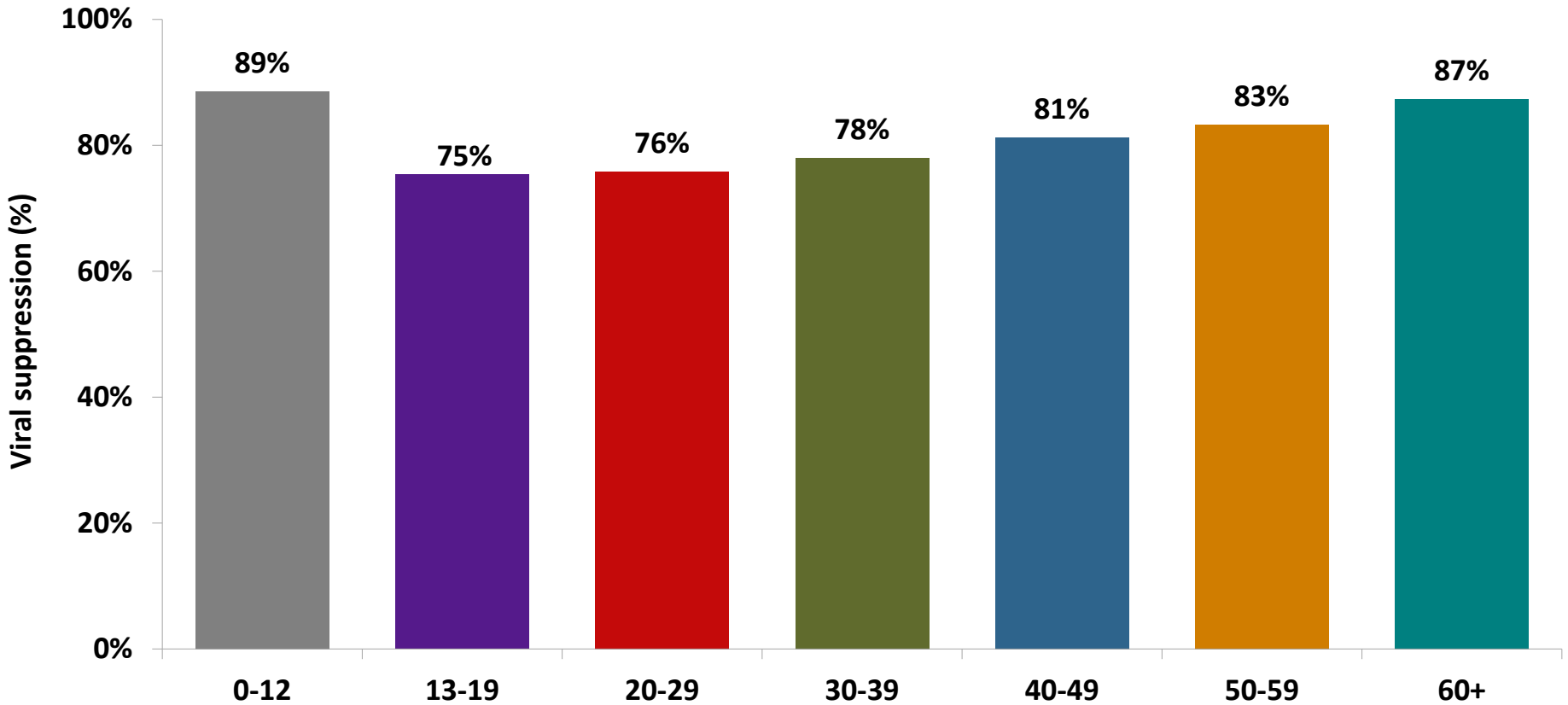
Viral suppression is defined as viral load <200 copies/mL.

API= Asian/Pacific Islander.

People with unknown race/ethnicity are not shown.

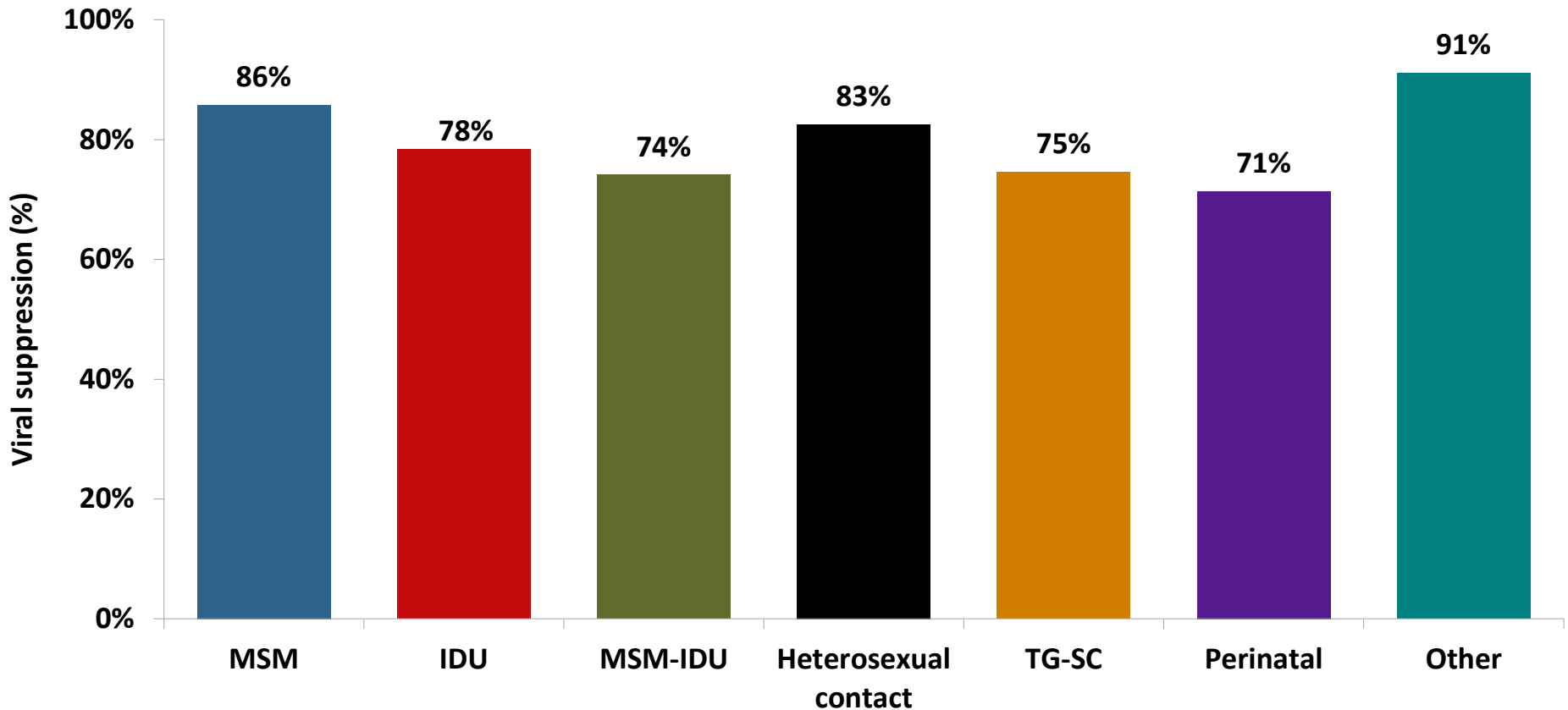
As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY AGE IN NYC, 2020



Among diagnosed people living with HIV (PLWH) in NYC, those ages 13-19 years had the smallest proportion virally suppressed compared to other age groups.

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



Among diagnosed people living with HIV (PLWH) in NYC, people with perinatal transmission category had the smallest proportion virally suppressed.

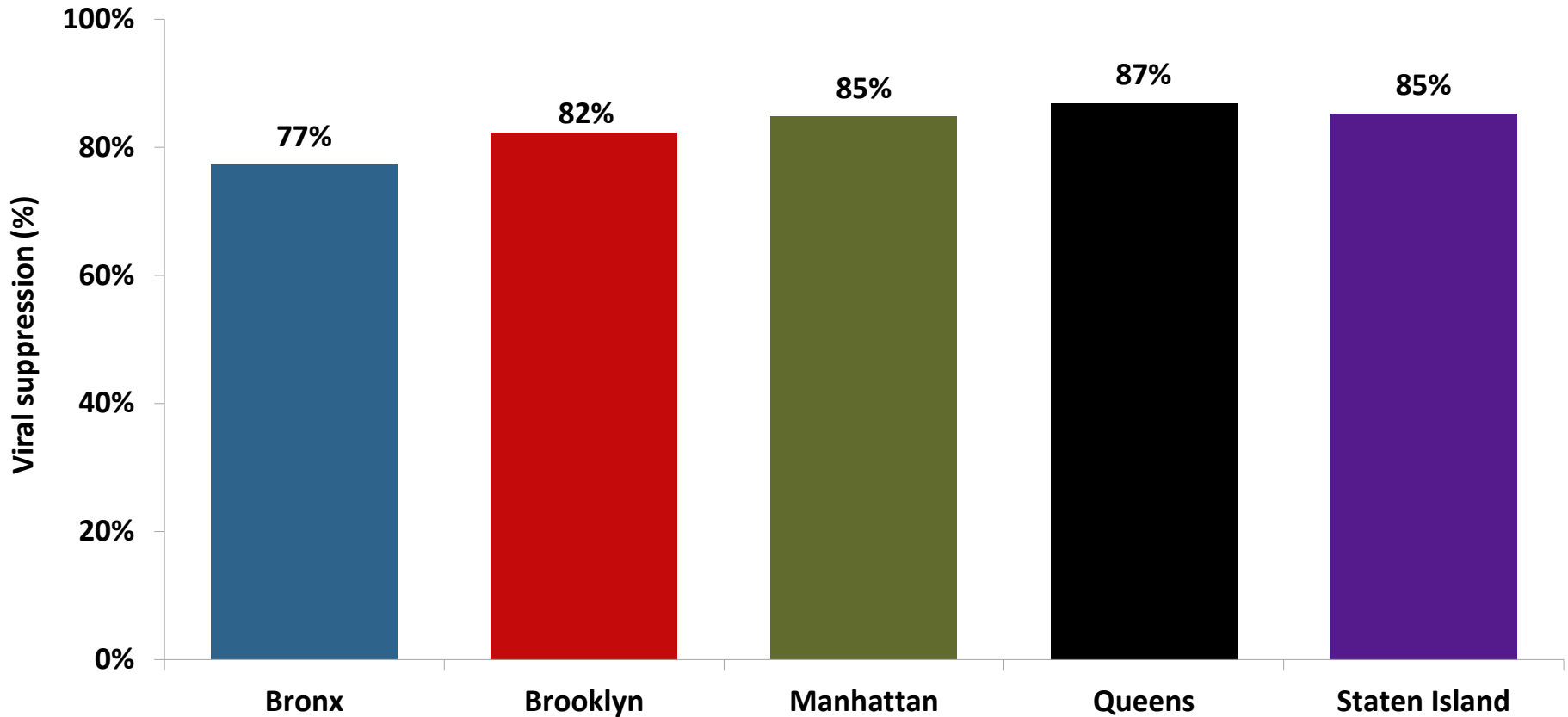
MSM=men who have sex with men; IDU= injection drug use history; TG-SC=Transgender people with sexual contact.

Viral suppression is defined as viral load <200 copies/mL.

People with an unknown transmission category are not shown.

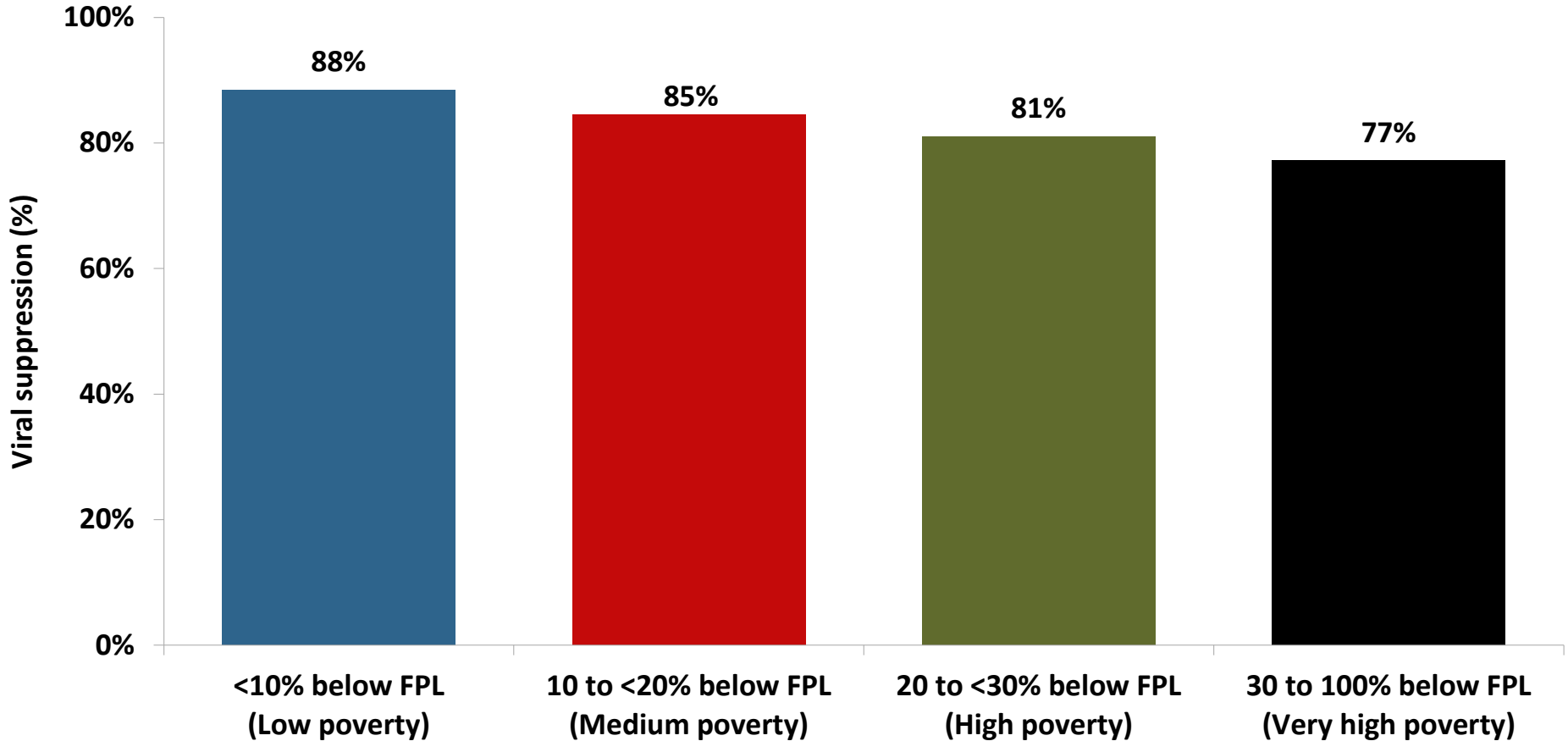
As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY BOROUGH IN NYC, 2020



Among diagnosed people living with HIV (PLWH) in NYC, residents of the Bronx had the smallest proportion virally suppressed.

VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY AREA-BASED POVERTY IN NYC, 2020



Among diagnosed people living with HIV (PLWH) in NYC, people living in low-poverty neighborhoods had the largest proportion virally suppressed.

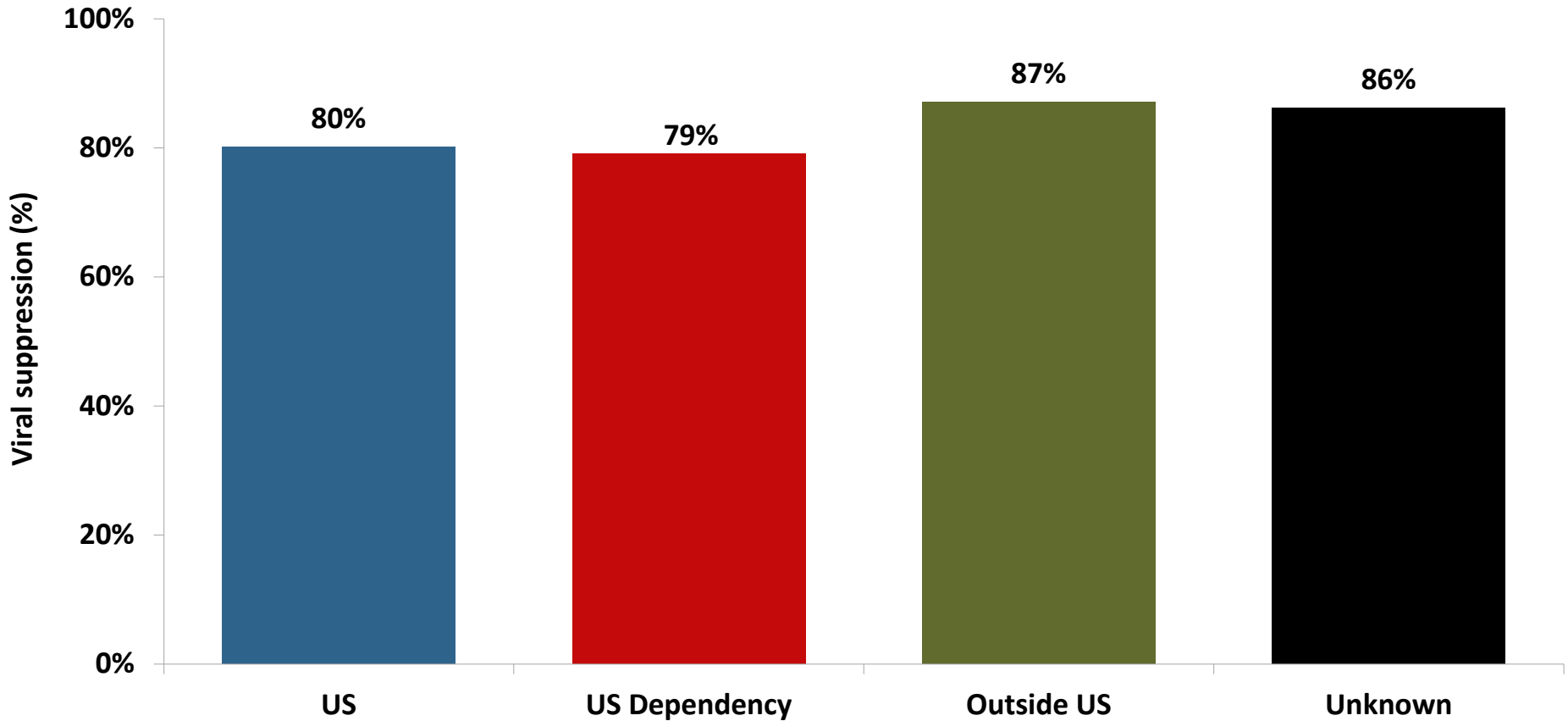
FPL=Federal Poverty Level.

Viral suppression is defined as viral load <200 copies/mL.

PLWH without area-based poverty information are not shown.

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

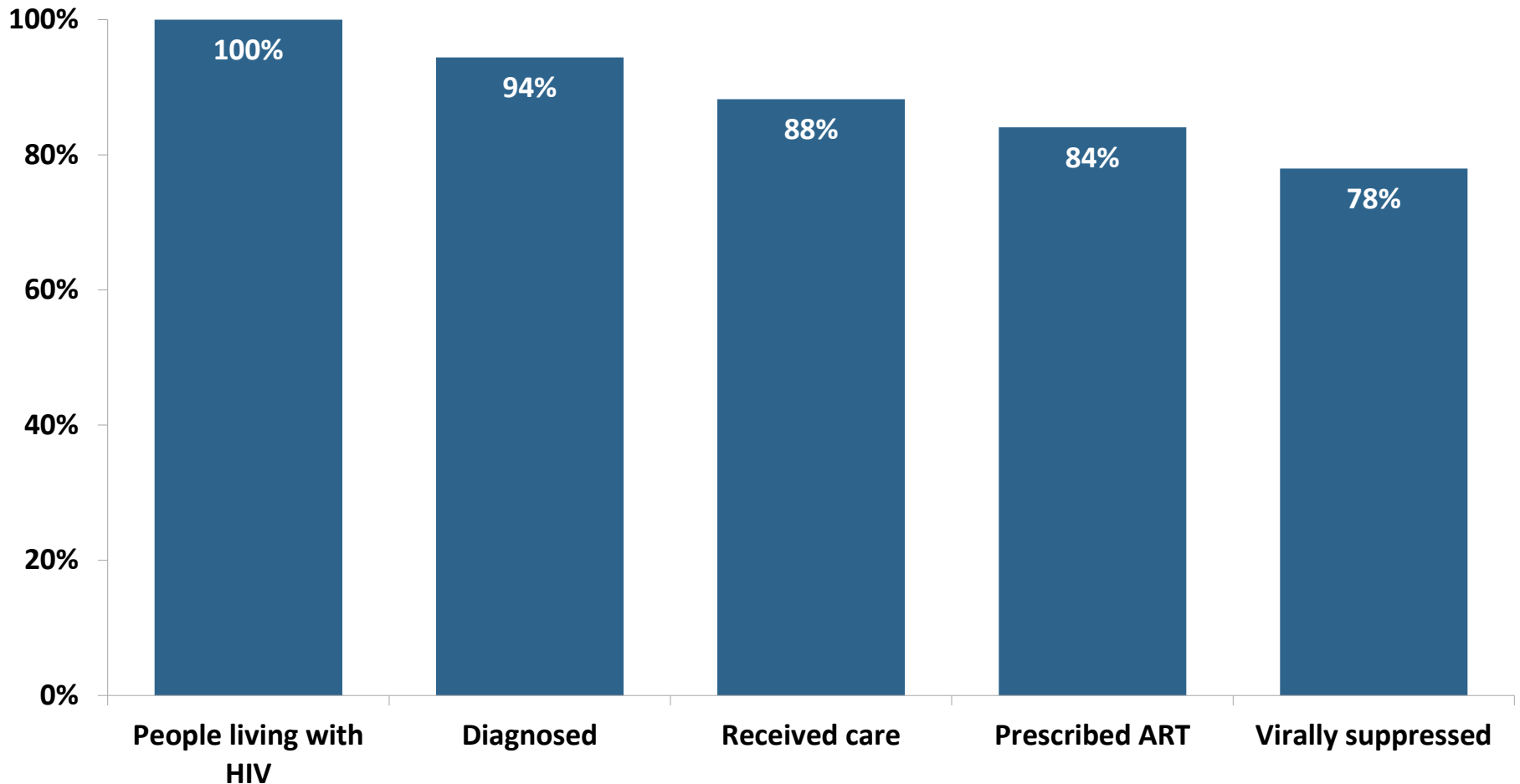
VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY COUNTRY OF BIRTH IN NYC, 2020



Among diagnosed people living with HIV (PLWH) in NYC, people born in the US or in a US Dependency had smaller proportions virally suppressed compared with people born outside the US.

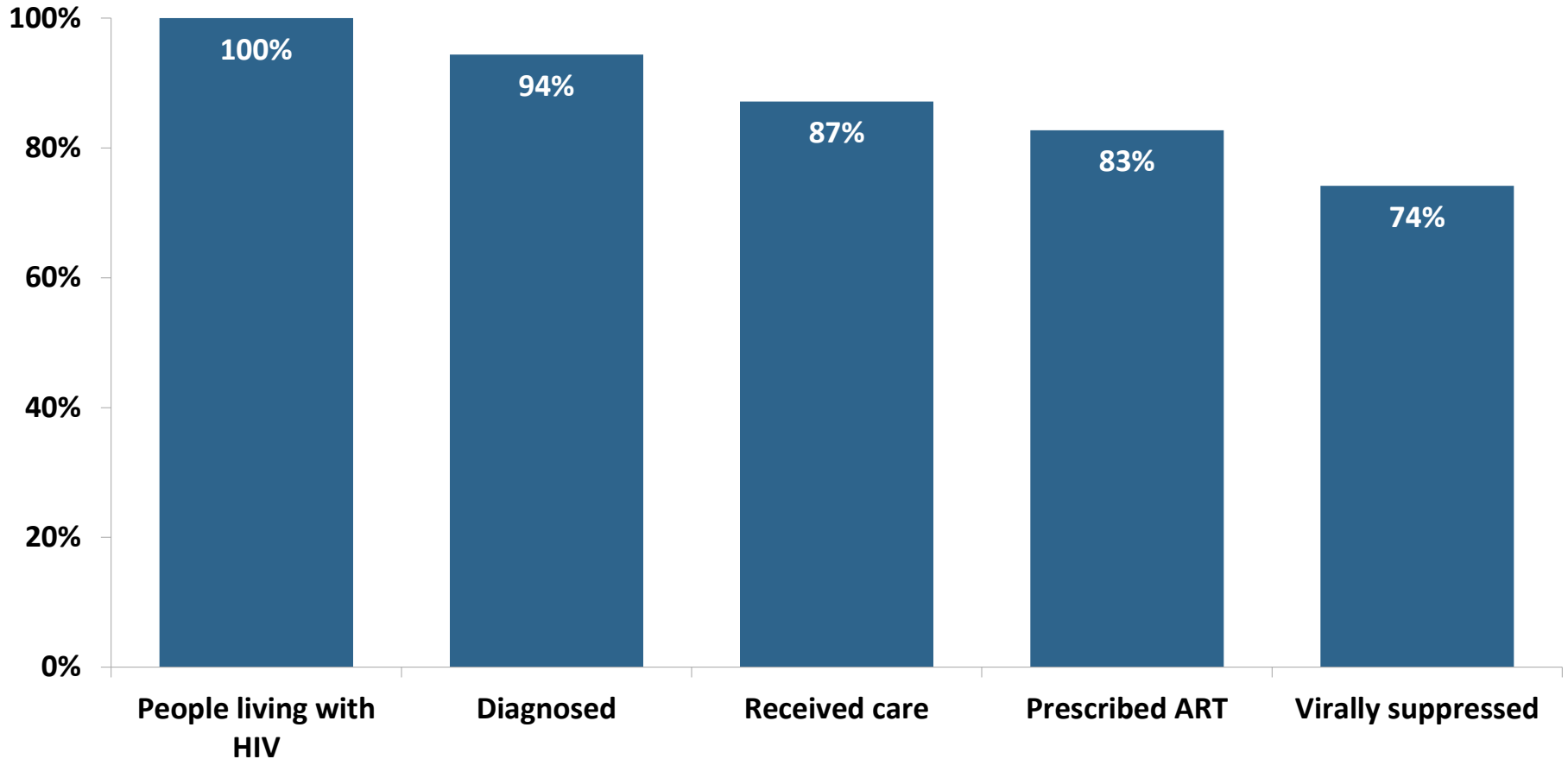
Viral suppression is defined as viral load <200 copies/mL. People with unknown country of birth are not shown. People from Puerto Rico and other US dependencies (Virgin Islands, Guam) are not considered to be born outside of the US. As reported to the New York City Department of Health and Mental Hygiene by May 27, 2021.

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



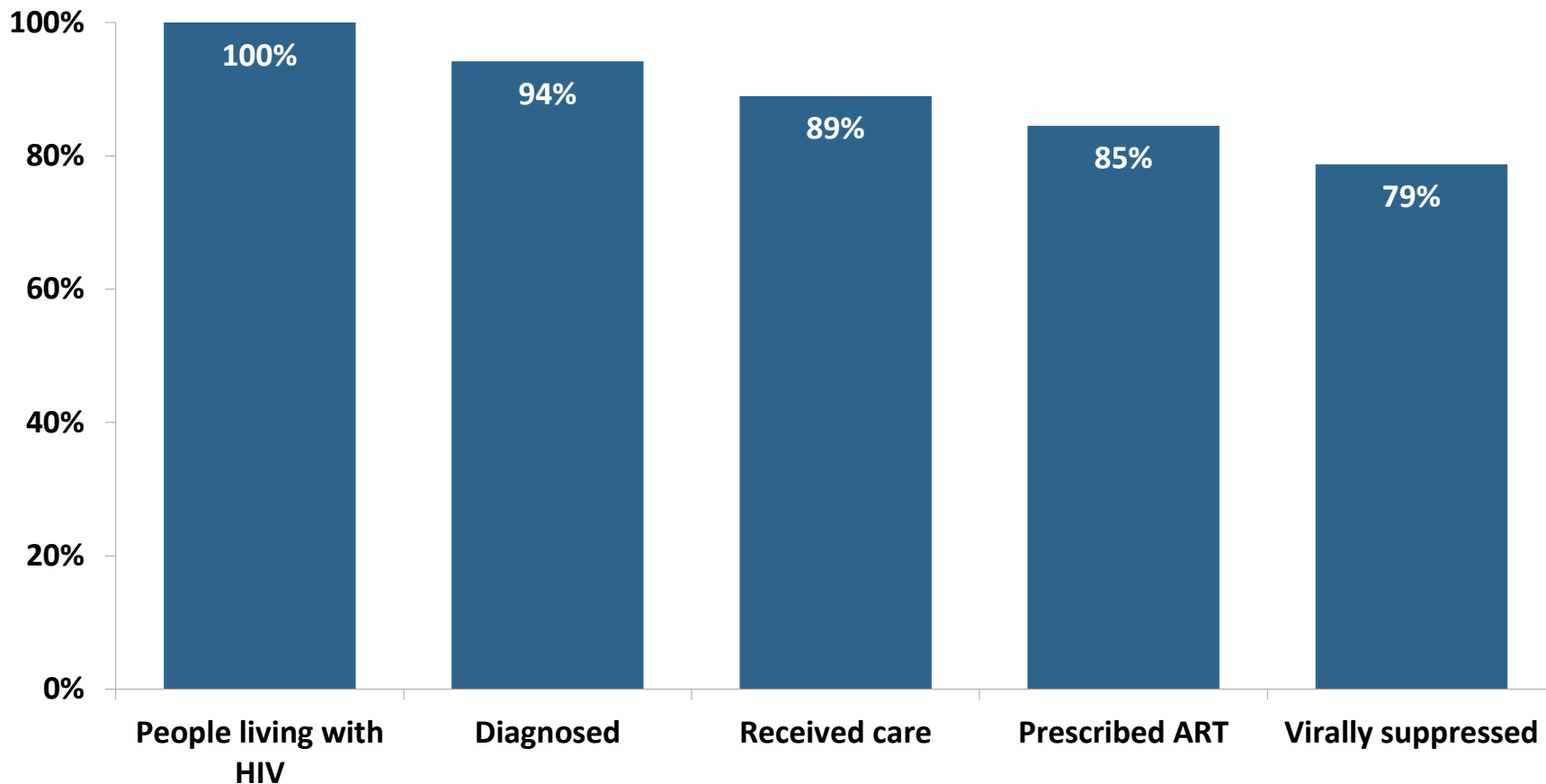
Of approximately 84,700 people living with HIV (PLWH) in NYC in 2020, 78% had a suppressed viral load.

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



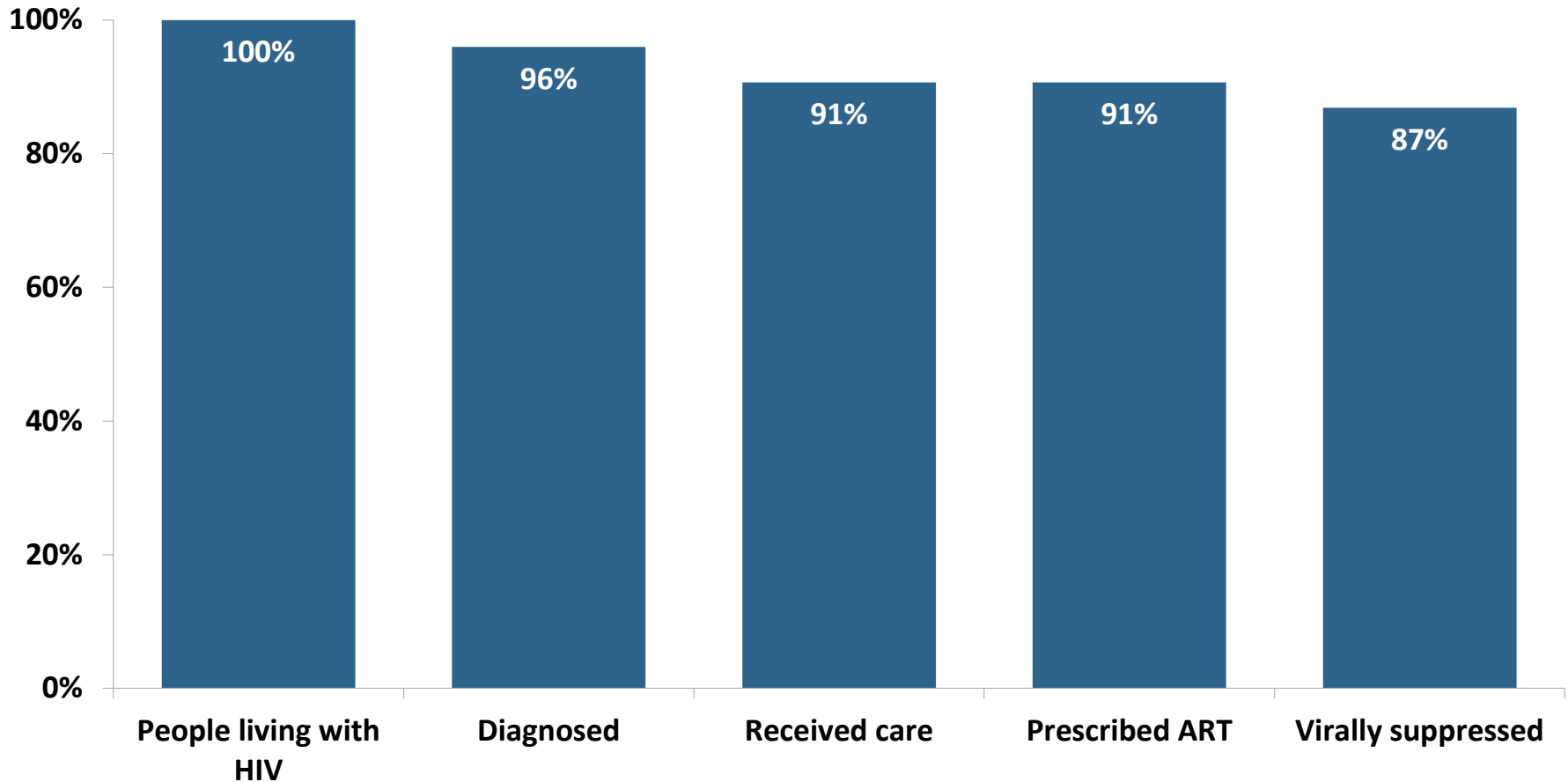
Of approximately 38,400 Black people living with HIV (PLWH) in NYC in 2020, 74% had a suppressed viral load.

PROPORTION OF LATINO/HISPANIC PLWH IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2020



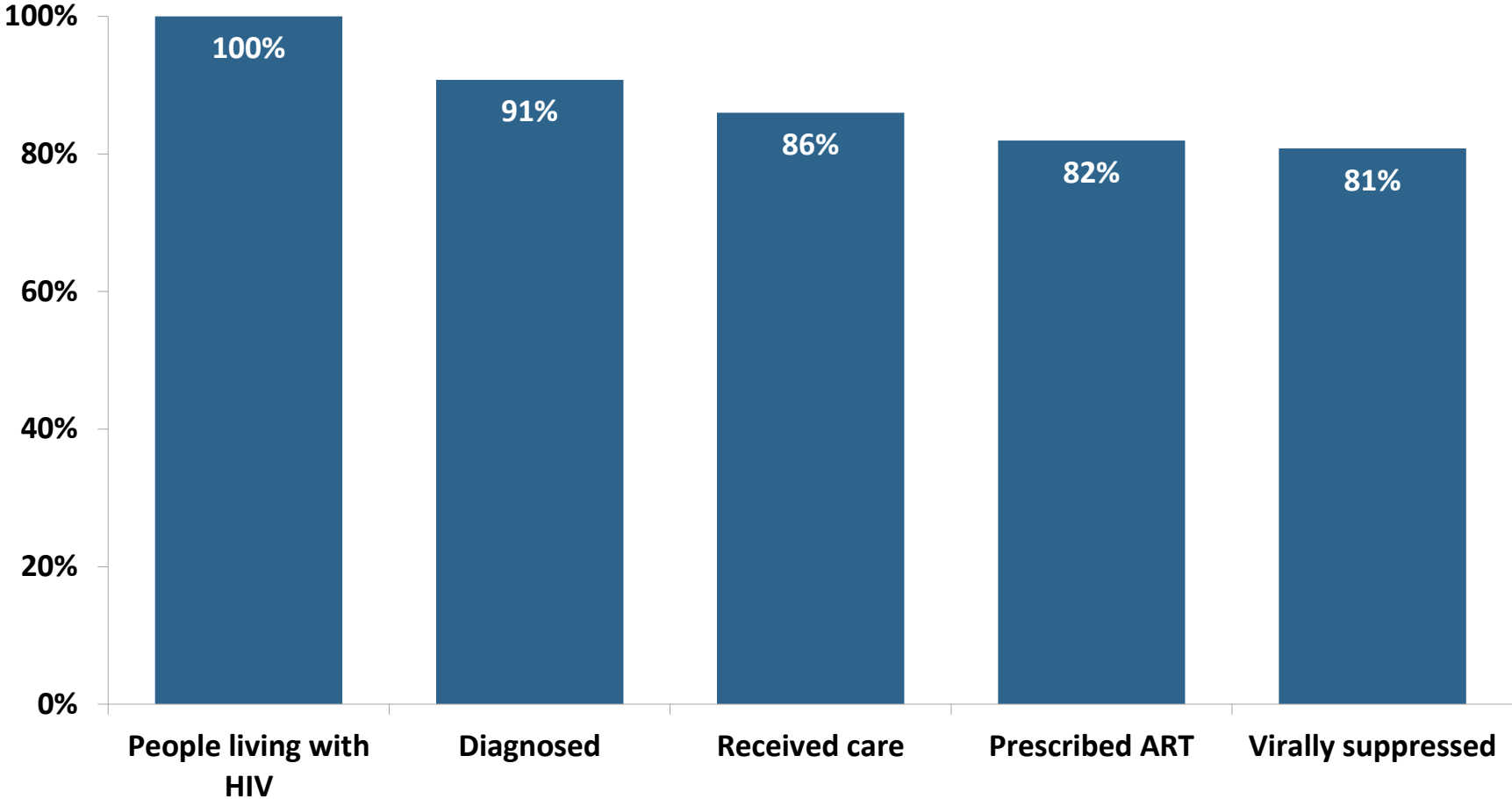
Of approximately 29,200 Latino/Hispanic people living with HIV (PLWH) in NYC in 2020, 79% had a suppressed viral load.

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



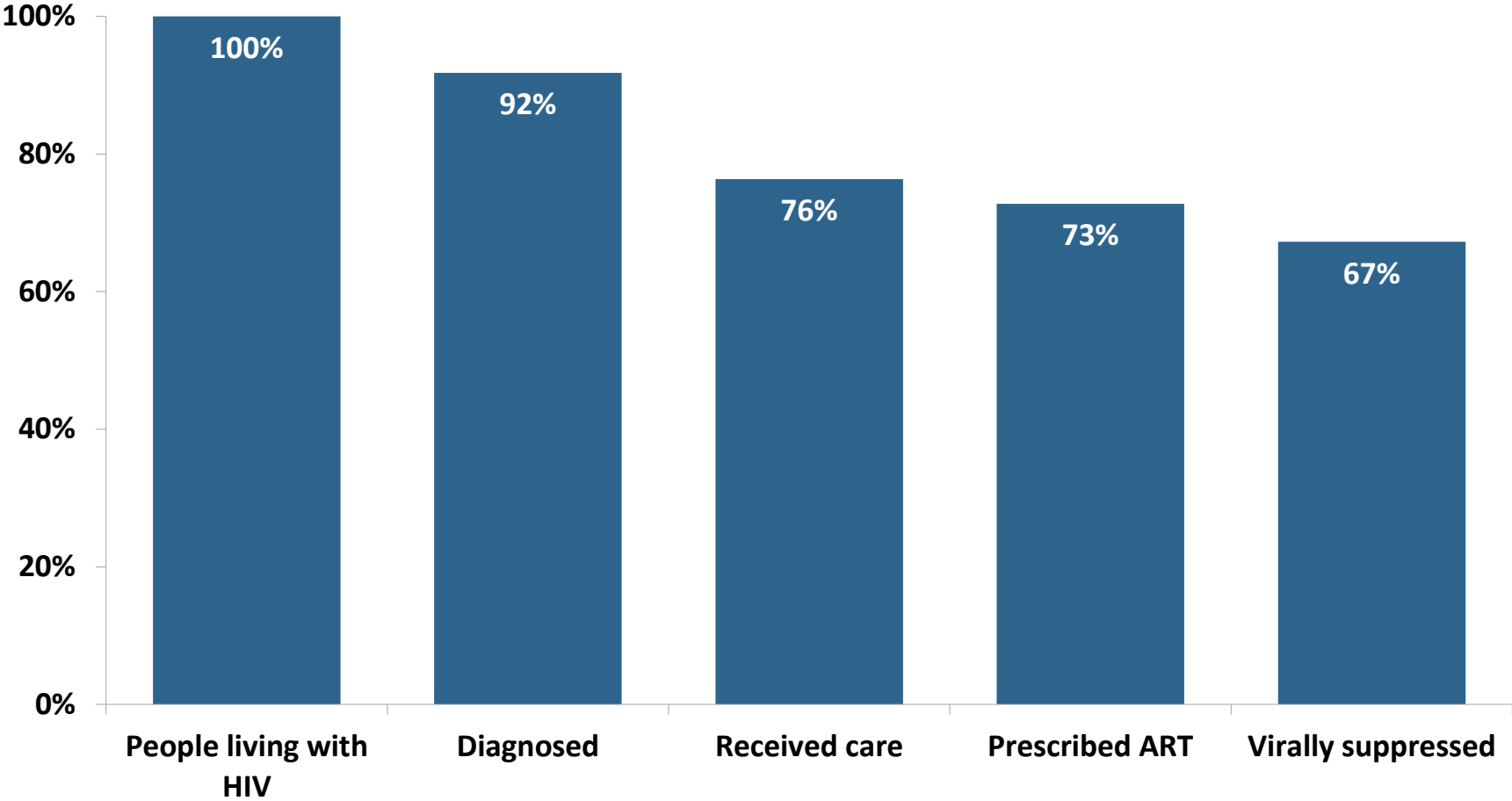
Of approximately 14,000 White people living with HIV (PLWH) in NYC in 2020, 87% had a suppressed viral load.

PROPORTION OF ASIAN/PACIFIC ISLANDER PLWH IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2020



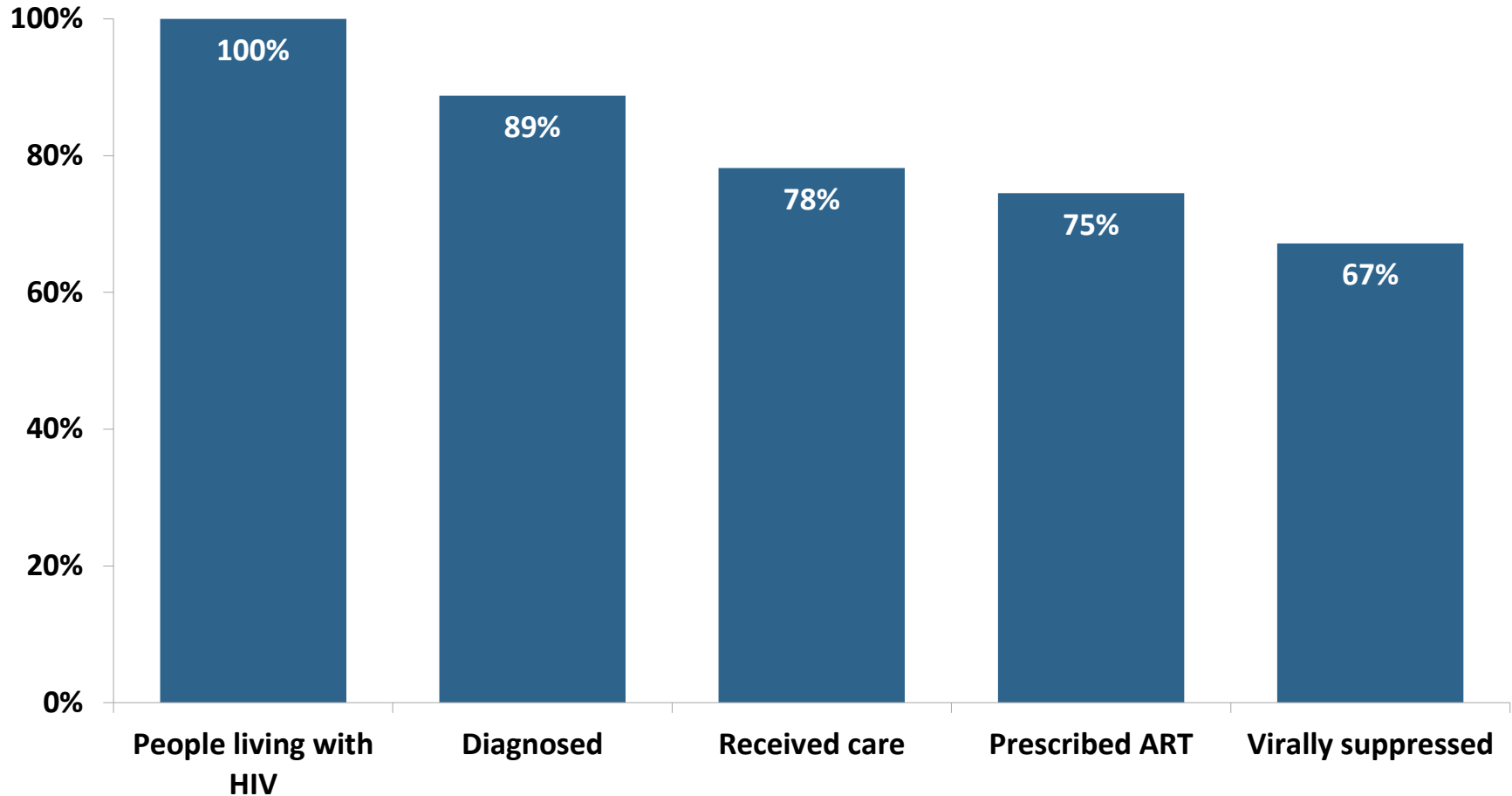
Of approximately 2,400 Asian/Pacific Islander people living with HIV (PLWH) in NYC in 2020, 81% had a suppressed viral load.

PROPORTION OF NATIVE AMERICAN PLWH IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2020



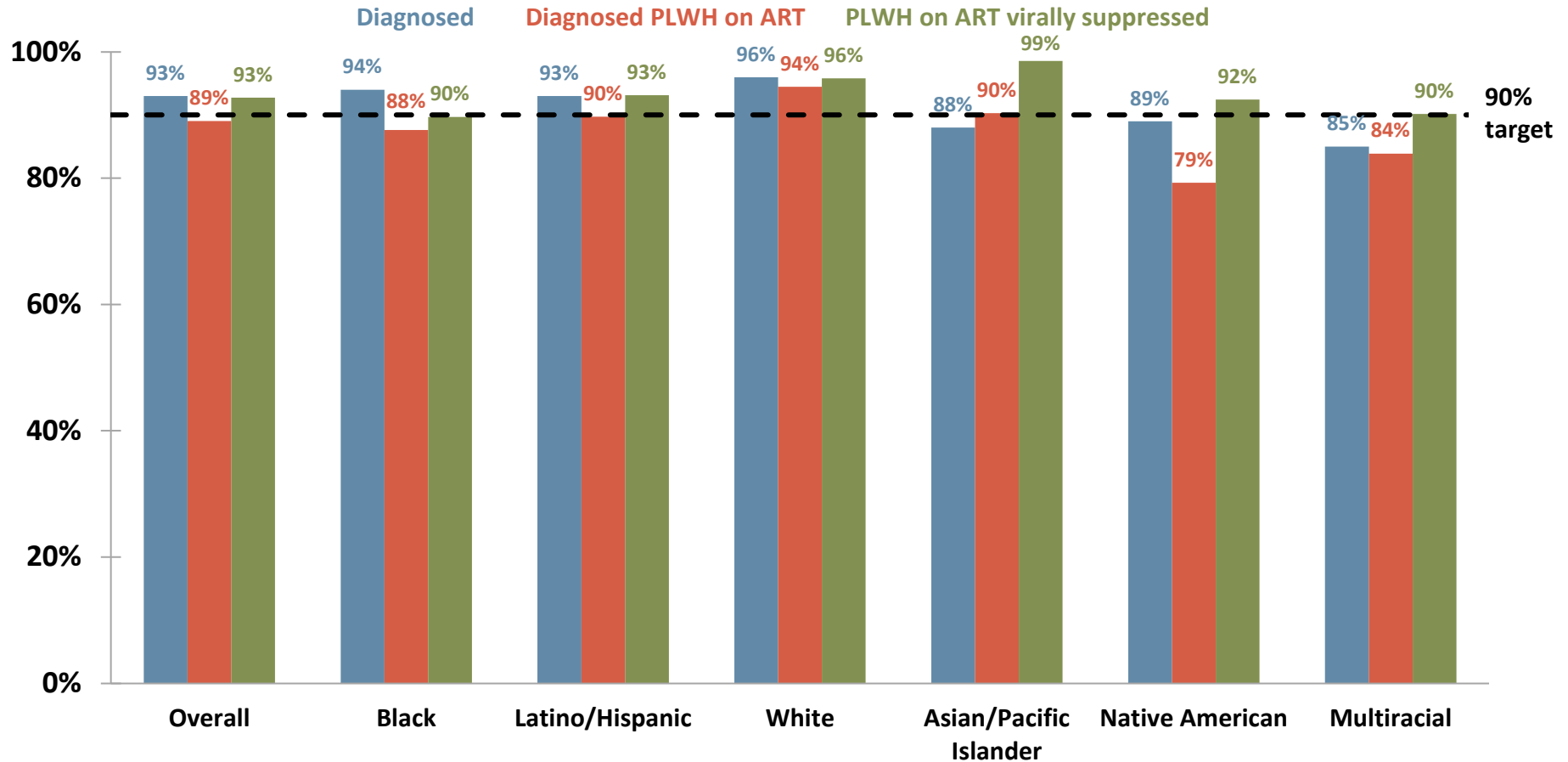
Of approximately 230 Native American people living with HIV (PLWH) in NYC in 2020, 67% had a suppressed viral load.

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



Of approximately 390 multiracial people living with HIV (PLWH) in NYC in 2020, 67% had a suppressed viral load.

UNAIDS 90-90-90 TARGETS FOR PLWH IN NYC, OVERALL AND BY RACE/ETHNICITY, 2020



In 2020, NYC reached the UNAIDS 90-90-90 targets among Latino/Hispanic and White people living with HIV (PLWH). No other race/ethnicity group met all three targets.

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 1:

DEFINITIONS AND STATISTICAL NOTES

- “HIV diagnoses” include diagnoses of HIV (non-AIDS) *and* HIV concurrent with AIDS (AIDS diagnosed within 31 days of HIV), unless otherwise specified.
- “Death rates” refer to deaths from all causes, unless otherwise specified. Death rates are calculated as deaths per mid-year PLWH.
- Data presented by “Transmission” categories include only individuals with a known or identified transmission category, except when an “unknown” category is presented. The “Other” transmission category includes people who received treatment for hemophilia, people who received a transfusion or transplant, people with other healthcare-associated transmission, and children with non-perinatal transmission category.
- “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.
- “Women” includes transgender women and “Men” includes transgender men. For more information on transgender surveillance in NYC, please see the “HIV among People identified as Transgender” slide set.
- 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.
- Area-based poverty is based on NYC ZIP code of residence and is defined as the percent of the population in a ZIP code with a household income that is below the Federal Poverty Level. This measure is not available for people missing a ZIP code or living outside NYC. Income data used in this report are from the 2014-2018 American Community Survey (ACS) for events (e.g., diagnoses, deaths, care indicators) occurring in 2016, and ACS 2015-2019 for events occurring in between 2017 and 2020. 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, 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 “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 number of PLWH published elsewhere.
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.
- “Received 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 “received care” multiplied by the estimated proportion of PLWH prescribed ART in the previous 12 months, based on the 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.
- “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.